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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Jeffrey A. Meyers
Commissioner

Lisa Morris, MSSW
Director

May 24, 2017

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **sole source** amendments with the vendors listed in the table below for the provision of primary care services as well as breast and cervical cancer screening services by increasing the total price limitation by $2,676,590 from $19,097,180 to $21,773,770 and extending the completion date from June 30, 2017 to March 31, 2018 upon Governor and Executive Council approval. 73.27% General Funds / 26.73% Federal Funds

The original contracts were approved by the Governor and Executive Council in 2012. The Department exercised a one (1) year renewal in 2014 and sole source extensions in 2015. In 2016, some contracts were amended due to budget line item adjustments or price limitation reductions that were approved by the Office of the Attorney General or by Governor and Executive Council as indicated below.

The Department is seeking to extend the contracts for nine (9) months in order to allow time to complete a Request for Proposals for Primary Care Services, statewide. The Governor and Executive Council approved the original contracts and subsequent amendments as follows:

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Ammonoosuc Community Health Services, Inc. (177755-R001)	North Grafton/ South Coos	6/20/12 (Item #128)	5/8/14 (Item #34A) 6/24/15 (Item #58)	$1,208,566	$152,178	$1,360,744
Concord Hospital, Inc. (177653-B011)	Merrimack/ Hillsborough	6/20/12 (Item #133)	5/8/14 (Item #34A) 6/24/15 (Item #58) 12/7/16 (Item #12)	$1,751,595	$223,657	$1,975,252

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Coos County Family Health Services (155327-B001)	Eastern Coos	6/20/12 (Item #130)	5/8/14 (Item #34A) 6/24/15 (Item #58) 12/21/16 (Department Approved Budget Line Item Adjustment)	$798,371	$94,346	$892,717
Families First of the Greater Seacoast (166629-B001)	Seacoast Area	6/20/12 (Item #134)	5/8/14 (Item #34A) 6/24/16 (Item #58) 12/21/16 (Department Approved Budget Line Item Adjustment)	$1,130,831	$160,265	$1,291,096
Families First of the Greater Seacoast (166629-B001)	Seacoast Area – *Homeless Population*	6/6/12 (Item #69)	5/8/14 (Item #34B) 6/24/15 (Item #58) 12/21/2016 (Department Approved Budget Line Item Adjustment)	$458,638	$54,933	$513,571
Goodwin Community Health Center (154703-B001)	Strafford County	6/20/12 (Item #135)	5/8/14 (Item #34A) 6/24/15 (Item #58) 12/21/16 (Department Approved Budget Line Item Adjustment)	$1,920,915	$269,786	$2,190,701
Harbor Homes (155358-B001)	Southern Hillsborough County - Homeless	6/6/12 (Item #68)	5/8/14 (Item #34B) 6/24/15 (Item #58	$434,438	$56,568	$491,006

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Health First Family Care Center (158221-B001)	Central/Eastern Belknap	6/20/12 (#131)	5/8/14 (Item #34) 6/24/15 (Item #58) 12/21/16 (Department Approved Budget Line Item Adjustment)	$1,334,771	$185,749	$1,520,520
Indian Stream Health Center (165274-B001)	Northern Coos	6/20/12 (Item #125)	5/8/14 (Item #34A) 6/24/15 (Item #58) 12/21/16 (Department Approved Budget Line Item Adjustment	$498,394	$65,611	$564,005
Lamprey Health Care (177677-B001)	Central Southern/ Eastern NH	6/20/12 (Item #136)	5/8/14 (Item #34A) 6/24/15 (Item #58) 12/21/16 (Department Approved Budget Line Item Adjustment)	$2,995,708	$419,666	$3,415,374
Manchester Community Health Center (157274-B001)	Greater Manchester	6/20/12 (Item #132)	5/8/14 (Item #34A) 6/24/15 (Item #58)	$2,486,564	$478,879	$2,965,443
Manchester Health Department (177433-B009)	Greater Manchester - Homeless	6/20/12 (Item #124)	5/8/14 (Item #34B) 6/24/15 (Item $58) 12/21/2016 (Department Approved Budget Line Item Adjustment)	$482,374	$58,368	$540,742

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Mid-State Health Center (158055-B001)	Central Northern Belknap	6/20/12 (Item #126)	5/8/14 (Item #34A)	$851,673	$111,822	$963,495
New London Hospital Association, Inc. (177167-R005)	Sullivan County	6/20/12 (Item #129)	5/8/14 (Item #34A) 6/24/15 (Item #58) 12/21/2016 (Department Approved Budget Line Item Adjustment)	$1,075,342	$140,422	$1,215,764
Weeks Medical Center (177171-R001)	Western Coos	7/11/12 (Item #31)	5/8/14 (Item #34A) 6/24/15 (Item #58) 12/21/2016 (Department Approved Budget Line Item Adjustment)	$599,190	$71,318	$670,508
White Mountain Community Health Center (174170-R001)	Northern Carroll	6/20/12 (Item #127)	5/8/14 (Item #34A) 6/24/15 (Item #58) 12/7/16 (Item #12)	$1,069,810	$133,022	$1,202,832
			Total:	**$19,097,180**	**$2,676,590**	**$21,773,770**

Funds are anticipated to be available in the following accounts for State Fiscal Year 2018.

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

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

Please see attachment for fiscal details.

EXPLANATION

These amendments are **sole source** because the Department is increasing the price limitation in excess of 10% of the contract price limitations. Additionally, the Department is extending contract completion dates for nine (9) months during which time the Department will be issuing a Request for Proposals for primary care services, statewide. The nine-month extension will allow time for vendors to submit proposals and for the Department to negotiate contracts without interruption in primary care services provided to the citizens of New Hampshire.

This package includes sixteen (16) of sixteen (16) contracts being amended.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

Breast and cervical cancer screening services are provided as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap smears and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. This request includes three (3) vendors who provide primary care and universal screening services to homeless individuals, who otherwise would have no access to health care. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, low-income individuals statewide may not have adequate access to primary care services. Some women may not receive recommended breast and cervical cancer screenings, which would increase their risk of having an untreatable stage of cancer. Additionally, undetected alcohol and drug misuse could result in increases of alcohol and drug related accidents and deaths, which would negatively impact NH citizens.

Area Served: Statewide.

Source of Funds: 73.27% General Funds

26.73% Federal Funds (CFDA #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse. FAIN #T1010035-14; CFDA #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds. FAIN # U58DP003930; CFDA #93.752, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant, FAIN #B04MC30627; CFDA #93.994.

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

Respectfully submitted,

Lisa Morris, MSSW
Director

Approved by: Jeffrey A. Meyers
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
7.2% Federal Funds and 92.8% General Funds (CFDA # 93.994) (FAIN# B04MC30627)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001 PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	142,819.00	-	142,819.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	142,819.00	-	142,819.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	42,661.00	-	42,661.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	213,921.00	-	213,921.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	199,701.00	-	199,701.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	199,701.00	-	199,701.00
SFY 2018	102-500732	Contracts for Program Svcs	90080000	-	136,296.00	136,296.00
			Sub-Total	941,622.00	136,296.00	1,077,918.00

Concord Hospital, Inc., Vendor # 177653-B011

Fiscal Year	185480	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	215,637.00	-	215,637.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	215,637.00	-	215,637.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	64,413.00	-	64,413.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	322,992.00	-	322,992.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	301,521.00	-	301,521.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	301,521.00	-	301,521.00
SFY 2018	102-500731	Contracts for Program Svcs	90080000	-	205,773.00	205,773.00
			Sub-Total	1,421,721.00	205,773.00	1,627,494.00

Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	81,519.00	-	81,519.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	81,519.00	-	81,519.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	24,351.00	-	24,351.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	122,103.00	-	122,103.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	113,986.00	-	113,986.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	113,986.00	-	113,986.00
SFY 2018	102-500731	Contracts for Program Svcs	90080000	-	77,796.00	77,796.00
			Sub-Total	537,464.00	77,796.00	615,260.00

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Families First of the Greater Seacoast Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	140,243.00	-	140,243.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	140,243.00	-	140,243.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	41,892.00	-	41,892.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	210,063.00	-	210,063.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	196,099.00	-	196,099.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	196,099.00	-	196,099.00
SFY 2018	102-500731	Contracts for Program Svcs	90080000	-	133,839.00	133,839.00
			Sub-Total	924,639.00	133,839.00	1,058,478.00

Families First of the Greater Seacoast - Homeless Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	57,562.00	-	57,562.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	57,562.00	-	57,562.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	17,194.00	-	17,194.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	86,219.00	-	86,219.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	80,488.00	-	80,488.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	80,488.00	-	80,488.00
SFY 2018	102-500731	Contracts for Program Svcs	90080000		54,933.00	54,933.00
			Sub-Total	379,513.00	54,933.00	434,446.00

Goodwin Community Health Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	248,712.00	-	248,712.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	248,712.00	-	248,712.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	74,293.00	-	74,293.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	372,533.00	-	372,533.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	347,769.00	-	347,769.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	347,769.00	-	347,769.00
SFY 2018	102-500731	Contracts for Program Svcs	90080000	-	237,354.00	237,354.00
			Sub-Total	1,639,788.00	237,354.00	1,877,142.00

Harbor Homes, Inc. Vendor # 155358-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	59,276.00	-	59,276.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	59,276.00	-	59,276.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	17,706.00	-	17,706.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	88,787.00	-	88,787.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	82,884.00	-	82,884.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	82,884.00	-	82,884.00
SFY 2018	102-500731	Contracts for Program Svcs	90080000		56,568.00	56,568.00
			Sub-Total	390,813.00	56,568.00	447,381.00

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Health First Family Care Center, Vendor # 158221-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	187,367.00	-	187,367.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	187,367.00	-	187,367.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	55,968.00	-	55,968.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	280,648.00	-	280,648.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	261,991.00	-	261,991.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	261,991.00	-	261,991.00
SFY 2018	102-500731	Contracts for Program Svcs	90080000	-	178,809.00	178,809.00
			Sub-Total	1,235,332.00	178,809.00	1,414,141.00

Indian Stream Health Center, Vendor #165274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	60,359.00	-	60,359.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	60,359.00	-	60,359.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	18,030.00	-	18,030.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	90,409.00	-	90,409.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	84,399.00	-	84,399.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	84,399.00	-	84,399.00
SFY 2018	102-500731	Contracts for Program Svcs	90080000	-	57,603.00	57,603.00
			Sub-Total	397,955.00	57,603.00	455,558.00

Lamprey Health Care, Inc., Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	401,151.00	-	401,151.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	401,151.00	-	401,151.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	119,828.00	-	119,828.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	600,864.00	-	600,864.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	560,921.00	-	560,921.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	560,921.00	-	560,921.00
SFY 2018	102-500731	Contracts for Program Svcs	90080000	-	382,830.00	382,830.00
			Sub-Total	2,644,836.00	382,830.00	3,027,666.00

Manchester Community Health Center, Vendor # 157274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	239,002.00	-	239,002.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	239,002.00	-	239,002.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	71,392.00	-	71,392.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	357,989.00	-	357,989.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	636,144.00	-	636,144.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	636,144.00	-	636,144.00
SFY 2018	102-500731	Contracts for Program Svcs	90080000	-	434,169.00	434,169.00
			Sub-Total	2,179,673.00	434,169.00	2,613,842.00

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Primary Care Services

Manchester Health Department Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	61,162.00	-	61,162.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	61,162.00	-	61,162.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	18,270.00	-	18,270.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	91,611.00	-	91,611.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	85,522.00	-	85,522.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	85,522.00	-	85,522.00
SFY 2018	102-500731	Contracts for Program Svcs	90080000		58,368.00	58,368.00
			Sub-Total	403,249.00	58,368.00	461,617.00

Mid-State Health Center, Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	117,175.00	-	117,175.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	117,175.00	-	117,175.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	35,001.00	-	35,001.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	175,511.00	-	175,511.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	163,843.00	-	163,843.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	163,843.00	-	163,843.00
SFY 2018	102-500731	Contracts for Program Svcs	90080000		111,822.00	111,822.00
			Sub-Total	772,548.00	111,822.00	884,370.00

The New London Hospital, Inc., Vendor # 177167-R005

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	132,457.00	-	132,457.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	132,457.00	-	132,457.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	39,566.00	-	39,566.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	198,401.00	-	198,401.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	185,212.00	-	185,212.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	185,212.00	-	185,212.00
SFY 2018	102-500731	Contracts for Program Svcs	90080000		126,408.00	126,408.00
			Sub-Total	873,305.00	126,408.00	999,713.00

Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	69,137.00	-	69,137.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	69,137.00	-	69,137.00
SFY 2014	102-500371	Contracts for Program Svcs	90080400	20,652.00	-	20,652.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	103,557.00	-	103,557.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	96,673.00	-	96,673.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	96,673.00	-	96,673.00
SFY 2018	102-500731	Contracts for Program Svcs	90080000		65,979.00	65,979.00
			Sub-Total	455,829.00	65,979.00	521,808.00

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

White Mountain Community Health Center, Vendor # 174170-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	134,913.00	-	134,913.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	134,913.00	-	134,913.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	40,300.00	-	40,300.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	202,079.00	-	202,079.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	188,646.00	-	188,646.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	188,646.00	-	188,646.00
SFY 2018	102-500731	Contracts for Program Svcs	90080000		128,751.00	128,751.00
			Sub-Total	889,497.00	128,751.00	1,018,248.00
		5190	TOTAL	**$16,087,784**	**$2,447,298**	**$18,535,082**

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER
100% Federal Funds (CFDA# 90.752) (FAIN #U58DP003930)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	32,608.00	-	32,608.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	32,608.00	-	32,608.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	30,251.00	-	30,251.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	21,176.00	-	21,176.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	21,176.00	-	21,176.00
SFY 2018	102-500731	Contracts for Program Svcs	90080081		15,882.00	15,882.00
			Sub-Total	137,819.00	15,882.00	153,701.00

Concord Hospital, Inc., Vendor # 177653-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	60,067.00	-	60,067.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	60,067.00	-	60,067.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	53,385.00	-	53,385.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	53,385.00	-	53,385.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	23,845.00		23,845.00
SFY 2018	102-500731	Contracts for Program Svcs	90080081	-	17,884.00	17,884.00
			Sub-Total	250,749.00	17,884.00	268,633.00

Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	30,034.00	-	30,034.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	30,034.00	-	30,034.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	27,582.00	-	27,582.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	22,066.00	-	22,066.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	22,066.00	-	22,066.00
SFY 2018	102-500731	Contracts for Program Svcs	90080081	-	16,550.00	16,550.00
			Sub-Total	131,782.00	16,550.00	148,332.00

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Families First of the Greater Seacoast Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	30,034.00	-	30,034.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	30,034.00	-	30,034.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	32,031.00	-	32,031.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	35,234.00	-	35,234.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	35,234.00	-	35,234.00
SFY 2018	102-500731	Contracts for Program Svcs	90080081	-	26,426.00	26,426.00
			Sub-Total	162,567.00	26,426.00	188,993.00

Goodwin Community Health Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	51,486.00	-	51,486.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	51,486.00	-	51,486.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	48,046.00	-	48,046.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	43,242.00	-	43,242.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	43,242.00	-	43,242.00
SFY 2018	102-500731	Contracts for Program Svcs	90080081	-	32,432.00	32,432.00
			Sub-Total	237,502.00	32,432.00	269,934.00

Health First Family Care Center, Vendor # 158221-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	12,871.00	-	12,871.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	12,871.00	-	12,871.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	11,566.00	-	11,566.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	9,253.00	-	9,253.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	9,253.00	-	9,253.00
SFY 2018	102-500731	Contracts for Program Svcs	90080081	-	6,940.00	6,940.00
			Sub-Total	55,814.00	6,940.00	62,754.00

Indian Stream Health Center, Vendor #165274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081		-	
SFY 2014	102-500731	Contracts for Program Svcs	90080081		-	
SFY 2015	102-500731	Contracts for Program Svcs	90080081		-	
SFY 2016	102-500731	Contracts for Program Svcs	90080081	10,677.00	-	10,677.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	10,677.00	-	10,677.00
SFY 2018	102-500731	Contracts for Program Svcs	90080081	-	8,008.00	8,008.00
			Sub-Total	21,354.00	8,008.00	29,362.00

Lamprey Health Care, Inc., Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	60,067.00	-	60,067.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	60,067.00	-	60,067.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	53,385.00	-	53,385.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	49,114.00	-	49,114.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	49,114.00	-	49,114.00
SFY 2018	102-500731	Contracts for Program Svcs	90080081	-	36,836.00	36,836.00
			Sub-Total	271,747.00	36,836.00	308,583.00

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Manchester Community Health Center, Vendor # 157274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	47,196.00	-	47,196.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	47,196.00	-	47,196.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	49,648.00	-	49,648.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	59,613.00	-	59,613.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	59,613.00	-	59,613.00
SFY 2018	102-500731	Contracts for Program Svcs	90080081	-	44,710.00	44,710.00
			Sub-Total	263,266.00	44,710.00	307,976.00

The New London Hospital, Inc., Vendor # 177167-R005

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	29,175.00	-	29,175.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	29,175.00	-	29,175.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	26,692.00	-	26,692.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	18,685.00	-	18,685.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	18,685.00	-	18,685.00
SFY 2018	102-500731	Contracts for Program Svcs	90080081		14,014.00	14,014.00
			Sub-Total	122,412.00	14,014.00	136,426.00

Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90080081	7,118.00	-	7,118.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	7,118.00	-	7,118.00
SFY 2018	102-500731	Contracts for Program Svcs	90080081		5,339.00	5,339.00
			Sub-Total	14,236.00	5,339.00	19,575.00

White Mountain Community Health Center, Vendor # 174170-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	12,871.00	-	12,871.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	12,871.00	-	12,871.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	11,566.00	-	11,566.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	8,186.00	-	8,186.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	5,694.00	-	5,694.00
SFY 2018	102-500731	Contracts for Program Svcs	90080081		4,271.00	4,271.00
			Sub-Total	51,188.00	4,271.00	55,459.00
		5659	**BCCP TOTAL**	**$1,720,436**	**$229,292**	**$1,949,728**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-901010-5149 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	20,000.00	-	20,000.00

Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	20,000.00	-	20,000.00

Indian Stream Health Center, Vendor #165274-B001 PO # 1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	20,000.00	-	20,000.00

Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	20,000.00	-	20,000.00

White Mountain Community Health Center, Vendor # 174170-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	20,000.00	-	20,000.00
		5149	**RHPC TOTAL**	**$100,000**	**$0**	**$100,000**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2016	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2017	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
			Sub-Total	30,000.00	-	30,000.00

Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2016	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2017	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
			Sub-Total	30,000.00	-	30,000.00

Indian Stream Health Center, Vendor #165274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2016	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2017	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
			Sub-Total	30,000.00	-	30,000.00

Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2016	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2017	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
			Sub-Total	30,000.00	-	30,000.00

White Mountain Community Health Center, Vendor # 174170-R001 PO # 1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2016	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2017	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
			Sub-Total	30,000.00	-	30,000.00
		7965	**RHPC TOTAL**	**$150,000**	**$0**	**$150,000**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES
100% Federal Funds (FAIN #T1010035-14)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	75,875.00	-	75,875.00
SFY 2017	102-500734	Contracts for Program Services	49156501	3,250.00	-	3,250.00
			Sub-Total	79,125.00	-	79,125.00

Concord Hospital, Inc., Vendor # 177653-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased)	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	71,000.00	-	71,000.00
SFY 2017	102-500734	Contracts for Program Services	49156501	8,125.00	-	8,125.00
			Sub-Total	79,125.00	-	79,125.00

Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	71,000.00	-	71,000.00
SFY 2017	102-500734	Contracts for Program Services	49156501	8,125.00	-	8,125.00
			Sub-Total	79,125.00	-	79,125.00

Families First of the Greater Seacoast Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	36,157.00	-	36,157.00
SFY 2017	102-500734	Contracts for Program Services	49156501	7,468.00	-	7,468.00
			Sub-Total	43,625.00	-	43,625.00

Goodwin Community Health Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	35,559.72	-	35,559.72
SFY 2017	102-500734	Contracts for Program Services	49156501	8,065.28	-	8,065.28
			Sub-Total	43,625.00	-	43,625.00

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Health First Family Care Center, Vendor # 158221-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	35,816.16	-	35,816.16
SFY 2017	102-500734	Contracts for Program Services	49156501	7,808.84	-	7,808.84
			Sub-Total	43,625.00	-	43,625.00

Indian Stream Health Center, Vendor #165274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	20,960.00	-	20,960.00
SFY 2017	102-500734	Contracts for Program Services	49156501	8,125.00	-	8,125.00
			Sub-Total	29,085.00	-	29,085.00

Lamprey Health Care, Inc., Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	71,000.00	-	71,000.00
SFY 2017	102-500734	Contracts for Program Services	49156501	8,125.00	-	8,125.00
			Sub-Total	79,125.00	-	79,125.00

Manchester Community Health Center, Vendor # 157274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	43,125.00	-	43,125.00
SFY 2017	102-500734	Contracts for Program Services	49156501	500.00	-	500.00
			Sub-Total	43,625.00	-	43,625.00

Mid-State Health Center, Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	71,000.00	-	71,000.00
SFY 2017	102-500734	Contracts for Program Services	49156501	8,125.00	-	8,125.00
			Sub-Total	79,125.00	-	79,125.00

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

The New London Hospital, Inc., Vendor # 177167-R005

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	71,500.00	-	71,500.00
SFY 2017	102-500734	Contracts for Program Services	49156501	8,125.00	-	8,125.00
			Sub-Total	79,625.00	-	79,625.00

Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	71,000.00	-	71,000.00
SFY 2017	102-500734	Contracts for Program Services	49156501	8,125.00	-	8,125.00
			Sub-Total	79,125.00	-	79,125.00

White Mountain Community Health Center, Vendor # 174170-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	71,358.32	-	71,358.32
SFY 2017	102-500734	Contracts for Program Services	49156501	7,766.68	-	7,766.68
			Sub-Total	79,125.00	-	79,125.00

Families First of the Greater Seacoast (Homeless) Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	71,329.00	-	71,329.00
SFY 2017	102-500734	Contracts for Program Services	49156501	7,796.00	-	7,796.00
			Sub-Total	79,125.00	-	79,125.00

Harbor Homes, Inc. Vendor # 155358-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	42,500.00	-	42,500.00
SFY 2017	102-500734	Contracts for Program Services	49156501	1,125.00	-	1,125.00
			Sub-Total	43,625.00	-	43,625.00

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Manchester Health Department Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	71,674.73	-	71,674.73
SFY 2017	102-500734	Contracts for Program Services	49156501	7,450.27	-	7,450.27
			Sub-Total	79,125.00	-	79,125.00
		2990	**CS TOTAL**	**$1,038,960**	**$0**	**$1,038,960**
			Total Funding	**3,009,396**	**$2,676,590**	**$21,773,770**

State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Primary Care Services Contract

This 3rd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #3") dated this, 1st day of May, 2017 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Ammonoosuc Community Health Services, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 25 Mount Eustis Road, Littleton, New Hampshire 03561.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #128), amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34A), as amended by an agreement (Amendment #2 to the Contract) approved on June 24, 2015 (Item #58), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, the State may amend the contract terms and conditions by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for nine (9) months; change the scope of services; performance measures; and increase the price limitation; and

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

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   March 31, 2018
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $1,360,744
3. Add Exhibit A- Amendment #3, Scope of Services.
4. Add Exhibit A-1 – Amendment #3, Performance Measures
5. Add Exhibit B – Amendment #3, Method and Conditions Precedent to Payment.
6. Add Exhibit B-1 – Amendment #3 MCHS Budget.
7. Add Exhibit B-2 – Amendment #3, BCCP Budget.

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

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

State of New Hampshire
Department of Health and Human Services

6/8/17
Date

Lori Shibinette
NAME: Lori Shibinette
TITLE: Deputy Commissioner

Ammonoosuc Community Health Services, Inc.

06/07/2017
Date

NAME Edward D Shanahan II
TITLE CEO

Acknowledgement:
State of NH, County of Grafton on June 7, 2017, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Admin. Asst.
Name and Title of Notary ~~or Justice of the Peace~~

CAROL A. HEMENWAY, Notary Public
My Commission Expires October 21, 2020

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

OFFICE OF THE ATTORNEY GENERAL

6/9/17
Date

Name:
Title:

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.6.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.6.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.6.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than thirty (30) consecutive days or any sixty (60) non-consecutive days.

2.2. The Contractor shall assist individuals with completing a Medicaid/Expanded Medicaid or other health insurance application when income calculations indicate possible eligibility.

2.3. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.4. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.4.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.4.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Perinatal services, including but not limited to access to obstetrical services either on-site or by referral.

3.1.3. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.4. Integrated Behavioral Health Services.

3.1.5. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.6. Assessment of need and follow-up/referral as indicated for:

3.1.6.1. Tobacco cessation, including referral to QuitWorks-NH, www.QuitWorksNH.org.

3.1.6.2. Social services.

3.1.6.3. Chronic Disease management, including disease specific referral and self-management education, which may include, but is not limited to referral to Diabetes Self-

Management Education (DSME), as recommended by the American Diabetes Association.

3.1.6.4. Nutrition services, including WIC, as appropriate.

3.1.6.5. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.1.6.6. Screening, Brief Intervention and Referral to Treatment (SBIRT) services, including but not limited to contact with the Regional Public Health Network Continuum of Care Development Initiative.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which includes but is not limited to access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.3. The Contractor shall provide enabling services, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor shall facilitate enabling services that include, but are not limited to:

3.3.1. Case management, which may include but is not limited to, care facilitated by registries; information technology; health information exchanged; and other services that ensure patients receive necessary care when and where it is needed and wanted 8in a culturally and linguistically appropriate manner.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach, which may include but is not limited to the use of community health workers.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 – Amendment #3 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Quality Improvement

5.1. The Contractor shall conduct a minimum of two (2) quality improvement projects which consist of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall ensure:

5.1.1. One (1) quality improvement project focuses on the performance measure as designated by the Department.

5.1.2. One (1) quality improvement project is based on previous performance outcomes needing improvement, as selected by the Contractor.

5.2. The Contractor shall utilize Quality Improvement (QI) science to develop and implement a QI Workplan for each QI project, which shall include but not be limited to:

5.2.1. Specific goals and objectives for the project period.

5.2.2. Evaluation methods to demonstrate improvements in the quality, efficiency, and effectiveness of patient care.

5.3. The Contractor may utilize activities in QI projects that enhance clinical workflow and improve patient outcomes, which may include but are not limited to:

5.3.1. EMR prompts/alerts.

5.3.2. Protocols/Guidelines.

5.3.3. Diagnostic support.

5.3.4. Patient registries.

5.3.5. Collaborative learning sessions.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care services who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within thirty (30) days of hire.

6.4. The Contractor shall notify the MCHS, in writing, when:

6.4.1. Any critical position is vacant for more than thirty (30) days.

6.4.2. There is not adequate staffing to perform all required services for more than thirty (30) consecutive days or any sixty (60) nonconsecutive days.

6.5. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.5.1. A registered nurse who:

6.5.1.1. Is licensed with the NH Board of nursing; or

6.5.1.2. Has attained bachelor's degree from a recognized college or university.

6.5.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.5.1.

7. Coordination of Services

7.1. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.1.1. Community needs assessments.

7.1.2. Public health performance assessments.

7.1.3. The development of regional health improvement plans.

7.2. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit a Performance Measure Outcome Report, which details the plan for improvement when a performance measure targeted goal is not met.

9.4. The Contractor shall submit an annual Workplan for the two (2) quality improvement projects that demonstrate improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall submit at least one (1) annual Workplan that includes a detailed description of the enabling services funded by this contract. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.6. The Contractor shall collect and submit the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st of each contract year.

9.7. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Exhibit A-1 – Amendment #3

1. MATERNAL AND CHILD HEALTH SECTION (MCHS) PRIMARY CARE PERFORMANCE MEASURES

1.1. **Definitions**

1.1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1.1. The calendar year, (January 1st through December 31st); or

1.1.1.2. The state fiscal year (July 1st through June 30th).

1.1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.1.4. **NQF** – National Quality Forum

1.1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.1.6. **UDS** – Uniform Data System

1.1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. **Breastfeeding**

2.1.1. **Percent of infants who are ever breastfed** (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. **Preventive Health: Lead Screening**

2.2.1. **Percent of children 3 years of age who had two or more capillary or venous lead blood test for lead poisoning by their third birthday.** (NH MCHS).

2.2.1.1. Numerator: All patient children who received at least one capillary or venous lead screening test between nine (9) months to eighteen (18) months of age **AND** one (1) capillary or venous lead screening test between nineteen (19) to thirty (30) months of age.

2.2.1.2. Denominator: All patient children who turned three (3) years old during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

Contractor Initials: [illegible]
Date: 06/07/2017

2.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (HEDIS,).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. **Maternal Depression Screening**

2.4.2.1. **Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative PLUS women who screened positive AND have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

2.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (NQF 0421, UDS).

2.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit OR within twenty-four (24) months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who delivered a live birth in the measurement year.

2.6.2.4. Definitions:

2.6.2.4.1. Tobacco Use: Includes any type of tobacco

2.6.2.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

2.7. **At Risk Population: Hypertension**

2.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHG) during the measurement year** (NQF 0018).

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

2.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension (must have been diagnosed with hypertension 6 or more months before the measurement date) who had at least one (1) medical visit during the measurement year. (Excludes pregnant women and patients with End Stage Renal Disease.)

2.8. **Patient Safety: Falls Screening**

2.8.1. **Percent of patients aged 65 years and older who were screened for fall risk at least once within 12 months** (NH MCHS).

2.8.1.1. Numerator: Patients who were screened for fall risk at least once within the measurement year.

2.8.1.2. Denominator: All patients aged 65 years and older seen by a health care provider within the measurement year.

2.9. **SBIRT**

2.9.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services (NH MCHS).

2.9.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention and/or referral to services.

2.9.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.1.3. Denominator: Number of patients aged 18 years and older seen for annual/preventive visit within the measurement year.

2.9.1.4. Definitions:

2.9.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.9.1.4.2. Brief Intervention: Includes guidance or counseling.

2.9.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.9.2. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services (NH MCHS).

2.9.3. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

2.9.4. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.5. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.9.6. Definitions:

2.9.6.1. Substance Use: Includes any type of alcohol or drug.

2.9.6.2. Brief Intervention: Includes guidance or counseling.

2.9.6.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A – Amendment #3, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   2.1. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   2.2. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #3, Scope of Services, in accordance with Exhibit B-1 Amendment #3 through Exhibit B-2 Amendment #3.
4. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
5. Payment for said services shall be made as follows:
   5.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
   5.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   5.3. The invoice must be submitted by mail or e-mail to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

   E-mail: dphscontractbilling@dhhs.state.nh.us
6. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
8. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
9. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #3 through Exhibit B-2 Amendment #3 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: CDSH
Date: 06/01/2017

EXIBIT B-1 - AMENDMENT #3 MCHS BUDGET

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

Bidder/Program Name: AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Budget Request for: Primary Care Services

Budget Period: July 1, 2017 - March 31, 2018

1. Total Salary/Wages	$ 201,534.06	$ -	$ 201,534.06	$ 89,829.06	$ -	$ 89,829.06	$ 111,705.00	$ -	$ 111,705.00
2. Employee Benefits	$ 44,337.50	$ -	$ 44,337.50	$ 19,746.50	$ -	$ 19,746.50	$ 24,591.00	$ -	$ 24,591.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Development	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 245,871.56**	**$ -**	**$ 245,871.56**	**$ 109,575.56**	**$ -**	**$ 109,575.56**	**$ 136,296.00**	**$ -**	**$ 136,296.00**
Indirect As A Percent of Direct		0.0%							

Contractor Initials: ~~CDS~~ JT

Date: 06/07/2017

EXHIBIT B-2 AMENDMENT #3 BCCP BUDGET

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

Bidder/Program Name: Ammonoosuc Community Health Services, Inc.

Budget Request for: Primary Care - BCCP

Budget Period: July 1, 2017 - March 31, 2018

1. Total Salary/Wages	$ 22,324.32	$ -	$ 22,324.32	$ 17,025.32	$ -	$ 17,025.32	$ 5,299.00	$ -	$ 5,299.00
2. Employee Benefits	$ 4,355.08	$ -	$ 4,355.08	$ 3,949.08	$ -	$ 3,949.08	$ 406.00	$ -	$ 406.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ 3,371.00	$ -	$ 3,371.00	$ -	$ -	$ -	$ 3,371.00	$ -	$ 3,371.00
(68 visits @ $66.09 per visit)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
14. Public Education/Outreach	$ 9,075.00	$ -	$ 9,075.00	$ -	$ -	$ -	$ 6,806.00	$ -	$ 6,806.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 39,125.40	$ -	$ 39,125.40	$ 20,974.40	$ -	$ 20,974.40	$ 15,882.00	$ -	$ 15,882.00

Indirect As A Percent of Direct 0.0%

Contractor Initials: [illegible]
Date: 06/07/2017

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Ammonoosuc Community Health Services, Inc. is a New Hampshire nonprofit corporation formed March 24, 1972. 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 16th day of April, A.D. 2015

William M. Gardner
Secretary of State

Search Business Names

Back to Home (/online)

Search Result

Business Name	Business ID	Homestate Name	Previous Name	Business Type	Principal Office Address	Registered Agent Name	Status
Ammonoosuc Community Health Services, Inc. (/online/BusinessInquire/BusinessInformation?businessID=23762)	61161		AMMONOOSUC FAMILY HEALTH SERVICES, INC.	Domestic Nonprofit Corporation	25 Mount Eustis Road, Littleton, NH, 03561, USA	N/A	Good Standing
Ammonoosuc Community Health Services, Inc. (/online/BusinessInquire/BusinessInformation?businessID=23762)	61161		THE AMMONOOSUC FAMILY PLANNING PROGRAM, INC.	Domestic Nonprofit Corporation	25 Mount Eustis Road, Littleton, NH, 03561, USA	N/A	Good Standing

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Back

NH Department of State, Corporation Division, State House Annex, 3rd Floor Room 317, 25 Capitol St, Concord, NH 03301
Email: corporate@sos.nh.gov (mailto:corporate%40sos.nh.gov)

CERTIFICATE OF VOTE

I, Douglas Harman, do hereby certify that:
(Name of the elected Officer of the Agency, cannot be contract signatory)

1. I am a duly elected Officer of Ammonoosuc Community Health Services, Inc.
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency duly held on May 13, 2015:
(Date)

RESOLVED: That the CEO
(Title of Contract Signatory)

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

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 7th day of June, 2017.
(Date this Contract Signed)

4. Edward D. Shanshala, II is the duly elected CEO
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency

D. [illegible]
(Signature of the Elected Officer)
Douglas Harman, President

STATE OF NEW HAMPSHIRE

County of Grafton

The forgoing instrument was acknowledged before me this 7th day of June, 2017,

By Douglas Harman.
(Name of the elected Officer of the Agency)

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

(NOTARY SEAL)

Commission Expires: CAROL A. HEMENWAY, Notary Public
My Commission Expires October 21, 2020

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/5/2016

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

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

PRODUCER	CONTACT NAME: Pat Mack
E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	PHONE (A/C, No, Ext): (603)293-2791 FAX (A/C, No): (603)293-7188 E-MAIL ADDRESS: pat@esinsurance.com
INSURED	INSURER(S) AFFORDING COVERAGE / NAIC #
Ammonoosuc Community Health Services 25 Mount Eustis Road Littleton NH 03561	INSURER A: Hanover Insurance Company 22292 INSURER B: Citizens Insurance Company of 31534 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 2016 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:			OBV9707763-06	10/4/2016	10/4/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Hired & Nonowned Auto	$ 2,000,000 $ 300,000 $ 5,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $ Included
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			OBV9707763-06	10/4/2016	10/4/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ Included $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			OBV9707763-06	10/4/2016	10/4/2017	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WBVA353429-02	7/10/2016	7/10/2017	PER STATUTE X OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000

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

CERTIFICATE HOLDER

janicesouthwick@dhhs.nh.go

State of NH, DHHS
Attn: Janice Southwick
129 Pleasant Street
Concord, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Pat Mack/PAT

Ammonoosuc Community Health Services, Inc.

Mission Statement

It is the mission of Ammonoosuc Community Health Services to provide a stable network of comprehensive Primary Health Care Services to individuals and families throughout the communities we serve.
In support of this mission, ACHS provides evidence based, outcome specific, systematic care that is patient centered, focused on prevention, and accessible and affordable to all.

AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

AUDITED FINANCIAL STATEMENTS

JUNE 30, 2014 AND 2013

CONTENTS

BRAD BORBIDGE, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
197 LOUDON ROAD, SUITE 350
CONCORD, NEW HAMPSHIRE 03301

TELEPHONE 603/224-0849
FAX 603/224-2397

Independent Auditors' Report on Financial Statements

Board of Directors
Ammonoosuc Community Health Services, Inc.
Littleton, New Hampshire

We have audited the accompanying financial statements of Ammonoosuc Community Health Services, Inc., which comprise the balance sheets as of June 30, 2014 and 2013, and the related statements of operations, and changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America 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 audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Ammonoosuc Community Health Services, Inc. as of June 30, 2014 and 2013, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards and related notes are presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated September 24, 2014, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on 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 important for assessing the results of our audit.

Concord, New Hampshire
September 24, 2014

AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

BALANCE SHEETS

JUNE 30, 2014 AND 2013

ASSETS

	2014	2013
Current Assets:		
Cash and cash equivalents	$ 353,512	$ 171,483
Patient accounts receivable, net of allowance of for uncollectible accounts of $161,452 and $146,350 at June 30, 2014 and 2013, respectively	589,906	581,149
Grants receivable	46,979	27,179
Other receivables	111,566	5,412
Due from third party payers	26,068	29,802
Inventory	159,489	78,270
Prepaid expenses	63,349	46,318
Total Current Assets	1,350,869	939,613
Assets Limited As To Use	-	14,760
Beneficial Interest In Perpetual Trusts Held By Others	96,499	84,174
Property And Equipment, Net	4,089,963	3,946,966
TOTAL ASSETS	$ 5,537,331	$ 4,985,513

LIABILITIES AND NET ASSETS

Current Liabilities:		
Accounts payable and accrued expenses	$ 361,524	$ 179,949
Accrued payroll and related expenses	540,885	433,046
Advance from third party payers	-	38,822
Deferred revenue	147,056	-
Current maturities of long-term debt	48,447	35,512
Total Current Liabilities	1,097,912	687,329
Long-term Debt, Less Current Maturities	766,182	714,307
Total Liabilities	1,864,094	1,401,636
Net Assets:		
Unrestricted	3,610,936	3,521,576
Permanently restricted	62,301	62,301
Total Net Assets	3,673,237	3,583,877
TOTAL LIABILITIES AND NET ASSETS	$ 5,537,331	$ 4,985,513

(See accompanying notes to these financial statements)

AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014	2013
Operating Revenue:		
Patient service revenue	$ 6,136,146	$ 5,164,844
Provision for bad debts	(53,896)	(134,511)
Net patient service revenue	6,082,250	5,030,333
Grant revenue	1,844,153	1,711,549
Other operating revenue	145,492	326,520
Total Operating Revenue	8,071,895	7,068,402
Operating Expenses:		
Salaries and benefits	5,878,639	5,176,111
Other operating expenses	2,000,523	1,762,936
Depreciation	209,260	214,393
Interest expense	40,200	40,547
Total Operating Expenses	8,128,622	7,193,987
OPERATING LOSS	(56,727)	(125,585)
Non-Operating Revenue and Gains:		
Contributions	112,060	97,039
Interest income	91	541
Change in fair value of beneficial interest in perpetual trusts held by others	12,325	7,516
Total Non-Operating Revenue and Gains	124,476	105,096
EXCESS (DEFICIT) OF REVENUE OVER EXPENSES AND INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	67,749	(20,489)
Grant Received For Capital Acquisition	21,611	-
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	89,360	(20,489)
Net assets, beginning of year	3,583,877	3,604,366
NET ASSETS, END OF YEAR	$ 3,673,237	$ 3,583,877

(See accompanying notes to these financial statements)

AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014	2013
Cash Flows From Operating Activities:		
Change in net assets:	$ 89,360	$ (20,489)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Provision for bad debts	53,896	134,511
Depreciation	209,260	214,393
Change in fair value of beneficial interest in perpetual trusts held by others	(12,325)	(7,516)
Grant received for capital acquisition	(21,611)	-
(Increase) decrease in the following assets:		
Patient accounts receivable	(62,653)	(215,724)
Grants receivable	(19,800)	3,429
Other receivables	(106,154)	18,642
Due from third party payers	3,734	43,320
Inventory	(81,219)	(33,322)
Prepaid expenses	(17,031)	13,707
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	181,575	26,102
Accrued payroll and related expenses	107,839	52,806
Advance from third party payers	(38,822)	38,822
Deferred revenue	147,056	(11,231)
Net Cash Provided by Operating Activities	433,105	257,450
Cash Flows From Investing Activities:		
Decrease in assets limited as to use	14,760	-
Capital acquisitions	(352,257)	(44,492)
Net Cash Used by Investing Activities	(337,497)	(44,492)
Cash Flows From Financing Activities:		
Proceeds from line of credit	-	65,000
Payments on line of credit	-	(190,000)
Grant received for capital acquisition	21,611	-
Proceeds from issuance of long-term debt	99,956	-
Payments on long-term debt	(35,146)	(36,692)
Net Cash Provided (Used) by Financing Activities	86,421	(161,692)

AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

STATEMENTS OF CASH FLOWS (CONTINUED)

FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014	2013
Net Increase in Cash and Cash Equivalents	182,029	51,266
Cash and Cash Equivalents, Beginning of Year	171,483	120,217
CASH AND CASH EQUIVALENTS, END OF YEAR	$ 353,512	$ 171,483
Supplemental Disclosures of Cash Flow Information:		
Cash paid for interest	$ 40,200	$ 40,547

(See accompanying notes to these financial statements)

AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2014 AND 2013

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

Ammonoosuc Community Health Services, Inc., "the Organization", is a non-stock, non-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) which provides a number of preventative health programs to the communities of Franconia, Littleton, Woodsville, Warren, and Whitefield.

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements. Management believes the Organization is no longer subject to income tax examinations for years prior to 2011.

Use of Estimates

The Organization uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities and the reported revenues and expenses. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits, petty cash funds and investments with a maturity of three months or less, and exclude amounts whose use is limited by Board designation or other arrangements, including loan and trust agreements.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Accounts Receivable

Accounts receivable related to medical services are reduced by an allowance for uncollectible accounts. In evaluating the collectability of accounts receivable, the Organization analyzes its past history and identifies trends for funding source in the aggregate. Management regularly reviews data about revenue and collections in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts. An allowance for uncollectible accounts related to the Organization's pharmacy accounts receivable is not deemed necessary as patient payments are required prior to the drugs being provided and the high collectability of the insurance balances.

A reconciliation of the allowance for uncollectible accounts at June 30, 2014 and 2013 follows:

	2014	2013
Balance, beginning of year	$ 146,350	$ 94,451
Provision for bad debts	53,896	134,511
Write-offs	(38,794)	(82,612)
Balance, end of year	$ 161,452	$ 146,350

Increase in allowance for uncollectible accounts is primarily a result of an increase in the patient portion of patient accounts receivable.

Inventory

Inventory consisting of pharmaceutical drugs are recorded at the lower of cost or market.

Assets Limited as to Use

Assets limited as to use include assets set aside as a reserve fund under a loan agreement for repairs and maintenance on the real property collateralizing the loan.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Beneficial Interest in Perpetual Trusts Held by Others

In 2002, the Organization became a beneficiary of an agency endowment fund at The New Hampshire Charitable Foundation, "the Foundation", by contributing the bequest received in 2001 to be held and administered by the Foundation for the benefit of the Organization. Income from the fund is used to support the operating expenses of the Organization.

In 2009, the Organization became a beneficiary of an agency endowment fund at the Foundation by contributing the contribution received in 2009 to be held and administered by the Foundation for the benefit of the Organization. Income from the fund is used to support palliative and hospice care.

Pursuant to the terms of the resolutions establishing the funds, property contributed to the Foundation are held as a separate funds designated for the benefit of the Organization.

In accordance with its spending policy, the Foundation makes distributions from the funds to the Organization. The distributions are approximately 4.03% of the market value of the fund per year. The Organization's interest in the funds are recognized as permanently restricted net assets with changes in fair value reported as part of unrestricted net assets.

Property and Equipment

Property and equipment are carried at cost, less accumulated depreciation. Maintenance repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Depreciation is computed on the straight-line method and is provided over the estimated useful life of each class of depreciable asset.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Organization has been limited by grantors or donors to a specific time-period or purpose. There were no temporarily restricted net assets at June 30, 2014 and 2013.

Permanently restricted net assets include net assets subject to donor-imposed stipulations that they be maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the income earned on related investments for general or specific purposes. Permanently restricted net assets amounted to $62,301 at June 30, 2014 and 2013.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Patient Service Revenue

The Organization has agreements with third-party payers that provide for payments to the Organization at amounts different from its established rates. A summary of the payment arrangements with major third-party payers follows:

- Medicare -- Primary care services rendered to Medicare program beneficiaries are reimbursed under cost reimbursement methodology. The Organization is reimbursed at a tentative encounter rate with final settlement determined after submission of annual cost reports by the Organization and audits thereof by the Medicare fiscal intermediary. The Organization's Medicare cost reports have been retroactively settled by the Medicare fiscal intermediary through June 30, 2012.

- Vermont Medicaid -- Primary care services rendered to Vermont Medicaid program beneficiaries are reimbursed under cost reimbursement methodology. The Organization is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Organization and audits thereof by the Medicaid fiscal intermediary. The Organization's Vermont Medicaid cost reports have been retroactively settled by the Medicaid fiscal intermediary through June 30, 2011.

- Other payers -- The Organization also has entered into payment agreements with New Hampshire Medicaid, certain commercial insurance carriers, health maintenance Organizations and preferred provider Organizations. The basis for payment to the Organization under these agreements includes prospectively determined rates per visit, discounts from established charges and capitated arrangements for primary care services on a per member, per month basis.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. The Organization believes that it is in substantial compliance with all applicable laws and regulations. However, there is at least a reasonable possibility that recorded estimates could change by a material amount in the near term. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in net patient service revenues in the year that such amounts become known. The differences between amounts previously estimated and amounts subsequently determined to be recoverable from third-party payers increased (decreased) patient service revenues by approximately $18,061 and $(4,175) for the years ended June 30, 2014 and 2013, respectively.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

The Organization, as a FQHC, is eligible to participate in the 340B Drug Pricing Program. The program requires drug manufacturers to provide outpatient drugs to FQHC's and other identified entities at a reduced price. The Organization operates a pharmacy under this program. The Organization's pharmacy dispenses drugs to eligible patients of the Organization and bills Medicare and commercial insurances. Gross revenue generated from the program is included in patient service revenue. Expenses related to the operation of the Organization's pharmacy are categorized in the applicable operating expense classifications.

Excess (Deficit) of Revenue Over Expenses

The statement of operations includes the excess (deficit) of revenue over expenses. Changes in unrestricted net assets, which are excluded from the excess (deficit) of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

NOTE 2 ASSETS LIMITED AS TO USE

Assets limited as to use is comprised of cash and cash equivalents and consisted of the following at June 30, 2014 and 2013:

	2014	2013
United States Department of Agriculture Rural Development loan agreement reserve fund	$ -	$ 14,760

Cash and cash equivalents included in assets limited as to use are not considered cash and cash equivalents for cash flow purposes.

NOTE 3 BENEFICIAL INTEREST IN PERPETUAL TRUSTS HELD BY OTHERS

Financial accounting standards established a valuation hierarchy for disclosure of the inputs used to measure fair value. This hierarchy prioritizes the inputs into three broad levels as follows:

- Level 1 inputs - quoted prices traded daily in an active market.
- Level 2 inputs - other than quoted prices for active markets that are traded less frequently than daily.
- Level 3 inputs - unobservable inputs.

NOTE 3 BENEFICIAL INTEREST IN PERPETUAL TRUSTS HELD BY OTHERS (CONTINUED)

The fair value of the beneficial interest in perpetual trust held by others is measured on non-recurring basis using level 3 inputs. The fair value is determined annually based on the fair value of the assets in the trust as represented by the Foundation's management. The Organization's management determines the reasonableness of the methodology by evaluating market developments.

The following table sets forth a summary of the change in the fair value of the level 3 beneficial interests in perpetual trusts held by others for the years ended June 30, 2014 and 2013.

	2014	2013
Balance, beginning of year	$ 84,174	$ 76,658
Change in fair value	13,355	8,542
Distributions	(465)	(464)
Fees	(565)	(562)
Balance, end of year	$ 96,499	$ 84,174

NOTE 4 PROPERTY AND EQUIPMENT

The cost and accumulated depreciation of property and equipment at June 30, 2014 and 2013 follows:

	2014	2013
Land, building and improvements	$ 4,711,648	$ 4,457,632
Furniture and equipment	735,305	920,494
Total cost	5,446,953	5,378,126
Less accumulated depreciation	1,640,420	1,431,160
	3,806,533	3,946,966
Construction in Progress	283,430	-
Total Property and Equipment, Net	$ 4,089,963	$ 3,946,966

NOTE 5 LINE OF CREDIT

The Organization has a $250,000 line of credit with a local banking institution through February 2015. Borrowings on the line of credit bear an interest rate of Prime plus 2% (5.25% at June 30, 2014). The line of credit is payable on demand and is secured by accounts receivable, equipment, and inventory. There was no balance outstanding at June 30, 2014 and 2013. The line of credit has a 30 day "clean up" provision that was met during 2014. The line of credit also has a debt service ratio covenant that was met for 2014.

NOTE 6 LONG-TERM DEBT

At June 30, 2014 and 2013 long-term debt consisted of the following:

	2014	2013
Note payable to a local bank, payable in monthly installments of $4,957, including interest at 5.64%, due August 2026, secured by real estate which is subject to a Notice of Federal Interest (see note below).	$ 519,275	$ 548,628
Variable rate note payable to a local bank, With payments of interest at 3.5% to be made through December 2014 when payments of principal and interest at 3.5% will be made through December 2024, at which time interest will be adjusted to the Wall Street Journal Prime Rate plus 1% for the remaining balance of the loan, secured by real estate and all other assets.	295,354	-
Note payable, United States Department of Agriculture, payable in monthly installments of $1,230, including interest at 4.25%, due November 2033, secured by real estate and all other assets. The note was refinanced in May 2014.	-	201,191
Total long-term debt	814,629	749,819
Less current maturities	48,447	35,512
Long-term Debt Excluding Current Maturities	$ 766,182	$ 714,307

NOTE 6 LONG-TERM DEBT (CONTINUED)

The Organization's Littleton and Warren properties were renovated with Federal grant funding under the ARRA - Capital Improvement Program. In accordance with the grant agreement, a Notice of Federal Interest (NFI) was required to be filed in the appropriate official records of the jurisdiction in which the property is located.

The NFI is designed to notify any prospective buyer or creditor that the Federal Government has a financial interest in the real property acquired under the aforementioned grant; that the property may not be used for any purpose inconsistent with that authorized by the grant program statute and applicable regulations; that the property may not be mortgaged or otherwise used as collateral without the written permission of the Associate Administrator of the Office of Federal Assistance Management, Health Resources and Services Administration (OFAM, HRSA); and that the property may not be sold or transferred to another party without the written permission of the Associate Administrator of OFAM and HRSA.

Upon attaining the above noted mortgage on the Organization's properties, the Organization received the required written permission from OFAM and HRSA where HRSA subordinated its Federal Interest in the properties to the bank.

Scheduled principal repayments on long-term debt for the next five years and thereafter follows:

Year Ending June 30,	Long-term Debt
2015	$ 48,447
2016	50,858
2017	53,396
2018	56,066
2019	58,876
Thereafter	546,986
Total	$ 814,629

NOTE 7 ENDOWMENTS

The Organization has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as a donor restricted endowment (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent donor restricted endowment gifts and (c) accumulations to the donor restricted endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

(1) The duration and preservation of the fund
(2) The purposes of the organization and the donor-restricted endowment fund
(3) General economic conditions
(4) The possible effect of inflation and deflation
(5) The expected total return from income
(6) Other resources of the Organization

The following summarizes changes in endowment assets for years ended June 30, 2014 and 2013:

	2014	2013
Balance, beginning of year	$ 62,301	$ 62,301
Change in fair value of beneficial interest in perpetual trust held by others	12,325	7,516
Appropriation of endowment net assets for expenditure	(12,325)	(7,516)
Balance, End of Year	$ 62,301	$ 62,301

Endowment assets consist of a beneficial interest in perpetual trusts held by others.

NOTE 8 PATIENT SERVICE REVENUE

A summary of patient service revenue for the years ended June 30, 2014 and 2013 follows:

	2014	2013
Medical revenue		
Medicare	$ 1,628,126	$ 1,343,423
Medicaid	1,070,654	1,013,399
Other third party	1,868,256	1,728,485
Private pay	237,514	272,063
Total medical revenue	4,804,550	4,357,370
Pharmacy revenue	1,331,596	807,474
Total Patient Service Revenue	$ 6,136,146	$ 5,164,844

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, the revenue is recorded net of the free care allowance. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization charity care policy amounted to $1,679,505 and $1,170,505 for the years ended June 30, 2014 and 2013, respectively.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

NOTE 9 FUNCTIONAL EXPENSES

The Organization provides various services to residents within its geographic location. Expenses related to providing these services for the years ended June 30, 2014 and 2013 follows:

	2014	2013
Program services	$ 6,637,568	$ 5,716,102
Administrative and general	1,491,054	1,477,885
Total	$ 8,128,622	$ 7,193,987

NOTE 10 MALPRACTICE INSURANCE

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of the year ended June 30, 2014, there were no known malpractice claims outstanding which in the opinion of management, will be settled for amounts in excess of both FTCA and insurance coverage; nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

NOTE 11 COMMITMENTS

Leases that do not meet the criteria for capitalization are classified as operating leases with related rentals charged to operations as incurred.

The following is a schedule by year of future minimum lease payments under operating leases that have initial or remaining lease terms in excess of one year.

Year Ending June 30,	Minimum Lease Payments
2015	$ 32,657
2016	14,272
Total	$ 49,929

Rent expense for the years ended June 30, 2014 and 2013 amounted to $88,816 and $80,651, respectively.

NOTE 12 CONCENTRATION OF RISK

The Organization has cash deposits in major financial institutions in excess of $250,000, which exceeds federal depository insurance limits. The financial institutions have a strong credit rating and management believes the credit risk related to these deposits is minimal.

NOTE 12 CONCENTRATION OF RISK (CONTINUED)

The Organization grants credit without collateral to its patients, most of who are local residents and are insured under third-party payer agreements. The mix of receivables from patients and third-party payers at June 30, 2014 follows:

Medicare	26%
Medicaid	13%
Other	61%
Total	100%

NOTE 13 SUBSEQUENT EVENTS

For financial reporting purposes, subsequent events have been evaluated by management through September 24, 2014, which is the date the financial statements were available to be issued.

AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

FOR THE YEAR ENDED JUNE 30, 2014

Federal Grantor Pass-through Grantor Program Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Federal Expenditures
U.S. Department of Health and Human Services			
Direct programs:			
Health Center Cluster	93.224		$ 1,464,317
Pass-through programs from:			
State of New Hampshire Department of Health and Human Services:			
Primary Care	93.994	102-500731/90080000	14,282
Family Planning	93.217	102-500734/90080203	40,799
Family Planning - TANF	93.558	502-500891/45130203	23,053
Breast and Cervical Cancer Prevention	93.283	102-500731/90080081	32,383
Massachusetts eHealth Collaborative, Inc.:			
ARRA - Health Information Technology Extension Program: Regional Centers	93.718		1,300
Bi-State Primary Care Association:			
Grants to States to Support Oral Health Workforce Activities	93.236		40,110
Coos County Family Health Services, Inc.:			
Oral Health	93.991		8,545
New Hampshire Health Information Organization:			
Health Information Exchange Planning and Implementation Project	93.719		6,569
Total Federal Awards, All Programs			$ 1,631,359

The accompanying notes are an integral part of this schedule.

AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

FOR THE YEAR ENDED JUNE 30, 2014

NOTE 1 BASIS OF PRESENTATION

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

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING PRINCIPLES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in OMB Circular A-122, *Cost Principles for Non-Profit Organizations*, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule, if any, represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years. Pass-through entity identifying numbers are presented where available.

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Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Board of Directors
Ammonoosuc Community Health Services, Inc.
Littleton, New Hampshire

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Ammonoosuc Community Health Services, Inc., which comprise the balance sheet as of June 30, 2014, and the related statements of operations and changes in net assets, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated September 24, 2014.

Internal Control Over Financial Reporting

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

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

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

Compliance and Other Matters

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

Purpose of this Report

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

Concord, New Hampshire
September 24, 2014

BRAD BORBIDGE, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
197 LOUDON ROAD, SUITE 350
CONCORD, NEW HAMPSHIRE 03301

TELEPHONE 603/224-0849
FAX 603/224-2397

Independent Auditors' Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance

Board of Directors
Ammonoosuc Community Health Services, Inc.
Littleton, New Hampshire

Report on Compliance for Each Major Federal Program

We have audited Ammonoosuc Community Health Services, Inc.'s compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of the Organization's major federal programs for the year ended June 30, 2014. The Organization's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

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

Auditors' Responsibility

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

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

Opinion on Each Major Federal Program

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

Report on Internal Control Over Compliance

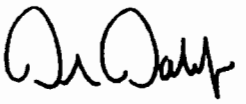
Management is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Organization's internal control over compliance with the types of requirements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

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

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

Purpose of this Report

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



Concord, New Hampshire
September 24, 2014

AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

FOR THE YEAR ENDED JUNE 30, 2014

Section I - Summary of Auditors' Results

A. Financial Statements

1. Type of auditor's report issued	Unmodified
2. Internal control over financial reporting:	
• Material weakness(es) identified?	No
• Significant deficiencies identified?	None Reported
3. Noncompliance material to financial statements noted?	No

B. Federal Awards

1. Internal control over major programs:	
• Material weakness(es) identified?	No
• Significant deficiencies identified?	None Reported
2. Type of auditor's report issued on compliance for major programs	Unmodified
3. Any audit findings disclosed that are required to be reported in accordance with Section 510(a) of OMB Circular A-133?	No

C. Major Programs

Health Center Cluster	93.224

D. Dollar threshold used to distinguish between Type A and Type B programs $300,000

E. Auditee qualified as low-risk auditee? Yes

AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)
FOR THE YEAR ENDED JUNE 30, 2014

Section II - Findings and Questioned Costs

A. Financial Statements

There were no financial statement findings for the year ended June 30, 2014

Section II - Findings and Questioned Costs (Continued)

B. Federal Awards

There were no federal awards findings for the year ended June 30, 2014

Section III - Prior Findings and Questioned Costs for the Year Ended June 30, 2013

There were no prior financial statement or federal award audit findings for the year ended June 30, 2013.

Ammonoosuc Community Health Services, Inc.
2015 Board of Directors (05/1/2015)

Beth Harwood, *President (2014)* [redacted] (W) (C) **Email:** [redacted] **Term:** End of First Term 2015 **Committees:** Development **Biography:** Beth is a NH native living in Franconia. She worked previously at ACHS as a nutritionist and recently retired from the Dartmouth Institute for Health Policy & Clinical Practice. **ACHS Patient:** yes **Serving ACHS since:** 2012	**Alan Smith, *Co-Vice President (2014)*** [redacted] (C) **Email:** [redacted] **Term:** End of First Term 2014 **Committees:** Personnel **Biography:** Alan works in the Littleton school district and has worn many hats during his tenure, from Principal, to interim superintendant to Director of the Technical Center. Alan lives in Littleton with his family. **ACHS Patient** no **Serving ACHS since:** 2011
Lynn Davis, *Co-Vice President (2014)* [redacted] (H) (W) (C) [redacted] **Email** [redacted] **Term:** End of First Term 2014 **Committees:** Finance **Biography:** Lynn is the Department Chair of Health Sciences at White Mountains Community College. Lynn lives in Littleton with her family. **ACHS Patient** Yes Serving ACHS since: 2011	**Inga Johnson, *Secretary (2014)*** [redacted] (H) (W) (C) **Email** [redacted] **Term:** End of First Term 2013 End of Second Term 2017 **Committees:** Development **Biography:** Inga was born and raised in Berlin. She has been working in human services over the past 25 years. Inga is the Director of Hospice and Palliative Care Services at North Country Home Health and Hospice. She is a current member of the Community Coalition for End of Life Care, Littleton Hospital Palliative Care Team, Cottage Hospital Ethics Committee and North Country Palliative Care Collaborative. Inga lives in Easton with her husband Patrick and loves the outdoors. **ACHS Patient** Yes Serving ACHS since: 2010

Ammonoosuc Community Health Services, Inc.
2015 Board of Directors (05/1/2015)

Ned Densmore, *Treasurer (2014)* [redacted] (W) (C) **Email:** [redacted] **Term:** End of First Term 2015 **Committees:** Finance **Biography:** Ned is the former owner of Littleton's Village Book Store. He lives in Franconia with his family. He has served on numerous boards and committees and has previous experience serving not-for-profits. **ACHS Patient:** yes **Serving ACHS since:** 2012	**Ray Lobdell** [redacted] (H) [redacted] (W) [redacted] (C) **Email:** [redacted] **Term:** End of First Term 2013 End of Second Term 2017 **Committees:** Development **Biography:** Ray is a consulting soil/wetland scientist and as managed Lobdell Associates for over 20 years. He is past president of the Soil Science Society of Northern New England, past chairman of the Landaff School Board, the SAU E-Board, and the Landaff Planning Board. He has lived with his wife, Deborah, in Landaff for over 30 years and has two grown children. Ray owns a Christmas tree farm and is an avid bird hunter. **ACHS Patient** Yes Serving ACHS since: 2010
John Rapoport, Ph.D. [redacted] (W) (C) **Email:** [redacted] **Term:** End of First Term 2016 **Committees:** **Biography:** John is a resident of Dalton and a retired college professor and administrator. His specialization is in health economics and health services research. He volunteers with the AMC and Adaptive Sports Partners of the North Country. **ACHS Patient:** No **Serving ACHS since:** 2016	**Ronald Spaulding, DDS** [redacted] (H) [redacted] (W) (C) **Email:** [redacted] **Term:** End of First Term 2015 **Committees:** Oral Health (Ad Hoc) **Biography:** Ron is a retired oral surgeon who lives in St. Johnsbury, VT with his wife and enjoys many outdoor activities. **ACHS Patient:** No **Serving ACHS since:** 2012

Bruce Brown [redacted] (W) (C) **Email:** [redacted] **Term:** End of First Term 2013 End of Second Term 2017 **Committees:** Finance and Facilities **Biography:** Bruce is retired from a 28-year career as Director of Facilities at Littleton Regional Hospital and was the construction manager for the new Littleton Regional Hospital, completed in 2001. **ACHS Patient** No Serving ACHS since: 2010	**Mark Secord, CPA** [redacted] (H) (W) [redacted] (C) **Email:** [redacted] **Term:** End of First Term 2016 **Committees:** **Biography:** Mark received his Masters of Accounting from Bentley University. He is one of the founding members of the Littleton Consumer Cooperative Society and he enjoys working with several non-profits in the North Country area. **ACHS Patient:** Yes **Serving ACHS since:** 2012
Judy Day [redacted] (H) (W) (C) [redacted] **Email:** [redacted] **Term:** End of First Term 2016 **Committees:** **Biography:** Judy recently retired from many years of service managing the Partners in Health Program here in Littleton. She is co-owner of Center for Balanced Health; Judy lives in Easton with her husband and enjoys spending free time with her 2 grandchildren. **ACHS Patient:** Yes **Serving ACHS since:** 2012	

Kenneth L. Riebel

[redacted]

(603)-444-2464 or (603) 444-2307
Email Ken.Riebel@achs-inc.org

Experience:

Ammonoosuc Community Health Services, Inc. - *Chief Financial Officer*	06/1994 – Present
Cargill Blake Construction Co., Inc. – Controller	*05*/1985– 06/1994
Courier Printing Company, Inc. – Controller	02/1981 – 05/1985
Franconia Paper Company, Inc. – Chief Accountant	1979 – 1981
Littleton Regional Hospital – Accountant	1977 – 1979
Glassboro State College – Junior Accountant	1974 – 1976

Education

Bachelors of Science in Accounting with Computer Science minor, 1974	Drexel University
A.S. in Accounting with Computer Science minor, 1972	Gloucester County College

Volunteering and Leadership:

- Member of State of NH Family Planning Formulary Work Group 2004-2005
- Member of State of NH Medicaid Prospective Payment System Work Group 2002 - 2003
- Member of Town of Bethlehem Task Force for Solid Waste Disposal Alternatives 1999

Edward D Shanshala II, MSHSA, MSEd

[redacted]
(603)-444-2464 or (315) –521-6359
Email ed.shanshala@achs-inc.org

Experience:

Ammonoosuc Community Health Services, Inc. - *Chief Executive Officer*	07/2007 - Present
Ammonoosuc Community Health Services, Inc. - *Chief Operating Officer*	12/ 2005 – 06/2007
Roberts Wesleyan College - *Adjunct Faculty*	11/ 2005 – 12/2005
Semper Unum - *Principal Consultant*	01/ 2004 – Present
Rochester Primary Care Network Inc. - *Interim CEO and Vice President of Operations*	03/ 2003 – 01/ 2005
Rochester Institute of Technology - *Adjunct Faculty*	01/2002 – 01/2004
Keuka College - *Adjunct Faculty*	08/2002 – 08/2005
Finger Lakes VNS & Ontario Yates Hospice Inc. - *Director of QI, Education Enhancement & CCO*	03/1997- 03/2003
Strong Memorial Hospital, University of Rochester Medical Center - *Reengineering Project Coordinator*	05/1995- 03/1997
University of Rochester Medical Center: Department of Pharmacology *Professional* - *Tech. Assoc. II*	06/1987 – 05/1995

Education

Masters of Science in Health Systems Administration, 2000	Rochester Institute of Technology
Masters of Science in Education, 1994	University of Rochester
Bachelors of Science in Biotechnology, 1987	Rochester Institute of Technology
Associates of Science in Chemistry, 1985	Rochester Institute of Technology

Grants, Scholarships, Awards. and Professional Leadership:

- 2000 Academic Excellence Award, Masters of Science Health Systems Administration
- 2000 Distance Learning 20/2000 Competitive Graduate Scholarship, Rochester Institute of Technology
- 2000 Program Chair American Society for Quality Rochester Section Annual Conference Committee
- 1998-2000 Graduate Scholarship, Rochester Institute of Technology, College of Applied Science and Technology
- 1999 American Society for Quality Research Fellowship
- 1999 Performance Concepts International Matching Research Grant
- 1999 Award for Outstanding Volunteer Leadership in Editing, American Society for Training and Development

Publications:

Winchester K, and Shanshala II ED., (Winter 1998). Corporate Team Building *Performance in Practice*

Shanshala II ED., (Fall 1998). Chartering Teams. *Performance in Practice*

Shanshala II ED., (1997). Building in Quality. *Quality Progress*, Vol. 30, No. 10: 67-69.

Hinkle PM, and Shanshala II ED., and Nelson EJ (1992). Measurement of intracellular cadmium with fluorescent dyes: Further evidence for the role of calcium channels in cadmium uptake. *J.Biol. Chem.* 267: 25553-25559.

Hinkle PM, Shanshala II ED., (1992). Prolactin and secretogrannin II, a marker for the regulated pathway, are secreted in parallel by pituitary GH4C1 cells. *Endocrinology* 130: 3503-3511.

Hinkle PM, Shanshala II ED., (1991). Epidermal growth factor decreases the concentration of pituitary TRH receptors and TRH responses. *Endocrinology* 129: 1283-1288.

Hinkle PM, Shanshala II ED., (1989). Pituitary thyrotropin-releasing hormone (TRH) receptors: Effects of TRH, drugs mimicking TRH action, and Chlordiazepoxide. *Mol.Endocrinol.* 89: 1337-1344.

Federal Consulting and Grant Reviewing:

Consult and review federal grant applications for Health Resources and Services Administration's Division of Independent Review

Volunteering and Leadership:

Board of Directors; Hospeace House, Interlakes Foundation Wellness Program, St. Michaels School, Hospice of Littleton Area,

JESSICA THIBODEAU
[redacted]
(603) [redacted]

EDUCATION:

MGH INSTITUTE OF HEALTH PROFESSIONS
Master of Science in Nursing 1995

SIMMONS COLLEGE
Master of Arts in Teaching 1987

UNIVERSITY OF MASSACHUSETTS, AMHERST
Bachelor of Science 1985-*cum laude*

NURSING EXPERIENCE:

1/96 to Present

ADULT NURSE PRACTITIONER
Ammonoosuc Community Health Services, Littleton, NH
Providing Family Planning, Obstetric and Primary health care services to residents of Northern New Hampshire in an ambulatory care setting, independently and with physician collaboration.
Serving as a site manager for a state and federally funded breast and cervical cancer screening program.

7/94-8/94

HEALTH PROMOTION/DISEASE PREVENTION PROJECT
NATIONAL HEALTH SERVICE CORPS
Lynne Community Health Center, Lynn, MA
Provided Primary care services to low income, culturally diverse Population with Family MD collaboration.
Conducted workshop on domestic violence for Lynne health center Clinicians.
Identified local resources for families experiencing domestic violence, Organized a compilation of resources for clinicians and clients Concerned with family violence.

ADDITIONAL EXPERIENCE:

5/95-1/96

MATERNITY LEAVE

5/93-9/93
1/91-8/92

MEDICAL ASSISTANT
Harvard Community Health Plan, Cambridge, MA

10/88-10/90

PEACE CORPS VOLUNTEER
Queen Salote College, Kingdom of Tonga
Taught high school biology, chemistry, science and physics.
Served as head of science department.
Conducted in-service teacher-training workshops.

LICENSURE & CERTIFICATION:

ANCC Certified Adult Nurse Practitioner
NCC Certified Women's Health Care Nurse Practitioner
Advanced Registered Nurse Practitioner: New Hampshire

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Edward Shanshala	CEO	181,800	0	0
Kenneth Riebel	CFO	126,491	0	0
Jessica Thibodeau	BCCP Program Coordinator	89,172	4.26%	3,975

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

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

Nicholas A. Toumpas
Commissioner

Marcella Jordan Bobinsky
Acting Director

G&C APPROVED
Date: 6/24/15
Item #58

June 1, 2015

Her Excellency, Governor Margaret Wood Hassen
And the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **sole source** amendments with the vendors listed in the table below for the provision of primary care services, breast and cervical cancer screening services and screening, brief intervention and referral to treatment for alcohol and drug misuse by increasing the total price limitation by $8,986,056 from $10,143,156 to $19,129,212 and extending the completion date from June 30, 2015 to June 30, 2017 upon Governor and Executive Council approval. 75.2% General Funds / 24.8% Federal Funds

The original contract, approved in 2012, included a two (2) year renewal option. The Department exercised a one (1) year renewal in 2014. The Department is now seeking to extend the contracts for two (2) two additional years through these sole source amendments. The Governor and Executive Council approved the original contracts and subsequent amendments as follows:

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Ammonoosuc Community Health Services, Inc. (177755-R001)	North Grafton/ South Coos	6/20/12 (Item #128)	5/8/14 (Item #34A)	$667,687	$540,879	$1,208,566
Concord Hospital, Inc. (177653-B011)	Merrimack/ Hillsborough	6/20/12 (Item #133)	5/8/14 (Item #34A)	$992,198	$788,937	$1,781,135
Coos County Family Health Services (155327-B001)	Eastern Coos	6/20/12 (Item #130)	5/8/14 (Item #34A)	$427,142	$371,229	$798,371
Families First of the Greater Seacoast (166629-B001)	Seacoast Area	6/20/12 (Item #134)	5/8/14 (Item #34A)	$624,540	$506,291	$1,130,831

Families First of the Greater Seacoast (166629-B001)	Seacoast Area - Homeless	6/6/12 (Item #69)	5/8/14 (Item #34B)	$218,537	$240,101	$458,638
Goodwin Community Health Center (154703-B001)	Strafford County	6/20/12 (Item #135)	5/8/14 (Item #34A)	$1,095,268	$825,647	$1,920,915
Harbor Homes (155358-B001)	Southern Hillsborough County - Homeless	6/6/12 (Item #68)	5/8/14 (Item #34B)	$225,045	$209,393	$434,438
Health First Family Care Center (158221-B001)	Central/East ern Belknap	6/20/12 (#131)	5/8/14 (Item #34)	$748,658	$586,113	$1,334,771
Indian Stream Health Center (165274-B001)	Northern Coos	6/20/12 (Item #125)	5/8/14 (Item #34A)	$259,157	$239,237	$498,394
Lamprey Health Care (177677-B001)	Central Southern/ Eastern NH	6/20/12 (Item #136)	5/8/14 (Item #34A)	$1,696,513	$1,299,195	$2,995,708
Manchester Community Health Center (157274-B001)	Greater Manchester	6/20/12 (Item #132)	5/8/14 (Item #34A)	$1,051,425	$1,435.139	$2,486,564
Manchester Health Department (177433-B009)	Greater Manchester - Homeless	6/20/12 (Item #124)	5/8/14 (Item #34B)	$232,205	$250,169	$482,374
Mid-State Health Center (158055-B001)	Central Northern Belknap	6/20/12 (Item #126)	5/8/14 (Item #34A)	$444,862	$406,811	$851,673
New London Hospital Association, Inc. (177167-R005)	Sullivan County	6/20/12 (Item #129)	5/8/14 (Item #34A)	$587,923	$487,419	$1,075,342
Weeks Medical Center (177171-R001)	Western Coos	7/11/12 (Item #31)	5/8/14 (Item #34A)	$292,483	$306,707	$599,190
White Mountain Community Health Center (174170-R001)	Northern Carroll	6/20/12 (Item #127)	5/8/14 (Item #34A)	$579,513	$492,789	$1,072,302
			Total:	**$10,143,156**	**$8,986,056**	**$19,129.212**

Funds are anticipated to be available in the following accounts for State Fiscal Years 2016 and in State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budgets with the ability to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified without further approval from the Governor and Executive Council.

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

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

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

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

Please see attachment for fiscal details.

EXPLANATION

These amendments are **sole source** because the Department is renewing the contracts for two (2) additional years after exercising a one (1) year renewal option in 2014 as allowable in Exhibit C, Special Provisions, paragraph 17 of the contracts, and adding to the scope of services for community health centers that provide primary care services, statewide.

This package includes sixteen (16) of sixteen (16) contracts being amended.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

Breast and cervical cancer screening services are provided as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap smears and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or

diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will add infrastructure to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will use funding to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. This request includes three (3) vendors who provide primary care and universal screening services to homeless individuals, who otherwise would have no access to health care. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, low-income individuals statewide may not have adequate access to primary care services. Some women may not receive recommended breast and cervical cancer screenings, which would increase their risk of having an untreatable stage of cancer. Additionally, undetected alcohol and drug misuse could result in increases of alcohol and drug related accidents and deaths, which would negatively impact NH citizens.

Area Served: Statewide.

Source of Funds: 75.2% General Funds

24.8% Federal Funds (CFDA #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse. FAIN #T1010035-14; CFDA #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds. FAIN # U58DP003930; CFDA #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States. FAIN #B04MC28113.)

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

Respectfully submitted,

Marcella Bobinsky
Acting Director
Division of Public Health Services

for Diane Langley
Acting Director
Division of Community Based Care Services

Approved by:
Nicholas A. Toumpas
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
7.2% Federal Funds and 92.8% General Funds (FAIN# B04MC28113)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	142,819	-	142,819
SFY 2014	102-500731	Contracts for Program Svcs	90080000	142,819	-	142,819
SFY 2014	102-500731	Contracts for Program Svcs	90080400	42,661		42,661
SFY 2015	102-500731	Contracts for Program Svcs	90080000	213,921	-	213,921
SFY 2016	102-500731	Contracts for Program Svcs	90080000		199,701	199,701
SFY 2017	102-500731	Contracts for Program Svcs	90080000		199,701	199,701
			Sub-Total	$542,220	$399,402	$941,622

Concord Hospital, Inc., Vendor # 177653-B011

Fiscal Year	185480	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	215,637	-	215,637
SFY 2014	102-500731	Contracts for Program Svcs	90080000	215,637	-	215,637
SFY 2014	102-500731	Contracts for Program Svcs	90080400	64,413		64,413
SFY 2015	102-500731	Contracts for Program Svcs	90080000	322,992	-	322,992
SFY 2016	102-500731	Contracts for Program Svcs	90080000		301,521	301,521
SFY 2017	102-500731	Contracts for Program Svcs	90080000		301,521	301,521
			Sub-Total	$818,679	$603,042	$1,421,721

Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	81,519	-	81,519
SFY 2014	102-500731	Contracts for Program Svcs	90080000	81,519	-	81,519
SFY 2014	102-500731	Contracts for Program Svcs	90080400	24,351		24,351
SFY 2015	102-500731	Contracts for Program Svcs	90080000	122,103	-	122,103
SFY 2016	102-500731	Contracts for Program Svcs	90080000		113,986	113,986
SFY 2017	102-500731	Contracts for Program Svcs	90080000		113,986	113,986
			Sub-Total	$309,492	$227,972	$537,464

Families First of the Greater Seacoast Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	140,243	-	140,243
SFY 2014	102-500731	Contracts for Program Svcs	90080000	140,243	-	140,243
SFY 2014	102-500731	Contracts for Program Svcs	90080400	41,892		41,892
SFY 2015	102-500731	Contracts for Program Svcs	90080000	210,063	-	210,063
SFY 2016	102-500731	Contracts for Program Svcs	90080000		196,099	196,099
SFY 2017	102-500731	Contracts for Program Svcs	90080000		196,099	196,099
			Sub-Total	$532,441	$392,198	$924,639

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Families First of the Greater Seacoast - Homeless Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	57,562	-	57,562
SFY 2014	102-500731	Contracts for Program Svcs	90080000	57,562		57,562
SFY 2014	102-500731	Contracts for Program Svcs	90080400	17,194		17,194
SFY 2015	102-500731	Contracts for Program Svcs	90080000	86,219		86,219
SFY 2016	102-500731	Contracts for Program Svcs	90080000		80,488	80,488
SFY 2017	102-500731	Contracts for Program Svcs	90080000		80,488	80,488
			Sub-Total	$218,537	$160,976	$379,513

Goodwin Community Health Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	248,712	-	248,712
SFY 2014	102-500731	Contracts for Program Svcs	90080000	248,712	-	248,712
SFY 2014	102-500731	Contracts for Program Svcs	90080400	74,293		74,293
SFY 2015	102-500731	Contracts for Program Svcs	90080000	372,533	-	372,533
SFY 2016	102-500731	Contracts for Program Svcs	90080000		347,769	347,769
SFY 2017	102-500731	Contracts for Program Svcs	90080000		347,769	347,769
			Sub-Total	$944,250	$695,538	$1,639,788

Harbor Homes, Inc. Vendor # 155358-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	59,276	-	59,276
SFY 2014	102-500731	Contracts for Program Svcs	90080000	59,276		59,276
SFY 2014	102-500731	Contracts for Program Svcs	90080400	17,706		17,706
SFY 2015	102-500731	Contracts for Program Svcs	90080000	88,787		88,787
SFY 2016	102-500731	Contracts for Program Svcs	90080000		82,884	82,884
SFY 2017	102-500731	Contracts for Program Svcs	90080000		82,884	82,884
			Sub-Total	$225,045	$165,768	$390,813

Health First Family Care Center, Vendor # 158221-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	187,367	-	187,367
SFY 2014	102-500731	Contracts for Program Svcs	90080000	187,367	-	187,367
SFY 2014	102-500731	Contracts for Program Svcs	90080400	55,968		55,968
SFY 2015	102-500731	Contracts for Program Svcs	90080000	280,648	-	280,648
SFY 2016	102-500731	Contracts for Program Svcs	90080000		261,991	261,991
SFY 2017	102-500731	Contracts for Program Svcs	90080000		261,991	261,991
			Sub-Total	$711,350	$523,982	$1,235,332

Indian Stream Health Center, Vendor #165274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	60,359	-	60,359
SFY 2014	102-500731	Contracts for Program Svcs	90080000	60,359	-	60,359
SFY 2014	102-500731	Contracts for Program Svcs	90080400	18,030		18,030
SFY 2015	102-500731	Contracts for Program Svcs	90080000	90,409	-	90,409
SFY 2016	102-500731	Contracts for Program Svcs	90080000		84,399	84,399
SFY 2017	102-500731	Contracts for Program Svcs	90080000		84,399	84,399
			Sub-Total	$229,157	$168,798	$397,955

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Lamprey Health Care, Inc., Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	401,151	-	401,151
SFY 2014	102-500731	Contracts for Program Svcs	90080000	401,151	-	401,151
SFY 2014	102-500731	Contracts for Program Svcs	90080400	119,828		119,828
SFY 2015	102-500731	Contracts for Program Svcs	90080000	600,864	-	600,864
SFY 2016	102-500731	Contracts for Program Svcs	90080000		560,921	560,921
SFY 2017	102-500731	Contracts for Program Svcs	90080000		560,921	560,921
			Sub-Total	$1,522,994	$1,121,842	$2,644,836

Manchester Community Health Center, Vendor # 157274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	239,002	-	239,002
SFY 2014	102-500731	Contracts for Program Svcs	90080000	239,002	-	239,002
SFY 2014	102-500731	Contracts for Program Svcs	90080400	71,392		71,392
SFY 2015	102-500731	Contracts for Program Svcs	90080000	357,989	-	357,989
SFY 2016	102-500731	Contracts for Program Svcs	90080000		636,144	636,144
SFY 2017	102-500731	Contracts for Program Svcs	90080000		636,144	636,144
			Sub-Total	$907,385	$1,272,288	$2,179,673

Manchester Health Department Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	$61,162		61,162
SFY 2014	102-500731	Contracts for Program Svcs	90080000	$61,162		61,162
SFY 2014	102-500731	Contracts for Program Svcs	90080400	$18,270		18,270
SFY 2015	102-500731	Contracts for Program Svcs	90080000	$91,611		91,611
SFY 2016	102-500731	Contracts for Program Svcs	90080000		$85,522	85,522
SFY 2017	102-500731	Contracts for Program Svcs	90080000		$85,522	85,522
			Sub-Total	$232,205	$171,044	$403,249

Mid-State Health Center, Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	117,175	-	117,175
SFY 2014	102-500731	Contracts for Program Svcs	90080000	117,175	-	117,175
SFY 2014	102-500731	Contracts for Program Svcs	90080400	35,001	-	35,001
SFY 2015	102-500731	Contracts for Program Svcs	90080000	175,511	-	175,511
SFY 2016	102-500731	Contracts for Program Svcs	90080000		163,843	163,843
SFY 2017	102-500731	Contracts for Program Svcs	90080000		163,843	163,843
			Sub-Total	$444,862	$327,686	$772,548

The New London Hospital, Inc., Vendor # 177167-R005

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	132,457	-	132,457
SFY 2014	102-500731	Contracts for Program Svcs	90080000	132,457	-	132,457
SFY 2014	102-500731	Contracts for Program Svcs	90080400	39,566		39,566
SFY 2015	102-500731	Contracts for Program Svcs	90080000	198,401		198,401
SFY 2016	102-500731	Contracts for Program Svcs	90080000		185,212	185,212
SFY 2017	102-500731	Contracts for Program Svcs	90080000	-	185,212	185,212
			Sub-Total	$502,881	$370,424	$873,305

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	69,137	-	69,137
SFY 2014	102-500731	Contracts for Program Svcs	90080000	69,137	-	69,137
SFY 2014	102-500371	Contracts for Program Svcs	90080400	20,652		20,652
SFY 2015	102-500731	Contracts for Program Svcs	90080000	103,557	-	103,557
SFY 2016	102-500731	Contracts for Program Svcs	90080000		96,673	96,673
SFY 2017	102-500731	Contracts for Program Svcs	90080000		96,673	96,673
			Sub-Total	$262,483	$193,346	$455,829

White Mountain Community Health Center, Vendor # 174170-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	134,913	-	134,913
SFY 2014	102-500731	Contracts for Program Svcs	90080000	134,913	-	134,913
SFY 2014	102-500731	Contracts for Program Svcs	90080400	40,300		40,300
SFY 2015	102-500731	Contracts for Program Svcs	90080000	202,079	-	202,079
SFY 2016	102-500731	Contracts for Program Svcs	90080000		188646	188,646
SFY 2017	102-500731	Contracts for Program Svcs	90080000		$188,646	188,646
			Sub-Total	$512,205	$377,292	$889,497
		Primary Care MCH	**TOTAL**	**$8,916,186**	**$7,171,598**	**$16,087,784**

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER
100% Federal Funds (FAIN #U58DP003930)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	32,608	-	32,608
SFY 2014	102-500731	Contracts for Program Svcs	90080081	32,608	-	32,608
SFY 2015	102-500731	Contracts for Program Svcs	90080081	30,251	-	30,251
SFY 2016	102-500731	Contracts for Program Svcs	90080081		21,176	21,176
SFY 2017	102-500731	Contracts for Program Svcs	90080081		21,176	21,176
			Sub-Total	$95,467	$42,352	$137,819

Concord Hospital, Inc., Vendor # 177653-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2014	102-500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2015	102-500731	Contracts for Program Svcs	90080081	53,385	-	53,385
SFY 2016	102-500731	Contracts for Program Svcs	90080081		53,385	53,385
SFY 2017	102-500731	Contracts for Program Svcs	90080081		53,385	53,385
			Sub-Total	$173,519	$106,770	$280,289

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2014	102-500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2015	102-500731	Contracts for Program Svcs	90080081	27,582	-	27,582
SFY 2016	102-500731	Contracts for Program Svcs	90080081		22,066	22,066
SFY 2017	102-500731	Contracts for Program Svcs	90080081		22,066	22,066
			Sub-Total	$87,650	$44,132	$131,782

Families First of the Greater Seacoast Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2014	102-500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2015	102-500731	Contracts for Program Svcs	90080081	32,031	-	32,031
SFY 2016	102-500731	Contracts for Program Svcs	90080081		35,234	35,234
SFY 2017	102-500731	Contracts for Program Svcs	90080081		35,234	35,234
			Sub-Total	$92,099	$70,468	$162,567

Goodwin Community Health Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	51,486	-	51,486
SFY 2014	102-500731	Contracts for Program Svcs	90080081	51,486	-	51,486
SFY 2015	102-500731	Contracts for Program Svcs	90080081	48,046	-	48,046
SFY 2016	102-500731	Contracts for Program Svcs	90080081		43,242	43,242
SFY 2017	102-500731	Contracts for Program Svcs	90080081		43,242	43,242
			Sub-Total	$151,018	$86,484	$237,502

Health First Family Care Center, Vendor # 158221-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2014	102-500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2015	102-500731	Contracts for Program Svcs	90080081	11,566	-	11,566
SFY 2016	102-500731	Contracts for Program Svcs	90080081		9,253	9,253
SFY 2017	102-500731	Contracts for Program Svcs	90080081		9,253	9,253
			Sub-Total	$37,308	$18,506	$55,814

Indian Stream Health Center, Vendor #165274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081			
SFY 2014	102-500731	Contracts for Program Svcs	90080081			
SFY 2015	102-500731	Contracts for Program Svcs	90080081			
SFY 2016	102-500731	Contracts for Program Svcs	90080081		10,677	10,677
SFY 2017	102-500731	Contracts for Program Svcs	90080081		10,677	10,677
			Sub-Total	$0	$21,354	$21,354

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Lamprey Health Care, Inc., Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2014	102-500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2015	102-500731	Contracts for Program Svcs	90080081	53,385	-	53,385
SFY 2016	102-500731	Contracts for Program Svcs	90080081		49,114	49,114
SFY 2017	102-500731	Contracts for Program Svcs	90080081		49,114	49,114
			Sub-Total	$173,519	$98,228	$271,747

Manchester Community Health Center, Vendor # 157274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	47,196	-	47,196
SFY 2014	102-500731	Contracts for Program Svcs	90080081	47,196	-	47,196
SFY 2015	102-500731	Contracts for Program Svcs	90080081	49,648	-	49,648
SFY 2016	102-500731	Contracts for Program Svcs	90080081		59,613	59,613
SFY 2017	102-500731	Contracts for Program Svcs	90080081		59,613	59,613
			Sub-Total	$144,040	$119,226	$263,266

The New London Hospital, Inc., Vendor # 177167-R005

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	29,175	-	29,175
SFY 2014	102-500731	Contracts for Program Svcs	90080081	29,175	-	29,175
SFY 2015	102-500731	Contracts for Program Svcs	90080081	26,692	-	26,692
SFY 2016	102-500731	Contracts for Program Svcs	90080081		18,685	18,685
SFY 2017	102-500731	Contracts for Program Svcs	90080081		18,685	18,685
			Sub-Total	$85,042	$37,370	$122,412

Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90080081		7,118	7,118
SFY 2017	102-500731	Contracts for Program Svcs	90080081		7,118	7,118
			Sub-Total	$0	$14,236	$14,236

White Mountain Community Health Center, Vendor # 174170-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2014	102-500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2015	102-500731	Contracts for Program Svcs	90080081	11,566	-	11,566
SFY 2016	102-500731	Contracts for Program Svcs	90080081		8,186	8,186
SFY 2017	102-500731	Contracts for Program Svcs	90080081		8,186	8,186
			Sub-Total	$37,308	$16,372	$53,680
			BCCP TOTAL	**$1,076,970**	**$675,498**	**$1,752,468**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-901010-5149 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001		-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001		-	-
			Sub-Total	$20,000	$0	20,000

Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000		10,000
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001			
SFY 2017	102-500731	Contracts for Program Svcs	90073001			
			Sub-Total	$20,000	$0	20,000

Indian Stream Health Center, Vendor #165274-B001 PO # 1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001			
SFY 2017	102-500731	Contracts for Program Svcs	90073001			
			Sub-Total	$20,000	$0	$20,000

Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001			
SFY 2017	102-500731	Contracts for Program Svcs	90073001			
			Sub-Total	$20,000	$0	$20,000

White Mountain Community Health Center, Vendor # 174170-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001			
SFY 2017	102-500731	Contracts for Program Svcs	90073001			
			Sub-Total	$20,000	$0	$20,000
		5149	**RHPC TOTAL**	**$100,000**	**$0**	**$100,000**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2016	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
SFY 2017	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
			Sub-Total	$10,000	$20,000	$30,000

Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-		-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2016	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
SFY 2017	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
			Sub-Total	$10,000	$20,000	$30,000

Indian Stream Health Center, Vendor #165274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2016	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
SFY 2017	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
			Sub-Total	$10,000	$20,000	$30,000

Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2016	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
SFY 2017	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
			Sub-Total	$10,000	$20,000	$30,000

White Mountain Community Health Center, Vendor # 174170-R001 PO # 1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2016	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
SFY 2017	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
			Sub-Total	$10,000	$20,000	$30,000
		7965	**RHPC TOTAL**	**$50,000**	**$100,000**	**$150,000**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES
100% Federal Funds (FAIN #T1010035-14)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	75,875	75,875
SFY 2017	102-500734	Contracts for Program Services	49156501		3,250	3,250
			Sub-Total	$0	$79,125	$79,125

Concord Hospital, Inc., Vendor # 177653-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	75,062.50	75,062.50
SFY 2017	102-500734	Contracts for Program Services	49156501		4,062.50	4,062.50
			Sub-Total	$0	$79,125	$79,125

Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	75,125	75,125
SFY 2017	102-500734	Contracts for Program Services	49156501		4,000	4,000
			Sub-Total	$0	$79,125	$79,125

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Families First of the Greater Seacoast Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	43,500	43,500
SFY 2017	102-500734	Contracts for Program Services	49156501		125	125
			Sub-Total	$0	$43,625	$43,625

Goodwin Community Health Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	43,500	43,500
SFY 2017	102-500734	Contracts for Program Services	49156501		125	125
			Sub-Total	$0	$43,625	$43,625

Health First Family Care Center, Vendor # 158221-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	41,594	41,594
SFY 2017	102-500734	Contracts for Program Services	49156501		2,031	2,031
			Sub-Total	$0	$43,625	$43,625

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Indian Stream Health Center, Vendor #165274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	24,960	24,960
SFY 2017	102-500734	Contracts for Program Services	49156501		4,125	4,125
						-
			Sub-Total	$0	$29,085	$29,085

Lamprey Health Care, Inc., Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	79,000	79,000
SFY 2017	102-500734	Contracts for Program Services			125	125
						-
			Sub-Total	$0	$79,125	$79,125

Manchester Community Health Center, Vendor # 157274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	43,125	43,125
SFY 2017	102-500734	Contracts for Program Services	49156501		500	500
			Sub-Total	$0	$43,625	$43,625

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Mid-State Health Center, Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	78,625	78,625
SFY 2017	102-500734	Contracts for Program Services	49156501		500	500
						-
			Sub-Total	$0	$79,125	$79,125

The New London Hospital, Inc., Vendor # 177167-R005

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	79,500	79,500
SFY 2017	102-500734	Contracts for Program Services	49156501		125	125
						-
			Sub-Total	$0	$79,625	$79,625

Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	75,063	75,063
SFY 2017	102-500734	Contracts for Program Services	49156501		4,063	4,063
						-
			Sub-Total	$0	$79,125	$79,125

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

White Mountain Community Health Center, Vendor # 174170-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	73,125	73,125
SFY 2017	102-500734	Contracts for Program Services	49156501		6,000	6,000
						-
			Sub-Total	$0	$79,125	$79,125

Families First of the Greater Seacoast (Homeless) Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	79,000	79,000
SFY 2017	102-500734	Contracts for Program Services	49156501		125	125
			Sub-Total	$0	$79,125	$79,125

Harbor Homes, Inc. Vendor # 155358-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	42,500	42,500
SFY 2017	102-500734	Contracts for Program Services	49156501		1,125	1,125
			Sub-Total	$0	$43,625	$43,625

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Manchester Health Department Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	78,000	78,000
SFY 2017	102-500734	Contracts for Program Services	49156501		1,125	1,125
			Sub-Total	$0	$79,125	$79,125
		2990	**CS TOTAL**	**$0**	**$1,038,960**	**$1,038,960**
			Total Funding	**$10,143,156**	**$8,986,056**	**$19,129,212**

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services Contract

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") dated this, 30th day of April, 2015 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Ammonoosuc Community Health Services, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 25 Mount Eustis Road, Littleton, New Hampshire 03561.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #128) and amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34A), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, and Exhibit C, Special Provisions, Paragraph 17, the State may amend the contract terms and conditions and renew the contract for two (2) additional years by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for two additional years, add services to Exhibit A, Scope of Services and increase the price limitation; and

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

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   June 30, 2017
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $1,208,566
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read:
   Eric D. Borrin
4. Form P-37, General Provisions, Item 1.10, State Agency Telephone Number, to read:
   (603) 271-9558
5. Delete Exhibit A, Scope of Services and Exhibit A-1 Amendment 1, Scope of Services and replace with Exhibit A – Amendment #2.
6. Delete Exhibit A-1 Amendment #1 - Performance Measures and replace with Exhibit A-1 Amendment #2 – Performance Measures.

7. Delete Exhibit B, Purchase of Services Contract Price and replace with Exhibit B – Amendment #2, Method and Conditions Precedent to Payment.
8. Add Exhibit B-1, Budget Form Primary Care through Exhibit B-6, Budget Form SBIRT.
9. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Period Covered by this Certification, to read:

   From 7/1/2012 to 6/30/2017
10. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read:

    July 1, 2012 through June 30, 2017
11. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.

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

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

State of New Hampshire
Department of Health and Human Services

5/2/15
Date

NAME: Brook Dupee
TITLE: Bureau Chief

Ammonoosuc Community Health Services, Inc.

May 15, 2015
Date

NAME
TITLE

Acknowledgement:
State of NH, County of Grafton on May 15, 2015, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Name and Title of Notary or ~~Justice of the Peace~~

CAROL A. HEMENWAY, Notary Public
My Commission Expires November 17, 2015

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

OFFICE OF THE ATTORNEY GENERAL

6/9/15
Date

Name:
Title:

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services shall be provided to all individuals who seek services described in Section 1.4 and Section 1.5, above.

1.7. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.7.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.7.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.7.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than a one month period.

2.2. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

2.2.1. Family income.

2.2.2. Family size.

2.2.3. Income in relation to the Federal Poverty Guidelines.

2.3. The Contractor shall assist individuals with completing a Medicaid application when income calculations indicate possible Medicaid eligibility.

2.4. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.5. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.5.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.5.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.3. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.4. Assessment of need for:

3.1.4.1. Tobacco cessation, including referral to NH Quitworks, as appropriate.

3.1.4.2. Social services.

3.1.4.3. Nutrition services, including WIC, as appropriate.

3.1.4.4. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.2.2. Care facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health.

3.2.3.2. Oral health.

3.2.3.3. Use of navigators and case management.

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

3.3. The Contractor can choose to provide enabling services, if the budget allows, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor can facilitate enabling services that include, but are not limited to:

3.3.1. Case management.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

3.4. The Contractor must elect to do at least one (1) quality improvement project which consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall facilitate a minimum of one (1) quality improvement project that includes, but is not limited to:

3.4.1. Enhancing clinical workflow/improve patient outcomes by methods that may include, but are not limited to:

3.4.1.1. Alerts.

3.4.1.2. Guidelines.

3.4.1.3. Diagnostic support.

3.4.1.4. Patient registries.

3.4.1.5. Collaborative learning sessions, etc.)

3.4.2. Implementing projects that lead to measurable improvements on any of the performance measures and indicators identified in Exhibit A-1 Amendment #2

3.4.3. Utilizing defined improvement processes to coordinate quality improvement activities.

3.4.4. Identifying and defining specific goals and objectives to be achieved in the project period.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

5.1. The Contractor shall develop the infrastructure necessary to provide and record Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance use for all eligible individuals ages nineteen (19) to sixty-five (65) years and for all pregnant women, regardless of age, receiving services in Section 3 and/or Section 4. The Contractor shall:

5.1.1. Provide training to integrated primary care and behavioral health teams to ensure SBIRT activities are conducted with fidelity to the model in Section 5.1.

5.1.2. Modify and/or adapt current Electronic Health Records (EHR) systems in order to track SBIRT:

5.1.2.1. Activities

5.1.2.2. Completions.

5.1.2.3. Recommendations and referrals.

5.1.2.4. Follow-ups.

5.1.3. Utilize Substance Use Disorder (SUD) codes in the EHR for billing that shall:

5.1.3.1. Enable submission for payment through NH Managed Care/Medicaid and other insurance companies.

5.1.3.2. Allow the generation of reports.

5.2. The Contractor shall implement SBIRT services by ensuring sufficient qualified staff are available to conduct SBIRT services according to the SBIRT model described by the Centers for Disease Control (CDC), available on-line at http/www.dcd.gov/ncddd/fasd/documents/aloholsbiimplementationguide.pdf. The Contractor shall:

5.2.1. Implement SBIRT services by including SBIRT activities in daily operations.

5.2.2. Use one or more of the screening instruments listed in Appendix E of "Systems-Level Implementation of Screening, Brief Intervention and Referral to Treatment. TAP 33" (2013 edition) (http://www.integration.samhsa.gov/sbirt/TAP33.pdf) and document screening in the electronic health record (EHR).

5.2.3. Conduct brief interventions with patients who screen positive for potential substance use concerns and document activities in the EHR.

5.2.4. Refer patients to Substance Use Disorder (SUD) treatment services as necessary, and ensure each patient has connected with the specific service

provider by documenting in the EHR, which is audited to ensure appropriate follow up.

5.2.5. Conduct SBIRT with covered populations that include all adults on an annual basis and pregnant women on a trimester basis.

5.3. Coordinate care between community health center (CHC) services and external treatment providers by collaborating with entities that provide SUD treatment services not available at the CHC. The Contractor shall:

5.3.1. Obtain client consents to contact service providers in order to resolve any barriers to accessing services.

5.3.2. Refer patients for SUD services, as needed.

5.3.3. Follow up with patient and/or SUD service provider to ensure appropriate services are provided.

5.3.4. Work with Regional Public Health Networks (RPHNs) to identify new SUD referral resources as they become available.

5.4. The Contractor shall test SBIRT fidelity with a subset of the target population prior to full implementation for all adults ages nineteen (19) to sixty-five (65) annually and pregnant women at each trimester.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall ensure staff delivering SBIRT services have, at minimum, one of the following:

6.3.1. Masters prepared behavioral health practitioners. This includes individuals licensed under the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board.

6.3.2. Masters prepared and in the process of obtaining a license from the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board, while under the supervision of a licensed practitioner of the same profession.

6.3.3. Physicians or Advanced Practice Registered Nurses licensed to practice in NH.

6.3.4. Physician Assistants or other practitioners under the supervision of a Physician licensed to practice in NH.

6.4. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.4.1. A registered nurse who:

6.4.1.1. Is licensed with the NH Board of nursing; or

6.4.1.2. Has attained bachelor's degree from a recognized college or university.

6.4.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.4.1.

6.5. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within one month of hired.

6.6. The Contractor shall notify the MCHS, in writing, when:

6.6.1. Any critical position is vacant for more than one month.

6.6.2. There is not adequate staffing to perform all required services for more than one month.

7. Coordination of Services

7.1. The Contractor shall coordinate referrals for continued care of treatment, or breast or cervical healthcare, with other service providers within the community, where possible.

7.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.2.1. Community needs assessments.

7.2.2. Public health performance assessments.

7.2.3. The development of regional health improvement plans.

7.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit an annual Workplan and Workplan Outcome Report for the quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.4. If utilizing any portion of this contract for enabling services, the Contractor shall submit an annual Workplan and Workplan Outcome Report that includes at least one (1) performance measure for each type of enabling service provided. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st.

9.6. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.7. The Contractor shall submit monthly Outcome Reports for SBIRT services according to the schedule and instructions provided by the MCHS. The Contractor shall:

9.7.1. Collect information that includes, but is not limited to:

9.7.1.1. Description of the training provided, including but not limited to:

9.7.1.1.1. The content of the training provided.

9.7.1.1.2. The number of staff who received training.

9.7.1.2. The number of:

9.7.1.2.1. Qualified staff conducting SBIRT

9.7.1.2.2. SBIRT billing codes developed.

9.7.1.2.3. SBIRT services billed to insurance.

9.7.1.3. Updates on any changes, enhancements or adaptations to SBIRT procedures in:

9.7.1.3.1. Technology based systems.

9.7.1.3.2. Staffing.

9.7.1.3.3. Coding and billing.

9.7.1.4. The total number of clients receiving SBIRT delineated by:

9.7.1.4.1. Percentage of clients receiving only screening.

9.7.1.4.2. Percentage of clients receiving brief interventions.

9.7.1.4.3. Percentage of clients referred for more intensive services who initiated services.

9.7.1.4.4. Percentage of clients referred for more intensive services who had problems connecting to services.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

Contractor's Initials: CDSK

Date 5/15/15

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.2.3. SBIRT documentation, which includes but is not limited to:

10.2.3.1. SBIRT policies and procedures.

10.2.3.2. Staff credentials for all staff delivering SBIRT services

10.2.3.3. SBIRT procedures utilized and documented in patient records.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Contractor's Initials: CDS-T

Date 5/15/15

Exhibit A-1 – Amendment #2

1. PRIMARY CARE PERFORMANCE MEASURES

1.1. Breastfeeding

1.1.1. **Percent of infants who are ever breastfed** (Title V PM #10).

1.1.1.1. Numerator: Infants who were ever breastfed or received breast milk

1.1.1.2. Denominator: All infants born in a state fiscal year

1.2. Preventive Health: Lead Screening

1.2.1. **Percent of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.** (CMS, Hedis).

1.2.1.1. Numerator: At least one capillary or venous blood test on or before the child's second birthday.

1.2.1.2. Denominator: Children who turn 2 years old during the state fiscal year.

1.3. Preventive Health: Adolescent Well-Care Visit

1.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (Hedis, Title V PM #7).

1.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

1.3.1.2. Denominator: Number of adolescents, ages 12 through 21 years of age.

1.4. Preventive Health: Depression Screening

1.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (ACO 18, NQF 0418).

1.4.1.1. Numerator: Patients who are screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan documented.

1.4.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.1.3. Denominator: All patients 12 years and older.

1.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

Contractor Initials: EBS

Date: 5/15/15

1.4.2. **Maternal Depression Screening** (Developmental: not required for FY 16)

1.4.2.1. **Percentage of women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.**

1.4.2.1.1. Numerator: Women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool and screen negative.

AND

Women who are screened for depression during the post-partum visit using an appropriate standardized depression screening tool, screen positive, AND have a follow-up plan documented.

1.4.2.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.2.1.3. Denominator: All women who are at least 6 weeks post-partum in a state fiscal year.

1.4.2.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

1.5. **Preventive Health: Obesity Screening**

1.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (ACO 16, NQF 0421, HRSA UDS).

1.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

1.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters.

1.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist,

occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

1.5.1.4. Denominator: All patients aged 18 years and older who had at least one medical visit during the state fiscal year.

1.5.2. Percent of patients aged 2 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (HRSA UDS).

1.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

1.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

1.6. **Preventive Health: Tobacco Screening**

1.6.1. Percent of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user (ACO 17, NQF 0028, HRSA UDS).

1.6.1.1. Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.1.2. Definitions:

1.6.1.2.1. Tobacco Use: Includes any type of tobacco

1.6.1.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.1.3. Denominator: All patients aged 18 years and older seen for at least two visits ever

1.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (Title V, PM #15).

1.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.2.2. Definitions:

1.6.2.2.1. Tobacco Use: Includes any type of tobacco

1.6.2.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.2.3. Denominator: All women who delivered a live birth in a state fiscal year

1.7. **At Risk Population: Hypertension**

1.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year** (ACO 28, NQF 0018).

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

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

1.8. **Patient Safety: Falls Screening**

1.8.1. **Percent of patients aged 65 years and older who were screened for future fall risk at least once within 12 months** (ACO 13, NQF0101).

1.8.1.1. Numerator: Patients who were screened for future fall risk at least once within 12 months.

1.8.1.2. Definition of Fall: a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force.

1.8.1.3. Numerator note: Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year.

1.8.1.4. Denominator: All patients aged 65 years and older

1.8.1.5. Excluded from denominator population: (Exclusion only applied if patient was not screened for future fall risk) Documentation of medical reason(s) for not screening for future fall risk (e.g. patient is not ambulatory)

2. BCCP PERFORMANCE MEASURES

2.1. BCCP Performance Measure #1

2.1.1. **Measure:*** 78% of female patients age 24 through 64 years of age screened for cervical cancer per USPSTF guidelines.

2.1.2. **Numerator** – Number of female patients 24 through 29 years of age who have had a documented pap in the past 3 years AND female patients 30-64 who have either had a pap in the past 3 years OR an HPV test and a pap in the past 5 years

2.1.3. **Denominator** – Number of female patients 24 through 64 years of age who have had a visit in the past year and do not have evidence of having had a total hysterectomy.

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

2.1.5. *Measure based on the UDS measure

2.1.6. **Healthy People 2020 National Target is 93%

2.2. BCCP Performance Measure #2

2.2.1. **Measure:*** 75% of female patients age 52 through 74 years of age screened for breast cancer per USPSTF guidelines.

2.2.2. **Numerator** – Number of female patients 52 through 74 years of age who have had a documented mammogram in the past 24 months.

2.2.3. **Denominator** – Number of female patients 52 through 74 years of age who have had a visit in the past year and do not have evidence of having had a bilateral mastectomy.

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

2.2.5. *Measure based on the USPSTF Guidelines

2.2.6. ** Healthy People 2020 National Target is 81.1%

3. SBIRT PERFORMANCE MEASURES

3.1. **Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services**

3.1.1. **Numerator:** Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention or referral to services.

3.1.2. Definitions

3.1.2.1. Substance Use: Includes any type of alcohol or drug.

3.1.2.2. Brief Intervention: Includes guidance or counseling.

3.1.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.1.3. Denominator: Number of patients aged 18 years and older seen for annual visit within 12 months.

3.2. **Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services**

3.2.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

3.2.2. Definitions:

3.2.2.1. Substance Use: Includes any type of alcohol or drug.

3.2.2.2. Brief Intervention: Includes guidance or counseling.

3.2.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the state fiscal year.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   - 2.1. #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse.
   - 2.2. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   - 2.3. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #2, Scope of Services, in accordance with Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2.
4. The Contractor shall use and apply the amount in the SBIRT line item in Exhibit B-3 and Exhibit B-6 on actual SBIRT services provided.
5. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
6. Payment for said services shall be made as follows:
   - 6.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for:
     - 6.1.1. Authorized expenses incurred in the prior month.
     - 6.1.2. The units of SBIRT services provided, in accordance with Exhibit A – Amendment #2, Section 5.2.2 through Section 5.2.5 and Section 5.3.1 through Section 5.3.3, which shall be paid on a fee-for-service basis at the following rates:
       - 6.1.2.1. $29.86 for each unit of service that is 15-30 minutes.
       - 6.1.2.2. $57.31 for each unit of service that is more than 30 minutes.
   - 6.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   - 6.3. The invoice must be submitted by mail or e-mail to:

     Financial Manager
     Department of Health and Human Services
     129 Pleasant Street
     Concord, NH 03301

Contractor Initials: [illegible]
Date: 5/15/15

E-mail: dphscontractbilling@dhhs.state.nh.us

7. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
8. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
9. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
10. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: EBS

Date: 5/15/15

EXHIBIT B-1 AMENDMENT #2

PRIMARY CARE BUDGET FORM

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

Bidder/Program Name: AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Budget Request for: Primary Care MCH-RHPC

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

1. Total Salary/Wages	$ 253,256.64	$ -	$ 253,256.64	$ 81,370.64	$ -	$ 81,370.64	$ 171,886.00	$ -	$ 171,886.00
2. Employee Benefits	$ 55,716.46	$ -	$ 55,716.46	$ 17,901.46	$ -	$ 17,901.46	$ 37,815.00	$ -	$ 37,815.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Development	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 308,973.10	$ -	$ 308,973.10	$ 99,272.10	$ -	$ 99,272.10	$ 209,701.00	$ -	$ 209,701.00

Indirect As A Percent of Direct 0.0%

Date: 5/5/15

Contractor Initials: eBSM

EXHIBIT B-2 AMENDMENT #2

BCCP BUDGET FORM

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

Bidder/Program Name: Ammonoosuc

Budget Request for: Primary Care - BCCP

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

1. Total Salary/Wages	$ 25,557.48	$ -	$ 25,557.48	$ 14,645.48	$ -	$ 14,645.48	$ 10,912.00	$ -	$ 10,912.00
2. Employee Benefits	$ 5,622.65	$ -	$ 5,622.65	$ 3,222.65	$ -	$ 3,222.65	$ 2,400.00	$ -	$ 2,400.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ 7,865.00	$ -	$ 7,865.00	$ -	$ -	$ -	$ 7,864.00	$ -	$ 7,864.00
(119 visits @ $66.09 per visit)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 39,045.13	$ -	$ 39,045.13	$ 17,868.13	$ -	$ 17,868.13	$ 21,176.00	$ -	$ 21,176.00

Indirect As A Percent of Direct 0.0%

Date: 5/15/15

Contractor's Initials: CBS

EXHIBIT B-3 AMMENDMENT #2

SBIRT BUDGET FORM

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

Bidder/Program Name: Ammonoosuc Community Health Services, Inc.

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

1. Total Salary/Wages	$ 11,200.00	$ -	$ 11,200.00	$ -	$ -	$ -	$ 11,200.00	$ -	$ 11,200.00
2. Employee Benefits	$ 2,464.00	$ -	$ 2,464.00	$ -	$ -	$ -	$ 2,464.00	$ -	$ 2,464.00
3. Consultants	$ 24,000.00	$ -	$ 24,000.00	$ -	$ -	$ -	$ 24,000.00	$ -	$ 24,000.00
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 9,336.00	$ -	$ 9,336.00	$ -	$ -	$ -	$ 9,336.00	$ -	$ 9,336.00
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 24,000.00	$ -	$ 24,000.00	$ -	$ -	$ -	$ 24,000.00	$ -	$ 24,000.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 4,875.00	$ -	$ 4,875.00	$ -	$ -	$ -	$ 8,125.00	$ -	$ 8,125.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 75,875.00	$ -	$ 75,875.00	$ -	$ -	$ -	$ 75,125.00	$ -	$ 75,125.00
Indirect As A Percent of Direct		0.0%							

Date: 5/15/15
Contractor Initials: CBS

EXHIBIT B-4 AMENDMENT #2

PRIMARY CARE BUDGET FORM

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

Bidder/Program Name: Ammonoosuc Community Health Services, Inc.

Budget Request for: Primary Care MCH-RHPC

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

1. Total Salary/Wages	$ 259,551.76	$ -	$ 259,551.76	$ 87,665.76	$ -	$ 87,665.76	$ 171,886.00	$ -	$ 171,886.00
2. Employee Benefits	$ 57,101.39	$ -	$ 57,101.39	$ 19,286.39	$ -	$ 19,286.39	$ 37,815.00	$ -	$ 37,815.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 316,653.15	$ -	$ 316,653.15	$ 106,952.15	$ -	$ 106,952.15	$ 209,701.00	$ -	$ 209,701.00

Indirect As A Percent of Direct 0.0%

Date: 5/15/15

Contractor Initials: eqvt

EXHIBIT B-5 AMENDMENT #2

BCCP BUDGET FORM

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

Bidder/Program Name: Ammonoosuc Community Health Services, Inc.

Budget Request for: Primary Care - BCCP

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

1. Total Salary/Wages	$ 26,394.42	$ -	$ 26,394.42	$ 15,482.42	$ -	$ 15,482.42	$ 10,912.00	$ -	$ 10,912.00
2. Employee Benefits	$ 5,806.77	$ -	$ 5,806.77	$ 3,406.77	$ -	$ 3,406.77	$ 2,400.00	$ -	$ 2,400.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ 7,864.00	$ -	$ 7,864.00	$ -	$ -	$ -	$ 7,864.00	$ -	$ 7,864.00
(119 visits @ $66.09 per visit)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 40,065.19	$ -	$ 40,065.19	$ 18,889.19	$ -	$ 18,889.19	$ 21,176.00	$ -	$ 21,176.00
Indirect As A Percent of Direct		0.0%							

Date: 5/15/15

Contractor's Initials: CDS-H

EXHIBIT B-6 AMENDMENT #2

SBIRT BUDGET FORM

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

Bidder/Program Name: Ammonoosuc

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 3,250.00	$ -	$ 3,250.00	$ -	$ -	$ 3,250.00	$ -	$ -	$ 3,250.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 3,250.00	$ -	$ 3,250.00	$ -	$ -	$ 3,250.00	$ -	$ -	$ 3,250.00
Indirect As A Percent of Direct		0.0%							

Contractor Initials: CBS

Date: 5/15/15

CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND WHISTLEBLOWER PROTECTIONS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name:

5/15/15
Date

Name:
Title: CEO

5/8/14 # 34A MJ

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964

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

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

March 28, 2014

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

Retroactive
Sole Source
13% Federal Funds
87% General Funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend agreements with 13 vendors by increasing the total price limitation by $4,293,569 from $5,173,800 to $9,467,369 to provide primary care services. This amount includes a request to **retroactively** enter into **sole-source** amendments in an amount of $648,347, effective **retroactive** to July, 1, 2013 through June 30, 2014 and to exercise a one-year renewal option with the same 13 vendors in an amount of $3,645,222, extending the completion date from June 30, 2014 to June 30, 2015, effective upon Governor and Council approval. Twelve of these agreements were originally approved by Governor and Council on June 20, 2012, Item numbers 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, and one agreement was originally approved by Governor and Council on July 11, 2012, Item number 31.

Summary of contracted amounts by vendor:

Vendor	Location	SFY 2014 Amount	SFY 2015 Amount	Total Increase
Ammonoosuc Community Health	North Grafton/ South Coos	$42,661	$254,172	$296,833
Concord Hospital, Inc.	Merrimack/ Hillsborough	$64,413	$376,377	$440,790
Coos County Family Health	Eastern Coos	$24,351	$159,685	$184,036
Families First of the Greater Seacoast	Seacoast Area	$41,892	$242,094	$283,986
Goodwin Community Health	Strafford County	$74,293	$420,579	$494,872
Health First Family Care Center	Central/Eastern Belknap	$55,968	$292,214	$348,182
Indian Stream Health Center	Northern Coos & Colebrook	$18,030	$100,409	$118,439
Lamprey Health Care, Inc.	Central Southern/Eastern NH	$119,828	$654,249	$774,077
Manchester Community Health Center	Greater Manchester Area	$71,392	$407,637	$479,029
Mid-State Health Center	Central Northern Belknap	$35,001	$175,511	$210,512
The New London Hospital, Inc.	Sullivan County	$39,566	$225,093	$264,659
Weeks Medical Center	Western Coos	$20,652	$113,557	$134,209
White Mountain Community Health	Northern Carroll	$40,300	$223,645	$263,945
TOTAL		**$648,347**	**$3,645,222**	**$4,293,569**

Funds to support this request are available in the following accounts for SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

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

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

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

See attachment for financial details

EXPLANATION

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

This requested action seeks approval of 13 amendments that represents $4,293,569 total anticipated to be spent statewide to continue breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services, and because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

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

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program

provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, low-income individuals statewide may not have adequate access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Contracts were awarded to Primary Care agencies through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by teams of three professionals. All reviewers have between three to 20 years' experience managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

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

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. All Primary Care vendors are making adequate progress in meeting clinical performance measures and the Departments wishes to continue working with the vendors for another year.

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

Area to be served is statewide.

Source of Funds: 13.09% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau; Centers for Disease Control and Prevention and 86.91% 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,

Brook Dupee for

José Thier Montero, MD, MHCDS
Director

Approved by:

Nicholas A. Toumpas
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-B003 — PO # 1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	42,661	42,661
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$42,661	$42,661

Concord Hospital, Inc., Vendor # 177653-B011 — PO # 1024253

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	64,413	64,413
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$64,413	$64,413

Coos County Family Health Services, Inc., Vendor # 155327-B001 — PO # 1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	24,351	24,351
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$24,351	$24,351

Families First of the Greater Seacoast, Vendor # 166629-B001 — PO # 1024254

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	41,892	41,892
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$41,892	$41,892

Goodwin Community Health, Vendor # 154703-B001 — PO # 1024256

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	74,293	74,293
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$74,293	$74,293

Health First Family Care Center, Vendor # 158221-B001 — PO # 1024257

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	55,968	55,968
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$55,968	$55,968

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Indian Stream Health Center, Vendor # 165274-B001 — PO # 1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	18,030	18,030
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$18,030	$18,030

Lamprey Health Care, Inc., Vendor # 177677-R001 — PO # 1024259

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	119,828	119,828
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$119,828	$119,828

Manchester Community Health Center, Vendor # 157274-B001 — PO # 1024260

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	71,392	71,392
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$71,392	$71,392

Mid-State Health Center, Vendor # 158055-B001 — PO # 1024350

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	35,001	35,001
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$35,001	$35,001

The New London Hospital, Inc., Vendor # 177167-R005 — PO # 1024262

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	39,566	39,566
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$39,566	$39,566

Weeks Medical Center, Vendor # 177171-R001 — PO # 1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	20,652	20,652
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$20,652	$20,652

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

White Mountain Community Health Center, Vendor # 174170-R001 PO # 1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	40,300	40,300
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$40,300	$40,300
			SUB TOTAL	**$0**	**$648,347**	**$648,347**

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
6.7% Federal Funds and 93.3% General Funds (FAIN# MC26681)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-B003 PO # 1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	142,819	-	142,819
SFY 2014	102/500731	Contracts for Program Svcs	90080000	142,819	-	142,819
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	213,921	213,921
			Sub-Total	$285,638	$213,921	$499,559

Concord Hospital, Inc., Vendor # 177653-B011 PO # 1024253

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	215,637	-	215,637
SFY 2014	102/500731	Contracts for Program Svcs	90080000	215,637	-	215,637
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	322,992	322,992
			Sub-Total	$431,274	$322,992	$754,266

Coos County Family Health Services, Inc., Vendor # 155327-B001 PO # 1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	81,519	-	81,519
SFY 2014	102/500731	Contracts for Program Svcs	90080000	81,519	-	81,519
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	122,103	122,103
			Sub-Total	$163,038	$122,103	$285,141

Families First of the Greater Seacoast Vendor # 166629-B001 PO # 1024254

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	140,243	-	140,243
SFY 2014	102/500731	Contracts for Program Svcs	90080000	140,243	-	140,243
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	210,063	210,063
			Sub-Total	$280,486	$210,063	$490,549

Goodwin Community Health Vendor # 154703-B001 PO # 1024256

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	248,712	-	248,712
SFY 2014	102/500731	Contracts for Program Svcs	90080000	248,712	-	248,712
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	372,533	372,533
			Sub-Total	$497,424	$372,533	$869,957

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Health First Family Care Center, Vendor # 158221-B001 — PO # 1024257

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	187,367	-	187,367
SFY 2014	102/500731	Contracts for Program Svcs	90080000	187,367	-	187,367
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	280,648	280,648
			Sub-Total	$374,734	$280,648	$655,382

Indian Stream Health Center, Vendor #165274-B001 — PO # 1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	60,359	-	60,359
SFY 2014	102/500731	Contracts for Program Svcs	90080000	60,359	-	60,359
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	90,409	90,409
			Sub-Total	$120,718	$90,409	$211,127

Lamprey Health Care, Inc., Vendor # 177677-R001 — PO # 1024259

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	401,151	-	401,151
SFY 2014	102/500731	Contracts for Program Svcs	90080000	401,151	-	401,151
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	600,864	600,864
			Sub-Total	$802,302	$600,864	$1,403,166

Manchester Community Health Center, Vendor # 157274-B001 — PO # 1024260

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	239,002	-	239,002
SFY 2014	102/500731	Contracts for Program Svcs	90080000	239,002	-	239,002
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	357,989	357,989
			Sub-Total	$478,004	$357,989	$835,993

Mid-State Health Center, Vendor # 158055-B001 — PO # 1024350

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	117,175	-	117,175
SFY 2014	102/500731	Contracts for Program Svcs	90080000	117,175	-	117,175
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	175,511	175,511
			Sub-Total	$234,350	$175,511	$409,861

The New London Hospital, Inc., Vendor # 177167-R005 — PO # 1024262

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	132,457	-	132,457
SFY 2014	102/500731	Contracts for Program Svcs	90080000	132,457	-	132,457
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	198,401	198,401
			Sub-Total	$264,914	$198,401	$463,315

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Weeks Medical Center, Vendor # 177171-R001 PO # 1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	69,137	-	69,137
SFY 2014	102/500731	Contracts for Program Svcs	90080000	69,137	-	69,137
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	103,557	103,557
			Sub-Total	$138,274	$103,557	$241,831

White Mountain Community Health Center, Vendor # 174170-R001 PO # 1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	134,913	-	134,913
SFY 2014	102/500731	Contracts for Program Svcs	90080000	134,913	-	134,913
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	202,079	202,079
			Sub-Total	$269,826	$202,079	$471,905
			SUB TOTAL	**$4,340,982**	**$3,251,070**	**$7,592,052**

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER 100% Federal Funds (FAIN #U58DP003930)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-B003 PO # 1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	32,608	-	32,608
SFY 2014	102/500731	Contracts for Program Svcs	90080081	32,608	-	32,608
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	30,251	30,251
			Sub-Total	$65,216	$30,251	$95,467

Concord Hospital, Inc., Vendor # 177653-B011 PO # 1024253

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2014	102/500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	53,385	53,385
			Sub-Total	$120,134	$53,385	$173,519

Coos County Family Health Services, Inc., Vendor # 155327-B001 PO # 1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2014	102/500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	27,582	27,582
			Sub-Total	$60,068	$27,582	$87,650

Families First of the Greater Seacoast Vendor # 166629-B001 PO # 1024254

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2014	102/500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	32,031	32,031
			Sub-Total	$60,068	$32,031	$92,099

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Goodwin Community Health Vendor # 154703-B001 — PO # 1024256

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	51,486	-	51,486
SFY 2014	102/500731	Contracts for Program Svcs	90080081	51,486	-	51,486
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	48,046	48,046
			Sub-Total	$102,972	$48,046	$151,018

Health First Family Care Center, Vendor # 158221-B001 — PO # 1024257

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2014	102/500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	11,566	11,566
			Sub-Total	$25,742	$11,566	$37,308

Lamprey Health Care, Inc., Vendor # 177677-R001 — PO # 1024259

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2014	102/500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	53,385	53,385
			Sub-Total	$120,134	$53,385	$173,519

Manchester Community Health Center, Vendor # 157274-B001 — PO # 1024260

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	47,196	-	47,196
SFY 2014	102/500731	Contracts for Program Svcs	90080081	47,196	-	47,196
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	49,648	49,648
			Sub-Total	$94,392	$49,648	$144,040

The New London Hospital, Inc., Vendor # 177167-R005 — PO # 1024262

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	29,175	-	29,175
SFY 2014	102/500731	Contracts for Program Svcs	90080081	29,175	-	29,175
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	26,692	26,692
			Sub-Total	$58,350	$26,692	$85,042

White Mountain Community Health Center, Vendor # 174170-R001 — PO # 1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2014	102/500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	11,566	11,566
			Sub-Total	25,742	11,566	37,308
			SUB TOTAL	**$732,818**	**$344,152**	**$1,076,970**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-901010-5149 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-B003 PO # 1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	$20,000	$0	$20,000

Coos County Family Health Services, Inc., Vendor # 155327-B001 PO # 1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	10,000		10,000
SFY 2014	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	$20,000	$0	$20,000

Indian Stream Health Center, Vendor #165274-B001 PO # 1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	$20,000	$0	$20,000

Weeks Medical Center, Vendor # 177171-R001 PO # 1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	$20,000	$0	$20,000

White Mountain Community Health Center, Vendor # 174170-R001 PO # 1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	$20,000	$0	$20,000
			SUB TOTAL	**$100,000**	**$0**	**$100,000**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-B003 PO # 1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	10,000	10,000
			Sub-Total	$0	$10,000	$10,000

Coos County Family Health Services, Inc., Vendor # 155327-B001 PO # 1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	-		-
SFY 2014	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	10,000	10,000
			Sub-Total	$0	$10,000	$10,000

Indian Stream Health Center, Vendor #165274-B001 PO # 1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	10,000	10,000
			Sub-Total	$0	$10,000	$10,000

Weeks Medical Center, Vendor # 177171-R001 PO # 1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	10,000	10,000
			Sub-Total	$0	$10,000	$10,000

White Mountain Community Health Center, Vendor # 174170-R001 PO # 1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	10,000	10,000
			Sub-Total	$0	$10,000	$10,000
			SUB TOTAL	**$0**	**$50,000**	**$50,000**
			TOTAL	**$5,173,800**	**$4,243,569**	**$9,417,369**

Program Name: DPHS, Maternal and Child Health
Contract Purpose: Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Ammonoosuc Community Health Services, Inc., 25 Mount Eustis Rd., Littleton, NH 03561	Coos County Family Health Services, Inc., 54 Willow St., Berlin, NH 03570	Concord Hospital, Inc., 250 Pleasant St., Concord, NH 03301	Families First of the Greater Seacoast, 100 Campus Drive, Portsmouth, NH 03801	Goodwin Community Health, 311 Route 108, Somersworth, NH 03878	Health First Family Care Center, 841 Central St., Franklin, NH 03235	Manchester Community Health Center, 145 Hollis St., Manchester, NH 03101	Mid-State Health Center, 101 Boulder Point Dr., Plymouth, NH 03264
Agy Capacity	30	29.00	28.00	28.00	29.00	29.00	25.00	29.00	28.00
Program Structure	50	46.00	45.00	47.00	48.00	48.00	39.00	46.00	45.00
Budget & Justification	15	14.00	15.00	15.00	15.00	12.00	13.00	15.00	12.00
Format	5	4.00	5.00	5.00	5.00	4.00	4.00	5.00	5.00
Total	100	93.00	93.00	95.00	97.00	93.00	81.00	95.00	90.00

BUDGET REQUEST								
Year 01	$339,156.25	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 02	$347,976.97	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 03	$0.00	-	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET REQUEST	$687,133.22	237,918.00	$551,408.00	$327,586.00	$584,604.00	$398,254.00	$556,404.00	$234,350.00
BUDGET AWARDED								
Year 01	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 02	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 03	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET AWARDED	$370,854.00	$243,106.00	$551,408.00	$340,554.00	$600,396.00	$400,476.00	$572,396.00	$234,350.00

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	to twenty years experience
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	either in clinical settings,
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	providing community-based
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	family support services and or
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	managing agreements with
7	Terry Ohlson-Martin	Co-Director	Family Voices	vendors for various public
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	health programs. Areas of
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	specific expertise include
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm.	maternal & child health,
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	quality assurance & performance
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	improvement, chronic and
				communicable diseases and
				public health infrastructure

Program Name: DPHS, Maternal and Child Health
Contract Purpose: Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	The New London Hospital, Inc., 273 County Rd., New London, NH 03257	Weeks Medical Center, 170 Middle St., Lancaster, NH 03584	White Mountain Community Health Center, 298 White Mountain Hwy., Conway, NH 03818	Lamprey Health Care, Inc., 207 South Main St., Newmarket, NH 03857	Indian Stream Health Center, 141 Corless Lane, Colebrook, NH 03576	0	0	0
Agy Capacity	30	27.00	28.00	21.00	29.00	23.00	0.00	0.00	0.00
Program Structure	50	40.00	43.00	38.00	45.00	35.00	0.00	0.00	0.00
Budget & Justification	15	9.00	15.00	15.00	13.00	9.00	0.00	0.00	0.00
Format	5	4.00	5.00	3.00	5.00	5.00	0.00	0.00	0.00
Total	100	80.00	91.00	77.00	92.00	72.00	0.00	0.00	0.00

BUDGET REQUEST									
Year 01		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 02		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET REQUEST		$312,900.00	$158,274.00	$313,346.00	$912,662.00	$272,712.00	-	-	-
BUDGET AWARDED									
Year 01		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 02		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET AWARDED		$323,264.00	$158,274.00	$315,568.00	$922,436.00	$140,718.00	-	-	-

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	to twenty years experience
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	either in clinical settings,
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	providing community-based
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	family support services and or
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	managing agreements with
7	Terry Ohlson-Martin	Co-Director	Family Voices	vendors for various public
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	health programs. Areas of
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	specific expertise include
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm	maternal & child health,
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	quality assurance & performance
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	improvement, chronic and
				communicable diseases and
				public health infrastructure

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

This 1st Amendment to the Ammonoosuc Community Health Services, Inc., contract (hereinafter referred to as "Amendment One") dated this 11 day of March, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Ammonoosuc Community Health Services, Inc., (hereinafter referred to as "the Contractor"), a corporation with a place of business at 25 Mount Eustis Road, Littleton, New Hampshire 03561.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

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

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $667,687

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

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

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $42,661 for SFY 2014 and $254,172 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $42,661 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $213,921 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

Contractor Initials: eds
Date: 03/11/2014

- $30,251 from 05-95-90-902010-5659-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.283;
- $10,000 from 05-95-90-901010-7965-102-500731, 100% General Funds.

Add Paragraph 8
8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

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

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

Contractor Initials: CBS-T
Date: 03/11/2014

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

State of New Hampshire
Department of Health and Human Services

3/27/14
Date

Brook Dupee
Bureau Chief

Ammonoosuc Community Health Services, Inc.

03/11/2014
Date

Name: Edward D Shanshula II
Title: CEO

Acknowledgement:

State of NH, County of Grafton on March 11, 2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

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

CAROL A. HEMENWAY, Notary Public
My Commission Expires November 17, 2015

Name and Title of Notary ~~or Justice of the Peace~~

Contractor Initials: [illegible]
Date: 03/11/2014

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

OFFICE OF THE ATTORNEY GENERAL

4-2-14
Date

Name: Rosemary Wand
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: CDS II
Date: 03/14/2014

EXHIBIT A – AMENDMENT 1

Scope of Services

The Department desires to continue the relationship with the primary care agencies to provide additional primary health care services for preventive and episodic health care for acute and chronic health conditions for people of all ages.

I. General Provisions

A) Eligibility and Income Determination

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

2. Breast and Cervical Cancer screening services will be provided to low-income (defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), New Hampshire women age 21– 64, uninsured or underinsured. BCCP changes.

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

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

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

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

6. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered.

B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 9600 users annually with 30,000 medical encounters, as defined in the Data and Reporting Requirements. Breast and Cervical Cancer Screening for eligible women, as defined by the Breast and Cervical Cancer Program (BCCP), shall be provided to 170 women annually and billed directly to the BCCP. Clinical service reimbursements shall not exceed the Medicare rate.

C) Culturally and Linguistically Appropriate Standards of Care

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

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

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

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

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

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

D) State and Federal Laws

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

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 301, adopted 6/3/08.

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

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

E) Relevant Policies and Guidelines

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

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

   a) uninsured;

   b) under-insured;

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

   d) all life cycles including perinatal, child, adolescent, adult, and elderly who meet one or more of the above criteria.

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

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

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

6. No Workplan is required by the Breast and Cervical Cancer Program (BCCP). The contractor shall be required to respond to the Quality Improvement Feedback Report twice a year.

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

F) Publications Funded Under Contract

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

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

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

G) Subcontractors

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

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

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

II. Minimal Standards of Core Services

A. Service Requirements

1. Medical Home

The Contractor shall provide a Medical Home that:

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

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

2. Primary Care Services

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

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

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

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

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

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

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

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

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

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

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

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

l) Oral screening annually for all clients 21 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health.

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

3. Breast and Cervical Cancer Screening

a) Women age 21 to 64 who are eligible for Breast and Cervical Cancer Program (BCCP) services according to income (equal to or under 250% of poverty, underinsured/uninsured) and insurance status criteria shall be provided the following services, following USPSTF screening recommendations:

i. cervical cancer screening including a pelvic examination and Pap smear;
ii. breast cancer screening including a clinical breast exam, mammogram and,
iii. referrals for diagnostic and treatment services based on screening results,
iv. case management services.

b) All referrals under this provision shall be to approved certified laboratory, pathology, radiology, and surgical services. Mammography units shall be accredited by the American College of Radiology, and must be FDA certified under MQSA. Laboratories shall be CLIA certified.

c) All services shall be provided in accordance with the Breast and Cervical Cancer Program (BCCP) Policy and Procedure Manual.

d) Follow-up and tracking of all tests done, and referrals made shall be provided in accordance with the minimum standards outlined in the Breast and Cervical Cancer Program Policy and Procedure Manual.

e) All services for women enrolled in the Breast and Cervical Cancer Program (BCCP) shall be billed directly to the BCCP in accordance with protocols established by the Breast and Cervical Cancer Program.

f) The Contractor shall provide the NH Breast and Cervical Cancer Program with breast and cervical cancer screening rates for all women served by the practice as requested, but not more than twice per SFY.

g) The contractor shall work with the NH Breast and Cervical Cancer Program staff to increase the breast and cervical cancer screening rates among all women serviced by the practice.

4. Reproductive Health Services

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

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

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

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

d) Pregnant women enrolled in the WIC Nutrition Program shall be referred to WIC for breastfeeding education and referral to the WIC Nutrition Program peer counselors.

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

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

5. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent. Children and adolescent visits shall include:

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

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

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

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

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

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

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

6. Sexually Transmitted Infections

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

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

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

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

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

7. Substance Use Services

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

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

8. Immunizations

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

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

9. Prenatal Genetic Screening

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

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

10. Additional Requirements

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

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

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

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

B) Staffing Provisions

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

a) executive director

b) fiscal director

c) registered nurse

d) clinical coordinator

e) medical service director

f) nutritionist (on site or by referral)

g) social worker

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

a) registered nurse

b) clinical coordinator

c) social worker

1. Qualifications

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

In addition the following minimum qualifications shall be met for:

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

b) Nutritionists:
   a. A Bachelor's degree in nutritional sciences or dietetics, or a Master's degree in nutritional sciences, nutrition education, or public health nutrition or current Registered Dietitian status in accordance with the Commission on dietetic Registration of the American Dietetic Association.
   b. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.

c) Social Workers shall have:
   a. A Bachelor's or Master's degree in social work or Bachelor's or Master's degree in a related social science or human behavior field. A minimum of one year of experience in a community health or social services setting is preferred.
   b. Individuals who perform functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.

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

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator, or any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.

3. Vacancies

   a) The Contractor must notify the MCHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month. This may be done through a budget revision.

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

C) Coordination of Services

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

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

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

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

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

D) Meetings and Trainings

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

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

III. Quality or Performance Improvement (QI/PI)

A) Workplans

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

B) Additional Reporting requirements

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

1. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be

completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.

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

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

4. The Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

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

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

C) On-site reviews

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

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

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

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

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE CHILD HEALTH DIRECT CARE SERVICES
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

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

- Less than 19 years of age
- Served within the scope of this MCH contract during State Fiscal Year 2015 (July 1, 2014 – June 30, 2015)
- Each client can only be counted once (unduplicated)

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

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

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

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

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

- Less than 19 years of age
- Had 3 or more visits/encounters** during the reporting period
- As of the last visit during the reporting period were eligible for Medicaid

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

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

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

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

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

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

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

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

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

*Target based on 2012 & 2013 Data Trend Table averages.
**At risk = During the reporting period, the children were 18-29 months of age, and fit at least one of the following criteria:

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

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

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

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

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

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

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

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

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

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

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) #4

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

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

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

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

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

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

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

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

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

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

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

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

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

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

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

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

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

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE: ADULT

PERFORMANCE MEASURES DEFINITIONS

State Fiscal Year 2015

Primary Care: Adult Performance Measure #1

Measure:*	58%** of adult patients 18 – 85 years of age diagnosed with hypertension will have a blood pressure measurement less than 140/90*** mm at the time of their last measurement.
Goal:	To ensure patients diagnosed with hypertension are adequately controlled.
Definition:	**Numerator-** Number of patients from the denominator with blood pressure measurement less than 140/90 mm at the time of their last measurement. **Denominator-** Number of patients age 18 – 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

*Measure based on the National Quality Forum 0018

**Health People 2020 National Target is 61.2%

***Both the numerator and denominator must be less that 140/90 mm

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE CLINICAL
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: 61%* of adolescents aged 11-21 years received an annual health maintenance visits in the past 12 months.

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

Definition:

Numerator-
Number of adolescents in the denominator who received an annual health maintenance **"well" visit during the reporting year.**

Denominator-
Total number of adolescents aged 11-21 years who were enrolled in the primary care clinic as primary care clients during the reporting year period.

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

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

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure:	31%* of women and adolescent girls aged 15-44 take multi-vitamins with folic acid.
Goal:	To enhance pregnancy outcomes by reducing neural tube defects.
Definition:	**Numerator-** The number of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid. **Denominator-** The number of women and adolescent girls aged 15-44 who were seen in primary care for a well visit in the past year.
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

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

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE - FINANCIAL
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Primary Care (PC) Performance Measure #1

Measure: Patient Payor Mix

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

Definition: Patients enrolled in Medicare, Medicaid, Commercial insurance, or uninsured.

Data Source: Provided by agency

Primary Care (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Goal: To allow monitoring of financial sustainability trends at State funded primary care sites.

Definition: AR Days: Net Patient Accounts Receivable **multiplied by** 365 **divided by** Net Patient Revenue

Data Source: Provided by agency

Primary Care (PC) Performance Measure #3

Measure: Current Ratio

Goal: To allow monitoring of financial sustainability trends at State funded primary care sites.

Definition: Current Ratio = Current Assets **divided by** Current Liabilities

Data Source: Provided by agency

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRENATAL
PERFORMANCE MEASURES DEFINITIONS
State Fiscal Year 2015

Prenatal (PN) Performance Measure #1

Measure:	85%* of pregnant women who are enrolled in the agency's prenatal program will begin prenatal care during the first trimester of pregnancy.
Goal:	To enhance pregnancy outcomes by assuring early entrance into prenatal care.
Definition:	**Numerator-** Number of women in the denominator who had a documented prenatal visit during the first trimester (on or before 13.6 weeks gestation). **Denominator-** Number of women enrolled in the agency prenatal program who gave birth during the reporting year.
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

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

Prenatal (PN) Performance Measure #2

Measure:	20%* of pregnant women who are identified as cigarette smokers will be referred to QuitWorks-New Hampshire.
Goal:	To reduce tobacco use during pregnancy through focused tobacco use cessation activities at public health prenatal clinics.
Definition:	**Numerator-** Number of women in the denominator who received at least one referral to QuitWorks-New Hampshire during pregnancy. **A referral is defined as signing the patient up for QuitWorks-NH via phone, fax, or EMR. It is not defined as discussing QuitWorks-NH with the patient and encouraging her to sign up.** **Denominator-** Number of women enrolled in the agency prenatal program and identified as tobacco users who gave birth during the reporting year.

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

*Target set in consultation with the NH Tobacco Program & FY13 Data Trend Table average.

Prenatal (PN) Performance Measure #3

Measure:	79%* of pregnant women will be screened, using a formal valid screening tool, for alcohol and other substance use during every trimester they are enrolled in the prenatal program.
Goal:	To reduce prenatal substance use through systematic screening and identification.
Definition:	**Numerator-** Number of women in the denominator who were screened for substance and alcohol use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program. **Denominator-** Number of women enrolled in the agency prenatal program and who gave birth during the reporting year.
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

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

Exhibit B-1 (2014) -Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Ammonoosuc Community Health Services, Inc.,

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

Budget Period: SFY 2014

1. Total Salary/Wages	$ 34,685.00	$ -	$ 34,685.00
2. Employee Benefits	$ 7,976.00	$ -	$ 7,976.00
3. Consultants	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -
Rental	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -
Educational	$ -	$ -	$ -
Lab	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -
Medical	$ -	$ -	$ -
Office	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -
Telephone	$ -	$ -	$ -
Postage	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -
Insurance	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -
9. Software	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
TOTAL	**$ 42,661.00**	**$ -**	**$ 42,661.00**

Indirect As A Percent of Direct 0.0%

Contractor Initials: KLR

Date: 03/6/2014 2/19/2014

Exhibit B-1 (2015) -Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Ammonoosuc Community Health Services, Inc.,

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

Budget Period: SFY 2015

1. Total Salary/Wages	$ 194,114.00	$ 8,333.00	$ 202,447.00	Clinical Direct/Admin Indirect
2. Employee Benefits	$ 38,823.00	$ 1,666.00	$ 40,489.00	Clinical Direct/Admin Indirect
3. Consultants	$ -	$ -	$ -	0
4. Equipment:	$ -	$ -	$ -	0
Rental	$ -	$ -	$ -	0
Repair and Maintenance	$ -	$ -	$ -	0
Purchase/Depreciation	$ -	$ -	$ -	0
5. Supplies:	$ -	$ -	$ -	0
Educational	$ -	$ -	$ -	0
Lab	$ -	$ -	$ -	0
Pharmacy	$ -	$ -	$ -	0
Medical	$ -	$ -	$ -	0
Office	$ -	$ -	$ -	0
6. Travel	$ -	$ -	$ -	0
7. Occupancy	$ -	$ -	$ -	0
8. Current Expenses	$ -	$ -	$ -	0
Telephone	$ -	$ -	$ -	0
Postage	$ -	$ -	$ -	0
Subscriptions	$ -	$ -	$ -	0
Audit and Legal	$ -	$ -	$ -	0
Insurance	$ -	$ -	$ -	0
Board Expenses	$ -	$ -	$ -	0
9. Software	$ -	$ -	$ -	0
10. Marketing/Communications	$ -	$ -	$ -	0
11. Staff Education and Training	$ -	$ -	$ -	0
12. Subcontracts/Agreements	$ -	$ -	$ -	0
13. Other (specific details mandatory):	$ -	$ -	$ -	0
Clinical Services	$ 11,236.00	$ -	$ 11,236.00	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
TOTAL	**$ 244,173.00**	**$ 9,999.00**	**$ 254,172.00**	0

Indirect As A Percent of Direct 4.1%

Contractor Initials: _____

Date: 08/14/2014

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

DIVISION OF Public Health Services

May 10, 2012

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

APPROVED G&C #128
6/20/12

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with Ammonoosuc Community Health Services, Inc. (Vendor #177755-B003), 25 Mount Eustis Road, Littleton, New Hampshire 03561, in an amount not to exceed $370,854.00, to provide primary care services and breast and cervical cancer screening, to be effective July 1, 2012 or date of Governor and Executive Council approval, whichever is later, through June 30, 2014. Funds are available in the following accounts for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budgets.

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

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080000	$142,819
SFY 2014	102-500731	Contracts for Program Services	90080000	$142,819
			Sub-Total	$285,638

05-95-90-901010-5149 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90073001	$10,000
SFY 2014	102-500731	Contracts for Program Services	90073001	$10,000
			Sub-Total	$20,000

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080081	$32,608
SFY 2014	102-500731	Contracts for Program Services	90080081	$32,608
			Sub-Total	$65,216
			Total	$370,854

EXPLANATION

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

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

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

- 88% of eligible children served were enrolled in Medicaid/Healthy Kids Gold.
- 86% of children 24-35 months, served received the appropriate schedule of immunizations.
- 82% of infants born to women served received prenatal care beginning in the first trimester of pregnancy.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for

mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, a minimum of 16,000 low-income individuals from the Northern Grafton and Southern Coos area may not have access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Ammonoosuc Community Health Services, Inc. was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by three professionals, who work internal and external to the Department of Health and Human Services. All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services, and managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. In those instances where scores were less than ideal, agency specific remedial actions were recommended and completed. Some primary care agencies are being funded at levels higher than they requested. Agencies were instructed to develop budgets based on previous allocations. While some proposed budgets higher than what was available for funding, others proposed budgets lower than what was available. There was an increase in breast and cervical cancer screening funds that bidders were unaware of when they drafted budgets. Adjustments were made accordingly for those agencies that proposed budgets at levels lower than available funds. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. These services were contracted previously with this agency in SFY 2011 and SFY 2012 in the amount of $670,146. This represents a decrease of $299,292. The decrease is due to budget reductions.

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

Area served: Northern Grafton and Southern Coos Counties.

Source of Funds: 32.95% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 67.05% General Funds.

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

Respectfully submitted,

José Thier Montero, MD
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/PMT/sc

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Prenatal (PN) Performance Measure #1

Measure: Percent of infants born to women receiving prenatal care beginning in the first trimester of pregnancy.

Primary Care Prenatal (PN) Performance Measure #2

Measure: Percent of pregnant women identified as cigarette smokers that are referred to QuitWorks-New Hampshire.

Primary Care Prenatal (PN) Performance Measure #3

Measure: Percent of pregnant women who were screened, using a formal valid screening tool, for alcohol and other drug use during every trimester the patient was enrolled.

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

Measure: Percent of eligible children enrolled in Medicaid

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

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

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

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

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

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

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

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

Primary Care Financial (PC) Performance Measure #1

Measure: Patient Payor Mix

Primary Care Financial (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Primary Care Financial (PC) Performance Measure #3

Measure: Current Ratio

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: Percent of adolescents aged 10-21 years who received annual health maintenance visits in the past 12 months.

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure: Percent of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid.

Subject: Primary Care Services

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		**1.2 State Agency Address** 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Ammonoosuc Community Health Services, Inc.		**1.4 Contractor Address** 25 Mount Eustis Road Littleton, New Hampshire 03561	
1.5 Contractor Phone Number 603-444-8223	**1.6 Account Number** 010-090-5190-102-500731 010-090-5149-102-500731 010-090-5656-102-500731	**1.7 Completion Date** June 30, 2014	**1.8 Price Limitation** $370,854
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		**1.10 State Agency Telephone Number** 603-271-4501	
1.11 Contractor Signature Edward D Shanshala II		**1.12 Name and Title of Contractor Signatory** Edward D Shanshala II CEO	

1.13 Acknowledgement: State of NH, County of Grafton

On 4/27/12 before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

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

[Seal] CAROL A. HEMENWAY, Notary Public
My Commission Expires November 17, 2015

1.13.2 Name and Title of Notary ~~or Justice of the Peace~~

Carol A. Hemenway Admin. Asst., Ammonoosuc Community Health Services, Inc

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

NH Department of Health and Human Services

Exhibit A

Scope of Services

Primary Care Services

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

CONTRACTOR NAME: Ammonoosuc Community Health Services, Inc.

ADDRESS: 25 Mount Eustis Road
Littleton, New Hampshire 03561
Executive Director: Edward Shanshala
TELEPHONE: 603-444-8223

The Contractor shall:

I. General Provisions

A) Eligibility and Income Determination

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

2. Breast and Cervical Cancer screening services will be provided to low-income (defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), New Hampshire women age 18 – 64, *uninsured or underinsured.*

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

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

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

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

6. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered.

Contractor Initials: [illegible]
Date: 04/27/2012

B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 8,000 users annually with 30,000 medical encounters, as defined in the Data and Reporting Requirements. Breast and Cervical Cancer Screening for eligible women, as defined by the Breast and Cervical Cancer Program (BCCP), shall be provided to 190 women annually and billed directly to the BCCP. Clinical service reimbursements shall not exceed the Medicare rate.

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

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

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

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

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

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

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

D) **State and Federal Laws**

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

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 301, adopted 6/3/08.

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

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

E) **Relevant Policies and Guidelines**

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

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

   a) uninsured;

   b) under-insured;

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

   d) all life cycles including perinatal, child, adolescent, adult, and elderly who meet one or more of the above criteria.

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

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

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

6. No Workplan is required by the Breast and Cervical Cancer Program (BCCP). The contractor shall be required to respond to the Quality Improvement Feedback Report twice a year.

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

F) Publications Funded Under Contract

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

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

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

G) Subcontractors

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

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

II. Minimal Standards of Core Services

A) Service Requirements

1. *Medical Home*

The Contractor shall provide a Medical Home that:

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

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

2. Primary Care Services

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

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

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

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

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

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

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

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

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

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

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

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

l) *Oral screening annually for all clients 19 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health.*

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

2. Breast and Cervical Cancer Screening

a) Women age 18 to 64 who are eligible for Breast and Cervical Cancer Program (BCCP) services according to income (equal to or under 250% of poverty, underinsured/uninsured) *and insurance status* criteria shall be provided the following services:

i. cervical cancer screening including a pelvic examination and Pap smear;
ii. annual breast cancer screening including a clinical breast exam, mammogram and,
iii. referrals for diagnostic and treatment services based on screening results,
iv. ~~case management services~~

b) All referrals under this provision shall be to approved certified laboratory, pathology, radiology, and surgical services. Mammography units shall be accredited by the American College of Radiology, and must be FDA certified under MQSA. Laboratories shall be CLIA certified.

c) All services shall be provided in accordance with the Breast and Cervical Cancer Program (BCCP) Policy and Procedure Manual.

d) Follow-up and tracking of all tests done, and referrals made shall be provided in accordance with the minimum standards outlined in the Breast and Cervical Cancer Program Policy and Procedure Manual.

e) All services for women enrolled in the Breast and Cervical Cancer Program (BCCP) shall be billed directly to the BCCP in accordance with protocols established by the Breast and Cervical Cancer Program.

3. Reproductive Health Services

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

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

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

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

d) *Pregnant women enrolled in the WIC Nutrition Program shall be referred to WIC for breastfeeding education and referral to the WIC Nutrition Program peer counselors.*

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

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

4. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent. Children and adolescent visits shall include:

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

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

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

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

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

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

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5. Sexually Transmitted Infections

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

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

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

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

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

6. Substance Use Services

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

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

7. Immunizations

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

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

8. Prenatal Genetic Screening

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

b) All pregnant women should be offered voluntary genetic screening for fetal chromosomal abnormalities at the appropriate time following recommendations found in the American College of Obstetricians and Gynecologists' "Screening for Fetal Chromosomal

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Abnormalities (2007)" or more recent guidelines. The Contractor shall be responsible for ensuring referral to appropriate genetic testing and counseling for any woman found to have a positive screening test.

9. Additional Requirements

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

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

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

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

B) Staffing Provisions

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

a) executive director

b) fiscal director

c) registered nurse

d) clinical coordinator

e) medical service director

f) nutritionist *(on site or by referral)*

g) social worker

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

a) registered nurse

b) clinical coordinator

c) social worker

1. Qualifications

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

In addition the following minimum qualifications shall be met for:

a) Registered Nurse

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

b) Nutritionists:

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

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

c) Social Workers shall have:

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

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

d) Clinical Coordinators shall be:

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

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

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

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator, or any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.

3. Vacancies

a) The Contractor must notify the MCHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month. This may be done through a budget revision.

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

C) Coordination of Services

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

2. The Contractor shall participate in activities *in the Public Health Region in which they provide services* as appropriate. These activities enhance the integration of community-based public health

prevention and health care initiatives that are being implemented by the contractor and may include community needs assessments, public health performance assessments, and/or the development of regional health improvement plans.

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

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

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

D) **Meetings and Trainings**

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

1. MCHS Agency Directors' meetings

2. Prenatal and Child Health Coordinators' meetings

3. MCHS Agency Medical Services Directors' meetings

III. Quality or Performance Improvement (QI/PI)

A) **Workplans**

1. Performance Workplans are required for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the RHPCS and the MCHS performance-based contracting system and of this contract. Outcomes shall be reported by clinical site.

2. Submit Performance Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

3. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan and activities that monitor and evaluate the agency's progress toward performance measure targets.

4. The Contractor shall comply with modifications and/or additions to the workplan and annual report format as requested by RHPCS and MCHS. MCHS will provide the contractor with reasonable notice of such changes.

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

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B) Additional Reporting requirements

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

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

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

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

4. The Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

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

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

C) **On-site reviews**

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

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

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

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

NH Department of Health and Human Services

Exhibit B

Purchase of Services
Contract Price

Primary Care Services

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

CONTRACTOR NAME: **Ammonoosuc Community Health Services, Inc.**
ADDRESS: **25 Mount Eustis Road**
Littleton, New Hampshire 03561

Executive Director: **Edward Shanshala**
TELEPHONE: **603-444-8223**

Vendor #177755-B003	Job #90080000	Appropriation #010-090-51900000-102-500731
	#90073001	#010-090-51490000-102-500731
	#90080081	#010-090-56590000-102-500731

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

   $285,638 for Primary Care Services, funded from 19.95% federal funds from the US. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (CFDA #93.994) and 80.05% general funds.

   $20,000 for Primary Care Services, funded from 100% general funds.

   $65,216 for Breast and Cervical Cancer Screening, funded from 100% federal funds from the Center for Disease Control (CFDA #93.283).

   TOTAL: $370,854

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

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

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

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

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

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

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Contractor Initials: CDS-IT
Date: 04/27/2012

Exhibit C

SPECIAL PROVISIONS

1. **Contractors Obligations:** The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

2. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

3. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

4. **Documentation:** In addition to the determination forms, required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

5. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

6. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

7. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

8. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party fundors for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party fundors, the Department may elect to:

    8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

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8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

9. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

9.1 **Fiscal Records:** Books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

9.2 **Statistical Records:** Statistical, enrollment, attendance, or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

10.1 **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

10.2 **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directed connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

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

12. **Reports: Fiscal and Statistical**: The Contractor agrees to submit the following reports at the following times if requested by the Department

    12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

    12.2 Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

13. **Completion of Services:** Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14. **Credits:** All documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

    14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. **Operation of Facilities:** Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the Contractor with respect to the operation of the facility or the provision of the services at such facility. If any government license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

Contractor Initials: GBS-T

Date: 9/27/2012

16. **Insurance:** Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed $500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed $500,000, is comprehensive general liability insurance in amounts of not less than $1,000,000 per claim or occurrence and $2,000,000 in the aggregate. *These amounts may NOT be modified.*

X (1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed $500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $250,000 per claim and $2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

☐ (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

17. **Renewal:**

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

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

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

Contractor Initials: GEH
Date: 4/27/2012

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

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

Contractor Initials: CDSH
Date: 04/27/2012

SPECIAL PROVISIONS – DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean the section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Whenever federal or state laws, regulations, rules, orders, and policies, etc., are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc., as they may be amended or revised from time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act. NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.

Contractor Initials: CDS

Date: 6/27/2012

Standard Exhibit D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act to 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I – FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES – CONTRACTORS
US DEPARTMENT OF EDUCATION – CONTRACTORS
US DEPARTMENT OF AGRICULTURE – CONTRACTORS

This certification is required by the regulations implementing Sections 5151-51-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). the January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630 of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

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

1) The grantee certifies that it will or will continue to provide a drug-free workplace by:

   (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

   (b) Establishing an ongoing drug-free awareness program to inform employee's about:

      (1) The dangers of drug abuse in the workplace;
      (2) The grantee's policy of maintaining a drug-free workplace;
      (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
      (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

   (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

   (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

      (1) Abide by the terms of the statement; and

Contractor Initials: EDS-IT
Date: 04/27/2012

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

2) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, State, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

Ammonoosuc Community Health Services, Inc. From: 7/1/12 or date of G&C Approval, whichever is later To: 6/30/14

Contractor Name **Period Covered by this Certification**

Edward D Shanshala II CEO

Name and Title of Authorized Contractor Representative

Edward D Shanshala II 04-27-2012

Contractor Representative Signature **Date**

NH Department of Health and Human Services

Standard Exhibit E

CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES – CONTRACTORS
US DEPARTMENT OF EDUCATION – CONTRACTORS
US DEPARTMENT OF AGRICULTURE – CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

Contract Period: 7/1/12 or date of G&C Approval, whichever is later, through 6/30/14

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

(2) If any funds, other than Federal appropriated funds, have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions, attached and identified as Standard Exhibit E-I.

(3) The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Edward D Ramsdell II — Edward D Ramsdell II

Contractor Signature — **Contractor's Representative Title**

Ammonoosuc Community Health Services, Inc. — 04/27/2012

Contractor Name — **Date**

Standard Exhibit F

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions, execute the following Certification:

Instructions for Certification

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transition. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transition," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntary excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rule implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transaction", "provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

Contractor Initials: CDS-H
Date: 04/27/2020

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

   a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

   b. have not within a three-year period preceding this proposal (contract) been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

   c. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph 1 b of this certification; and

   d. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

Lower Tier Covered Transactions

By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

(b) where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Edward D. Stevenshaw II

Contractor Signature **Contractor's Representative Title**

Ammonoosuc Community Health Services, Inc. 04-27-2012

Contractor Name **Date**

NH Department of Health and Human Services

Standard Exhibit G

CERTIFICATION REGARDING THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

The contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.

Edward D Starbuck II, CEO

Contractor Signature **Contractor's Representative Title**

Ammonoosuc Community Health Services, Inc. 04/27/2012

Contractor Name **Date**

Budget Form

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

Bidder/Program Name: Ammonoosuc Community Health Services, Inc.

Budget Request for: Primary Care Services-PC
(Name of RFP)

Budget Period: July 1, 2012 - June 30, 2013

1. Total Salary/Wages	$ 124,245.00	$ -	$ 124,245.00
2. Employee Benefits	$ 28,574.00	$ -	$ 28,574.00
3. Consultants	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -
Rental	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -
Educational	$ -	$ -	$ -
Lab	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -
Medical	$ -	$ -	$ -
Office	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -
Telephone	$ -	$ -	$ -
Postage	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -
Insurance	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -
9. Software	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
TOTAL	$ 152,819.00	$ -	$ 152,819.00

Indirect As A Percent of Direct 0.0%

Budget Form

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

Bidder/Program Name: Ammonoosuc Community Health Services, Inc.

Budget Request for: Primary Care Services-BCCP
(Name of RFP)

Budget Period: July 1, 2012 - June 30, 2013

1. Total Salary/Wages	$ 18,614.00	$ -	$ 18,614.00
2. Employee Benefits	$ 1,500.00	$ -	$ 1,500.00
3. Consultants	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -
Rental	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -
Educational	$ -	$ -	$ -
Lab	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -
Medical	$ -	$ -	$ -
Office	$ 300.00	$ -	$ 300.00
6. Travel	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -
Telephone	$ 300.00	$ -	$ 300.00
Postage	$ 120.00	$ -	$ 120.00
Subscriptions	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -
Insurance	$ 100.00	$ -	$ 100.00
Board Expenses	$ -	$ -	$ -
9. Software	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -
Clinical Services	$ 10,674.00	$ -	$ 10,674.00
	$ -	$ -	$ -
	$ -	$ -	$ -
TOTAL	$ 32,608.00	$ -	$ 32,608.00

Indirect As A Percent of Direct 0.0%

Budget Form

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

Bidder/Program Name: Ammonosuc Community Health Services, Inc.

Budget Request for: Primary Care Services-PC
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

1. Total Salary/Wages	$ 124,246.00	$ -	$ 124,246.00
2. Employee Benefits	$ 28,574.00	$ -	$ 28,574.00
3. Consultants	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -
Rental	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -
Educational	$ -	$ -	$ -
Lab	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -
Medical	$ -	$ -	$ -
Office	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -
Telephone	$ -	$ -	$ -
Postage	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -
Insurance	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -
9. Software	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
TOTAL	$ 152,819.00	$ -	$ 152,819.00

Indirect As A Percent of Direct 0.0%

Budget Form

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

Bidder/Program Name: Ammonoosuc Community Health Services, Inc.

Budget Request for: Primary Care Services-BCCP
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

1. Total Salary/Wages	$ 19,614.00	$ -	$ 19,614.00
2. Employee Benefits	$ 1,500.00	$ -	$ 1,500.00
3. Consultants	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -
Rental	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -
Educational	$ -	$ -	$ -
Lab	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -
Medical	$ -	$ -	$ -
Office	$ 300.00	$ -	$ 300.00
6. Travel	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -
Telephone	$ 300.00	$ -	$ 300.00
Postage	$ 120.00	$ -	$ 120.00
Subscriptions	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -
Insurance	$ 100.00	$ -	$ 100.00
Board Expenses	$ -	$ -	$ -
9. Software	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -
Clinical Services	$ 10,674.00	$ -	$ 10,674.00
	$ -	$ -	$ -
	$ -	$ -	$ -
TOTAL	$ 32,608.00	$ -	$ 32,608.00

Indirect As A Percent of Direct 0.0%

State of New Hampshire
Department of Health and Human Services
Amendment #4 to the Primary Care Services Contract

This 4th Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #4") dated this, 1st day of May, 2017 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Concord Hospital, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 250 Pleasant Street, Concord, NH 03301.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #133) as amended by an agreement (Amendment #1 to the Contract) approved by the Governor and Executive Council on May 8, 2014 (Item #34A); as amended by an agreement (Amendment #2 to the Contract) approved by the Governor and Executive Council on June 24, 2015 (Item #58); as amended by an agreement (Amendment #3 to the Contract) approved by the Governor and Executive Council on December 7, 2016 (Item #12); the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, the State may amend the contract terms and conditions by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for nine (9) months, add services to Exhibit A, Scope of Services and increase the price limitation; and

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

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:

   March 31, 2018

2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:

   $1,975,252

3. Add Exhibit A- Amendment #4, Scope of Services.
4. Add Exhibit A-1 – Amendment #4, Performance Measures
5. Add Exhibit B – Amendment #4, Method and Conditions Precedent to Payment.
6. Add Exhibit B-1 – Amendment #4 MCHS Budget.
7. Add Exhibit B-2 – Amendment #4, BCCP Budget.

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

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

State of New Hampshire
Department of Health and Human Services

5/31/17
Date

NAME: LISA MORRIS
TITLE: DIRECTOR, DPHS

Concord Hospital, Inc.

5/26/2017
Date

NAME Robert P. Steigmeyer
TITLE President + CEO

Acknowledgement:
State of New Hampshire, County of Merrimack on 5/26/17, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace

KATHLEEN G. LAMONTAGNE
MY COMMISSION EXPIRES NOV. 18, 2020
NOTARY PUBLIC NEW HAMPSHIRE

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

OFFICE OF THE ATTORNEY GENERAL

4/5/17
Date

Name:
Title:

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.6.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.6.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.6.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than thirty (30) consecutive days or any sixty (60) non-consecutive days.

2.2. The Contractor shall assist individuals with completing a Medicaid/Expanded Medicaid or other health insurance application when income calculations indicate possible eligibility.

2.3. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.4. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.4.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.4.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Perinatal services, including but not limited to access to obstetrical services either on-site or by referral.

3.1.3. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.4. Integrated Behavioral Health Services.

3.1.5. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.6. Assessment of need and follow-up/referral as indicated for:

3.1.6.1. Tobacco cessation, including referral to QuitWorks-NH, www.QuitWorksNH.org.

3.1.6.2. Social services.

3.1.6.3. Chronic Disease management, including disease specific referral and self-management education, which may include, but is not limited to referral to Diabetes Self-

Management Education (DSME), as recommended by the American Diabetes Association.

3.1.6.4. Nutrition services, including WIC, as appropriate.

3.1.6.5. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.1.6.6. Screening, Brief Intervention and Referral to Treatment (SBIRT) services, including but not limited to contact with the Regional Public Health Network Continuum of Care Development Initiative.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which includes but is not limited to access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.3. The Contractor shall provide enabling services, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor shall facilitate enabling services that include, but are not limited to:

3.3.1. Case management, which may include but is not limited to, care facilitated by registries; information technology; health information exchanged; and other services that ensure patients receive necessary care when and where it is needed and wanted 8in a culturally and linguistically appropriate manner.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach, which may include but is not limited to the use of community health workers.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 – Amendment #3 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Quality Improvement

5.1. The Contractor shall conduct a minimum of two (2) quality improvement projects which consist of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall ensure:

5.1.1. One (1) quality improvement project focuses on the performance measure as designated by the Department.

5.1.2. One (1) quality improvement project is based on previous performance outcomes needing improvement, as selected by the Contractor.

5.2. The Contractor shall utilize Quality Improvement (QI) science to develop and implement a QI Workplan for each QI project, which shall include but not be limited to:

5.2.1. Specific goals and objectives for the project period.

5.2.2. Evaluation methods to demonstrate improvements in the quality, efficiency, and effectiveness of patient care.

5.3. The Contractor may utilize activities in QI projects that enhance clinical workflow and improve patient outcomes, which may include but are not limited to:

5.3.1. EMR prompts/alerts.

5.3.2. Protocols/Guidelines.

5.3.3. Diagnostic support.

5.3.4. Patient registries.

5.3.5. Collaborative learning sessions.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care services who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within thirty (30) days of hire.

6.4. The Contractor shall notify the MCHS, in writing, when:

6.4.1. Any critical position is vacant for more than thirty (30) days.

6.4.2. There is not adequate staffing to perform all required services for more than thirty (30) consecutive days or any sixty (60) nonconsecutive days.

Contractor's Initials: [illegible]

Date 5/26/17

6.5. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.5.1. A registered nurse who:

6.5.1.1. Is licensed with the NH Board of nursing; or

6.5.1.2. Has attained bachelor's degree from a recognized college or university.

6.5.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.5.1.

7. Coordination of Services

7.1. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.1.1. Community needs assessments.

7.1.2. Public health performance assessments.

7.1.3. The development of regional health improvement plans.

7.2. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

Contractor's Initials: MH

Date 5/26/17

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit a Performance Measure Outcome Report, which details the plan for improvement when a performance measure targeted goal is not met.

9.4. The Contractor shall submit an annual Workplan for the two (2) quality improvement projects that demonstrate improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall submit at least one (1) annual Workplan that includes a detailed description of the enabling services funded by this contract. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.6. The Contractor shall collect and submit the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st of each contract year.

9.7. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Contractor's Initials: MRR

Date 5/26/17

Exhibit A-1 – Amendment #4

1. MATERNAL AND CHILD HEALTH SECTION (MCHS) PRIMARY CARE PERFORMANCE MEASURES

1.1. Definitions

1.1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1.1. The calendar year (January 1st through December 31st; or

1.1.1.2. The state fiscal year (July 1st through June 30th).

1.1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.1.4. **NQF** – National Quality Forum

1.1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.1.6. **UDS** – Uniform Data System

1.1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. **Percent of infants who are ever breastfed** (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Screening

2.2.1. **Percent of children 3 years of age who had two or more capillary or venous lead blood test for lead poisoning by their third birthday.** (NH MCHS).

2.2.1.1. Numerator: All patient children who received at least one capillary or venous lead screening test between nine (9) months to eighteen (18) months of age **AND** one (1) capillary or venous lead screening test between nineteen (19) to thirty (30) months of age.

2.2.1.2. Denominator: All patient children who turned three (3) years old during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. Preventive Health: Adolescent Well-Care Visit

Contractor Initials: MJB
Date: 5/26/17

2.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (HEDIS,).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. **Maternal Depression Screening**

2.4.2.1. **Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative PLUS women who screened positive AND have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

2.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (NQF 0421, UDS).

2.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit OR within twenty-four (24) months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who delivered a live birth in the measurement year.

2.6.2.4. Definitions:

2.6.2.4.1. Tobacco Use: Includes any type of tobacco

2.6.2.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

2.7. **At Risk Population: Hypertension**

2.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHG) during the measurement year** (NQF 0018).

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

2.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension (must have been diagnosed with hypertension 6 or more months before the measurement date) who had at least one (1) medical visit during the measurement year. (Excludes pregnant women and patients with End Stage Renal Disease.)

2.8. **Patient Safety: Falls Screening**

2.8.1. **Percent of patients aged 65 years and older who were screened for fall risk at least once within 12 months** (NH MCHS).

2.8.1.1. Numerator: Patients who were screened for fall risk at least once within the measurement year.

2.8.1.2. Denominator: All patients aged 65 years and older seen by a health care provider within the measurement year.

2.9. **SBIRT**

2.9.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services (NHMCHS).

2.9.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention and/or referral to services.

2.9.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.1.3. Denominator: Number of patients aged 18 years and older seen for annual/preventive visit within the measurement year.

2.9.1.4. Definitions:

2.9.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.9.1.4.2. Brief Intervention: Includes guidance or counseling.

2.9.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.9.2. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services (NH MCHS)**.**

2.9.3. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

2.9.4. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.5. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.9.6. Definitions:

2.9.6.1. Substance Use: Includes any type of alcohol or drug.

2.9.6.2. Brief Intervention: Includes guidance or counseling.

2.9.6.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A – Amendment #4, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   2.1. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   2.2. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #4, Scope of Services, in accordance with Exhibit B-1 Amendment #4 through Exhibit B-2 Amendment #4.
4. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
5. Payment for said services shall be made as follows:
   5.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
   5.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   5.3. The invoice must be submitted by mail or e-mail to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

   E-mail: dphscontractbilling@dhhs.state.nh.us
6. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
8. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
9. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #4 through Exhibit B-2 Amendment #4 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: MM
Date: 5/26/17

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

Bidder/Program Name: Concord Hospital Family Health Center

Budget Request for: Primary Care - Maternal Child Health
(Name of RFP)

Budget Period: July 1, 2017 - March 31, 2018

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**
1. Total Salary/Wages	$ 205,773.00	$ -	$ 205,773.00	$ 366,862.00	$ -	$ 366,862.00	$ 205,773.00	$ -	$ 205,773.00
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 205,773.00**	**$ -**	**$ 205,773.00**	**$ 366,862.00**		**$ 366,862.00**	**$ 205,773.00**	**$ -**	**$ 205,773.00**
Indirect As A Percent of Direct		0.0%							

Contractor Initials: MM
Date: 5/26/17

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

Bidder/Program Name: Concord Hospital Family Health Center

Budget Request for: Primary Care - BCCP

Budget Period: July 1, 2017 - March 31, 2018

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 25,510.00	$ -	$ 25,510.00	$ 14,223.00	$ -	$ 14,223.00	$ 11,287.00	$ -	$ 11,287.00
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Direct screening cost: 60 x 109.95	$ 6,597.00	$ -	$ 6,597.00	$ -	$ -	$ -	$ 6,597.00	$ -	$ 6,597.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 32,107.00**	**$ -**	**$ 32,107.00**	**$ 14,223.00**	**$ -**	**$ 14,223.00**	**$ 17,884.00**	**$ -**	**$ 17,884.00**
Indirect As A Percent of Direct		0.0%							

Contractor Initials: [signature]

Date: 5/26/17

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 CONCORD HOSPITAL, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 29, 1985. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **74948**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 21st day of April A.D. 2017.

William M. Gardner
Secretary of State

CERTIFICATE

I, William Chapman, Secretary of Concord Hospital, Inc. do hereby certify:

1) I maintain and have custody of and am familiar with the seal and minute books of the corporation;
2) I am authorized to issue certificates with respect to the contents of such books and to affix such seal to such certificates;
3) The following is a true and complete copy of the resolution adopted by the board of trustees of the corporation at a meeting of that board on March 21, 2005 which meeting was held in accordance with the law of the state of incorporation and the bylaws of the corporation:

   The motion was made, seconded and the Board unanimously voted that the powers and duties of the President shall include the execution of all contracts and other legal documents on behalf of the corporation, unless some other person is specifically so designated by the Board, by law, or pursuant to the administrative policy addressing contract and expenditure approval levels.

4) the foregoing resolution is in full force and effect, unamended, as of the date hereof; and
5) the following persons lawfully occupy the offices indicated below:

   Robert P. Steigmeyer, President
   Scott W. Sloane, Chief Financial Officer

IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the Corporation this 26 day of May, 2017.

(Corporate seal)

William Chapman
Secretary

State of:

County of:

On this, the 26th day of May, 2017, before me a notary public, the undersigned officer, personally appeared William Chapman, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.
In witness hereof, I hereunto set my hand and official seal.

KATHLEEN G. LAMONTAGNE
MY COMMISSION EXPIRES NOV. 18, 2020
NOTARY PUBLIC
NEW HAMPSHIRE

(Seal)

Notary Public

My Commission expires: 11/18/20

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/20/2016

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 MARSH USA, INC. 99 HIGH STREET BOSTON, MA 02110 Attn: Boston.certrequest@Marsh.com 319078-CHS-gener-17-18	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED CAPITAL REGION HEALTHCARE CORPORATION & CONCORD HOSPITAL, INC. ATTN: JESSICA FANJOY 250 PLEASANT STREET CONCORD, NH 03301	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Granite Shield Insurance Exchange **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** NYC-007229035-13 **REVISION NUMBER:** 5

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY** ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			GSIE-PRIM-2017-101	01/01/2017	01/01/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ 2,000,000 $ $ $ $ 12,000,000 $ $
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ $ $ $ $
	☐ **UMBRELLA LIAB** ☐ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE 	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N — N/A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below						☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Professional Liability			GSIE-PRIM-2017-101	01/01/2017	01/01/2018		SEE ABOVE

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

EVIDENCE OF CURRENT LIABILITY COVERAGE.

GENERAL LIABILITY AND PROFESSIONAL LIABILITY SHARE A COMBINED LIMIT OF 2,000,000/12,000,000. HOSPITAL PROFESSIONAL LIABILITY RETRO ACTIVE-DATE 6/24/1985. Each occurrence and aggregate limits are shared amongst The Granite Shield Exchange Hospitals.

CERTIFICATE HOLDER

DEPARTMENT OF HEALTH & HUMAN SERVICES
CONTRACTS AND PROCUREMENT UNIT
129 PLEASANT STREET
CONCORD, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Susan Molloy *Susan Molloy*

Client#: 243089 CAPITALREG

ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/04/2016

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

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

PRODUCER	CONTACT NAME: Jessica Kelley
HUB Healthcare Solutions HUB International New England 299 Ballardvale Street Wilmington, MA 01887	PHONE (A/C, No, Ext): 978-661-6233 FAX (A/C, No): E-MAIL ADDRESS: jessica.kelley@hubinternational.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Safety National Casualty Corp
INSURED Capital Region Healthcare Corporation Concord Hospital 250 Pleasant Street Concord, NH 03301	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	POLICY PRO-JECT LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		SP4053897 SIR $500,000	10/01/15	10/01/17	X WC STATU-TORY LIMITS OTH-ER	
							E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000

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

CERTIFICATE HOLDER

State of New Hampshire
Department of Health and
Human Services
105 Pleasant Street
Concord, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

JS008

Concord Hospital Mission Statement

Concord Hospital is a charitable organization
which exists to meet the health needs of individuals
within the communities it serves.

It is the established policy of Concord Hospital to provide services on the sole basis of the medical necessity of such services as determined by the medical staff without reference to race, color, ethnicity, national origin, sexual orientation, marital status, religion, age, gender, disability, or inability to pay for such services.

Approved by Board of Trustees 10-21-02; Reaffirmed by Board 11-23-03, 11-15-04, 11-21-05, 11-20-06, 11-19-07, 11-17-08, 11-16-09, 10-18-10, 9-19-11, 9-24-12, 9-23-13, 9-22-14

Concord Hospital, Inc. and Subsidiaries

Audited Consolidated Financial Statements
and Additional Information

Years Ended September 30, 2016 and 2015
With Independent Auditors' Report

MAINE MASSACHUSETTS NEW HAMPSHIRE
800.244.7444 www.bnncpa.com

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

Audited Consolidated Financial Statements
and Additional Information

Years Ended September 30, 2016 and 2015

CONTENTS

BAKER NEWMAN NOYES

INDEPENDENT AUDITORS' REPORT

The Board of Trustees
Concord Hospital, Inc.

We have audited the accompanying consolidated financial statements of Concord Hospital, Inc. and Subsidiaries (the System), which comprise the consolidated balance sheets as of September 30, 2016 and 2015, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the System as of September 30, 2016 and 2015, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Baker Newman & Noyes LLC

Manchester, New Hampshire
January 6, 2017

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS

September 30, 2016 and 2015

ASSETS
(In thousands)

	2016	2015
Current assets:		
Cash and cash equivalents	$ 6,555	$ 8,096
Short-term investments	19,512	7,395
Accounts receivable, less allowance for doubtful accounts of $9,858 in 2016 and $12,605 in 2015	52,693	55,104
Due from affiliates	270	325
Supplies	1,262	1,382
Prepaid expenses and other current assets	4,760	5,945
Total current assets	85,052	78,247
Assets whose use is limited or restricted:		
Board designated	260,287	251,927
Funds held by trustee for workers' compensation reserves and self-insurance escrows	14,328	11,282
Donor-restricted funds and restricted grants	37,517	34,304
Total assets whose use is limited or restricted	312,132	297,513
Other noncurrent assets:		
Due from affiliates, net of current portion	1,615	2,001
Other assets	11,848	13,808
Total other noncurrent assets	13,463	15,809
Property and equipment:		
Land and land improvements	7,003	5,878
Buildings	179,824	182,833
Equipment	235,334	226,193
Construction in progress	16,413	12,515
	438,574	427,419
Less accumulated depreciation	(282,034)	(278,714)
Net property and equipment	156,540	148,705
	$ 567,187	$ 540,274

LIABILITIES AND NET ASSETS
(In thousands)

	2016	2015
Current liabilities:		
Short-term notes payable	$ 459	$ 2,412
Accounts payable and accrued expenses	30,104	29,742
Accrued compensation and related expenses	22,830	27,042
Accrual for estimated third-party payor settlements	22,459	14,323
Current portion of long-term debt	8,570	8,337
Total current liabilities	84,422	81,856
Long-term debt, net of current portion	85,399	94,045
Accrued pension and other long-term liabilities	99,258	81,688
Total liabilities	269,079	257,589
Net assets:		
Unrestricted	262,934	248,381
Temporarily restricted	15,293	14,860
Permanently restricted	19,881	19,444
Total net assets	298,108	282,685
	$ 567,187	$ 540,274

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF OPERATIONS

Years Ended September 30, 2016 and 2015
(In thousands)

	2016	2015
Unrestricted revenue and other support:		
Net patient service revenue, net of contractual allowances and discounts	$434,961	$438,572
Provision for doubtful accounts	(17,251)	(16,839)
Net patient service revenue less provision for doubtful accounts	417,710	421,733
Other revenue	20,998	23,599
Disproportionate share revenue	7,800	3,497
Net assets released from restrictions for operations	1,232	1,648
Total unrestricted revenue and other support	447,740	450,477
Operating expenses:		
Salaries and wages	208,274	193,080
Employee benefits	55,298	52,220
Supplies and other	87,060	81,719
Purchased services	29,297	64,046
Professional fees	4,678	3,491
Depreciation and amortization	24,535	24,437
Medicaid enhancement tax	19,679	12,800
Interest expense	3,700	3,974
Total operating expenses	432,521	435,767
Income from operations	15,219	14,710
Nonoperating income:		
Unrestricted gifts and bequests	251	204
Investment income and other	27,497	11,386
Total nonoperating income	27,748	11,590
Excess of revenues and nonoperating income over expenses	$ 42,967	$ 26,300

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS

Years Ended September 30, 2016 and 2015
(In thousands)

	2016	2015
Unrestricted net assets:		
Excess of revenues and nonoperating income over expenses	$ 42,967	$ 26,300
Net unrealized losses on investments	(5,098)	(23,982)
Net transfers from affiliates	189	372
Net assets released from restrictions used for purchases of property and equipment	1,331	82
Pension adjustment	(24,836)	(33,178)
Increase (decrease) in unrestricted net assets	14,553	(30,406)
Temporarily restricted net assets:		
Restricted contributions and pledges	1,539	2,492
Restricted investment income	2,181	990
Contributions to affiliates and other community organizations	(184)	(140)
Net unrealized losses on investments	(540)	(1,841)
Net assets released from restrictions for operations	(1,232)	(1,648)
Net assets released from restrictions used for purchases of property and equipment	(1,331)	(82)
Increase (decrease) in temporarily restricted net assets	433	(229)
Permanently restricted net assets:		
Restricted contributions and pledges	319	182
Unrealized gains (losses) on trusts administered by others	118	(581)
Increase (decrease) in permanently restricted net assets	437	(399)
Increase (decrease) in net assets	15,423	(31,034)
Net assets, beginning of year	282,685	313,719
Net assets, end of year	$298,108	$282,685

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years Ended September 30, 2016 and 2015
(In thousands)

	2016	2015
Cash flows from operating activities:		
Increase (decrease) in net assets	$ 15,423	$ (31,034)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities:		
Restricted contributions and pledges	(1,858)	(2,674)
Depreciation and amortization	24,535	24,437
Net realized and unrealized (gains) losses on investments	(19,808)	16,731
Bond premium and issuance cost amortization	(75)	(46)
Provision for doubtful accounts	17,251	16,839
Equity in earnings of affiliates, net	(6,170)	(6,804)
Loss (gain) on disposal of property and equipment	163	(79)
Pension adjustment	24,836	33,178
Changes in operating assets and liabilities:		
Accounts receivable	(14,840)	(25,047)
Supplies, prepaid expenses and other current assets	1,305	43
Other assets	2,352	9,738
Due from affiliates	441	540
Accounts payable and accrued expenses	362	9,294
Accrued compensation and related expenses	(4,212)	1,213
Accrual for estimated third-party payor settlements	8,136	(710)
Accrued pension and other long-term liabilities	(7,266)	(29,681)
Net cash provided by operating activities	40,575	15,938
Cash flows from investing activities:		
Increase in property and equipment, net	(32,533)	(22,049)
Purchases of investments	(120,966)	(48,852)
Proceeds from sales of investments	113,592	48,801
Equity distributions from affiliates	5,778	6,803
Net cash used by investing activities	(34,129)	(15,297)
Cash flows from financing activities:		
Payments on long-term debt	(8,338)	(8,130)
Change in short-term notes payable	(1,953)	500
Restricted contributions and pledges	2,304	2,132
Net cash used by financing activities	(7,987)	(5,498)
Net decrease in cash and cash equivalents	(1,541)	(4,857)
Cash and cash equivalents at beginning of year	8,096	12,953
Cash and cash equivalents at end of year	$ 6,555	$ 8,096

See accompanying notes.

1. Description of Organization and Summary of Significant Accounting Policies

Organization

Concord Hospital, Inc., (the Hospital) located in Concord, New Hampshire, is a not-for-profit acute care hospital. The Hospital provides inpatient, outpatient, emergency care and physician services for residents within its geographic region. Admitting physicians are primarily practitioners in the local area. The Hospital is controlled by Capital Region Health Care Corporation (CRHC).

In 1985, the then Concord Hospital underwent a corporate reorganization in which it was renamed and became CRHC. At the same time, the Hospital was formed as a new entity. All assets and liabilities of the former hospital, now CRHC, with the exception of its endowments and restricted funds, were conveyed to the new Hospital. The endowments were held by CRHC for the benefit of the Hospital, which is the true party in interest. Effective October 1, 1999, CRHC transferred these funds to the Hospital.

In March 2009, Concord Hospital created The Concord Hospital Trust (the Trust), a separately incorporated, not-for-profit organization to serve as the Hospital's philanthropic arm. In establishing the Trust, the Hospital transferred philanthropic permanent and temporarily restricted funds, including board designated funds, endowments, indigent care funds and specific purpose funds, to the newly formed organization together with the stewardship responsibility to direct monies available to support the Hospital's charitable mission and reflect the specific intentions of the donors who made these gifts. Concord Hospital and the Trust constitute the Obligated Group at September 30, 2016 and 2015 to certain debt described in Note 6.

Subsidiaries of the Hospital include:

Capital Region Health Care Development Corporation (CRHCDC) is a not-for-profit real estate corporation that owns and operates medical office buildings and other properties.

Capital Region Health Ventures Corporation (CRHVC) is a not-for-profit corporation that engages in health care delivery partnerships and joint ventures. It operates ambulatory surgery and diagnostic facilities in cooperation with other entities.

CH/DHC, Inc. d/b/a Dartmouth-Hitchcock-Concord (CH/DHC) is a not-for-profit corporation that provides clinical medical services through a multi-specialty group practice. CH/DHC was formed under a joint agreement between the Hospital and DH-Concord. The joint agreement terminated effective September 30, 2015.

The Hospital, its subsidiaries and the Trust are collectively referred to as the System. The consolidated financial statements include the accounts of the Hospital, the Trust, CRHCDC, CRHVC and CH/DHC. All significant intercompany balances and transactions have been eliminated in consolidation.

1. **Description of Organization and Summary of Significant Accounting Policies (Continued)**

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Concentration of Credit Risk

Financial instruments which subject the Hospital to credit risk consist primarily of cash equivalents, accounts receivable and investments. The risk with respect to cash equivalents is minimized by the Hospital's policy of investing in financial instruments with short-term maturities issued by highly rated financial institutions. The Hospital's accounts receivable are primarily due from third-party payors and amounts are presented net of expected contractual allowances and uncollectible amounts, including estimated uncollectible amounts from uninsured patients. The Hospital's investment portfolio consists of diversified investments, which are subject to market risk. The Hospital's investment in one fund, the Vanguard Institutional Index Fund, exceeded 10% of total Hospital investments as of September 30, 2016. The Hospital's investment in one fund, the State Street S&P 500 CTF, exceeded 10% of total Hospital investments as of September 30, 2015.

Cash and Cash Equivalents

Cash and cash equivalents include money market funds and secured repurchase agreements with original maturities of three months or less, excluding assets whose use is limited or restricted.

The Hospital maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Hospital has not experienced any losses on such accounts.

Supplies

Supplies are carried at the lower of cost, determined on a weighted-average method, or net realizable value.

Assets Whose Use is Limited or Restricted

Assets whose use is limited or restricted include assets held by trustees under workers' compensation reserves and self-insurance escrows, designated assets set aside by the Board of Trustees, over which the Board retains control and may, at its discretion, subsequently use for other purposes, and donor-restricted investments.

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Investments and Investment Income

Investments are carried at fair value in the accompanying consolidated balance sheets. Investment income (including realized gains and losses on investments, interest and dividends) is included in the excess of revenues and nonoperating income over expenses unless the income is restricted by donor or law. Gains and losses on investments are computed on a specific identification basis. Unrealized gains and losses on investments are excluded from the excess of revenues and nonoperating income over expenses unless the investments are classified as trading securities or losses are considered other-than-temporary. Periodically, management reviews investments for which the market value has fallen significantly below cost and recognizes impairment losses where they believe the declines are other-than-temporary.

Beneficial Interest in Perpetual Trusts

The System has an irrevocable right to receive income earned on certain trust assets established for its benefit. Distributions received by the System are unrestricted. The System's interest in the fair value of the trust assets is included in assets whose use is limited and as permanently restricted net assets. Changes in the fair value of beneficial trust assets are reported as increases or decreases to permanently restricted net assets.

Investment Policies

The System's investment policies provide guidance for the prudent and skillful management of invested assets with the objective of preserving capital and maximizing returns. The invested assets include endowment, specific purpose and board designated (unrestricted) funds.

Endowment funds are identified as permanent in nature, intended to provide support for current or future operations and other purposes identified by the donor. These funds are managed with disciplined longer-term investment objectives and strategies designed to accommodate relevant, reasonable, or probable events.

Temporarily restricted funds are temporary in nature, restricted as to time or purpose as identified by the donor or grantor. These funds have various intermediate/long-term time horizons associated with specific identified spending objectives.

Board designated funds have various intermediate/long-term time horizons associated with specific spending objectives as determined by the Board of Trustees.

Management of these assets is designed to increase, with minimum risk, the inflation adjusted principal and income of the endowment funds over the long term. The System targets a diversified asset allocation that places emphasis on achieving its long-term return objectives within prudent risk constraints.

1. **Description of Organization and Summary of Significant Accounting Policies (Continued)**

Spending Policy for Appropriation of Assets for Expenditure

In accordance with the *Uniform Prudent Management of Institutional Funds Act* (UPMIFA), the System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (a) the duration and preservation of the fund; (b) the purpose of the organization and the donor-restricted endowment fund; (c) general economic conditions; (d) the possible effect of inflation and deflation; (e) the expected total return from income and the appreciation of investments; (f) other resources of the organization; and (g) the investment policies of the organization.

Spending policies may be adopted by the System, from time to time, to provide a stream of funding for the support of key programs. The spending policies are structured in a manner to ensure that the purchasing power of the assets is maintained while providing the desired level of annual funding to the programs. The System has a current spending policy on various funds currently equivalent to 5% of twelve-quarter moving average of the funds' total market value.

Accounts Receivable and the Allowance for Doubtful Accounts

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectibility of accounts receivable, the System analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for doubtful accounts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the System analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for doubtful accounts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the System records a provision for doubtful accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The System's allowance for doubtful accounts for self-pay patients represented 70% and 68% of self-pay accounts receivable at September 30, 2016 and 2015, respectively. The total provision for the allowance for doubtful accounts was $17,251 and $16,839 for the years ended September 30, 2016 and 2015, respectively. The System also allocates a portion of the allowance and provision for doubtful accounts to charity care, which is not recorded as revenue. The System's self-pay bad debt writeoffs increased $614, from $21,518 in 2015 to $22,132 in 2016. The increase in bad debt writeoffs between 2016 and 2015 was primarily a result of certain shifts in payor mix.

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Property and Equipment

Property and equipment is stated at cost at time of purchase, or at fair value at time of donation for assets contributed, less any reductions in carrying value for impairment and less accumulated depreciation. The System's policy is to capitalize expenditures for major improvements and charge maintenance and repairs currently for expenditures which do not extend the lives of the related assets. Depreciation is computed using the straight-line method in a manner intended to amortize the cost of the related assets over their estimated useful lives. For the years ended September 30, 2016 and 2015, depreciation expense was $24,535 and $24,437, respectively.

The System has also capitalized certain costs associated with property and equipment not yet in service. Construction in progress includes amounts incurred related to major construction projects, other renovations, and other capital equipment purchased but not yet placed in service. During 2016, the Hospital entered into various construction contracts totaling approximately $9,600 for the construction of a new parking garage. Construction began in September 2016 and is expected to be completed in the spring of 2017. There was no interest capitalized during 2016 and 2015.

Gifts of long-lived assets such as land, buildings or equipment are reported as unrestricted support, and are excluded from the excess of revenues and nonoperating income over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used, and gifts of cash or other assets that must be used to acquire long-lived assets, are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Federal Grant Revenue and Expenditures

Revenues and expenses under federal grant programs are recognized as the grant expenditures are incurred.

Bond Issuance Costs/Original Issue Discount or Premium

Bond issuance costs incurred to obtain financing for construction and renovation projects and the original issue discount or premium are amortized to interest expense using the straight-line method, which approximates the effective interest method, over the life of the respective bonds. The original issue discount or premium and bond issuance costs are presented as a component of bonds payable.

Charity Care

The System provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates (Note 11). Because the System does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The System determines the costs associated with providing charity care by calculating a ratio of cost to gross charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. Funds received from gifts and grants to subsidize charity services provided for the years ended September 30, 2016 and 2015 were approximately $330 and $473, respectively.

1. **Description of Organization and Summary of Significant Accounting Policies (Continued)**

Temporarily and Permanently Restricted Net Assets

Gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of donated assets. Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. When a donor restriction expires (when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified as unrestricted net assets and reported as either net assets released from restrictions for operations (for noncapital related items) or as net assets released from restrictions used for purchases of property and equipment (capital related items). Permanently restricted net assets have been restricted by donors to be maintained in perpetuity.

Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements.

Net Patient Service Revenue

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, per diem payments and fee schedules. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Changes in these estimates are reflected in the financial statements in the year in which they occur. For the years ended September 30, 2016 and 2015, net patient service revenue in the accompanying consolidated statements of operations decreased by approximately $500 and $3,106, respectively, due to actual settlements and changes in assumptions underlying estimated future third-party settlements.

Revenues from the Medicare and Medicaid programs accounted for approximately 31% and 6% and 31% and 4% of the Hospital's net patient service revenue for the years ended September 30, 2016 and 2015, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation.

The Hospital recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients, the Hospital provides a discount approximately equal to that of its largest private insurance payors. On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Hospital records a significant provision for doubtful accounts related to uninsured patients in the period the services are provided.

1. **Description of Organization and Summary of Significant Accounting Policies (Continued)**

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the System are reported at fair value at the date the promise is received. Conditional promises to give and intentions to give are reported at fair value at the date the condition is met. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of donated assets.

Excess of Revenues and Nonoperating Income Over Expenses

The System has deemed all activities as ongoing, major or central to the provision of health care services and, accordingly, they are reported as operating revenue and expenses, except for unrestricted contributions and pledges, the related philanthropy expenses and investment income which are recorded as nonoperating income.

The consolidated statements of operations also include excess of revenues and nonoperating income over expenses. Changes in unrestricted net assets which are excluded from excess of revenues and nonoperating income over expenses, consistent with industry practice, include the change in net unrealized gains and losses on investments other than trading securities or losses considered other than temporary, permanent transfers of assets to and from affiliates for other than goods and services, pension liability adjustments and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Estimated Workers' Compensation and Health Care Claims

The provision for estimated workers' compensation and health care claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Income Taxes

The Hospital, CRHCDC, CRHVC, CH/DHC and the Trust are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code, and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. Management evaluated the System's tax positions and concluded the System has maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment to or disclosure in the accompanying consolidated financial statements.

Advertising Costs

The System expenses advertising costs as incurred, and such costs totaled approximately $200 and $214 for the years ended September 30, 2016 and 2015, respectively.

1. **Description of Organization and Summary of Significant Accounting Policies (Continued)**

Recent Accounting Pronouncements

In May 2014, the Financial Accounting Standards Board (FASB) issued ASU No. 2014-09, *Revenue from Contracts with Customers* (ASU 2014-09), which requires revenue to be recognized when promised goods or services are transferred to customers in amounts that reflect the consideration to which the System expects to be entitled in exchange for those goods and services. ASU 2014-09 will replace most existing revenue recognition guidance in U.S. GAAP when it becomes effective. ASU 2014-09 is effective for the System on October 1, 2018. ASU 2014-09 permits the use of either the retrospective or cumulative effect transition method. The System is evaluating the impact that ASU 2014-09 will have on its consolidated financial statements and related disclosures.

In April 2015, the FASB issued ASU No. 2015-03, *Interest – Imputation of Interest: Simplifying the Presentation of Debt Issuance Costs* (ASU 2015-03). ASU 2015-03 simplifies the presentation of debt issuance costs and requires that the debt issuance costs related to a recognized debt liability be presented in the balance sheet as a direct deduction from the carrying amount of that debt liability, consistent with debt discounts. ASU 2015-03 is effective for the System's fiscal year ending September 30, 2017 with early adoption permitted. The System has elected to implement ASU 2015-03 in its 2016 consolidated financial statements (with retroactive application to 2015) which is allowed under the pronouncement. The adoption of this pronouncement did not materially affect the consolidated financial statements. See Note 6.

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)* (ASU 2016-02). Under ASU 2016-02, at the commencement of a long-term lease, lessees will recognize a liability equivalent to the discounted payments due under the lease agreement, as well as an offsetting right-of-use asset. ASU 2016-02 is effective for the System on October 1, 2019, with early adoption permitted. Lessees (for capital and operating leases) must apply a modified retrospective transition approach for leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements. The modified retrospective approach would not require any transition accounting for leases that expired before the earliest comparative period presented. Lessees may not apply a full retrospective transition approach. The System is currently evaluating the impact of the pending adoption of ASU 2016-02 on the System's consolidated financial statements.

In August 2016, the FASB issued ASU No. 2016-14, *Presentation of Financial Statements for Not-for-Profit Entities (Topic 958)* (ASU 2016-14). Under ASU 2016-14, the existing three-category classification of net assets (i.e., unrestricted, temporarily restricted and permanently restricted) will be replaced with a simplified model that combines temporarily restricted and permanently restricted into a single category called "net assets with donor restrictions". ASU 2016-14 also enhances certain disclosures regarding board designations, donor restrictions and qualitative information regarding management of liquid resources. In addition to reporting expenses by functional classifications, ASU 2016-14 will also require the financial statements to provide information about expenses by their nature, along with enhanced disclosures about the methods used to allocate costs among program and support functions. ASU 2016-14 is effective for the System's fiscal year ending September 30, 2019, with early adoption permitted. The System is currently evaluating the impact of the pending adoption of ASU 2016-14 on the System's consolidated financial statements.

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Reclassifications

Certain 2015 amounts have been reclassified to permit comparison with the 2016 consolidated financial statements presentation format.

Subsequent Events

Management of the System evaluated events occurring between the end of the System's fiscal year and January 6, 2017, the date the consolidated financial statements were available to be issued.

2. Transactions With Affiliates

The System provides funds to CRHC and its affiliates which are used for a variety of purposes. The System records the transfer of funds to CRHC and the other affiliates as either receivables or directly against net assets, depending on the intended use and repayment requirements of the funds. Generally, funds transferred for start-up costs of new ventures or capital related expenditures are recorded as charges against net assets. For the years ended September 30, 2016 and 2015, transfers made to CRHC were $(129) and $(77), respectively, and transfers received from Capital Region Health Services Corporation (CRHSC) were $318 and $449, respectively.

A brief description of affiliated entities is as follows:

- CRHSC is a for-profit provider of health care services, including an eye surgery center and assisted living facility.
- Concord Regional Visiting Nurse Association, Inc. and Subsidiary (CRVNA) provides home health care services.
- Riverbend, Inc. provides behavioral health services.

Amounts due the System, primarily from joint ventures, totaled $1,885 and $2,326 at September 30, 2016 and 2015, respectively. Amounts have been classified as current or long-term depending on the intentions of the parties involved. Beginning in 1999, the Hospital began charging interest on a portion of the receivables ($851 and $892 at September 30, 2016 and 2015, respectively) with principal and interest (6.75% at September 30, 2016) payments due monthly. Interest income amounted to $59 and $62 for the years ended September 30, 2016 and 2015, respectively.

Contributions to affiliates and other community organizations from temporarily restricted net assets were $184 and $140 in 2016 and 2015, respectively.

3. Investments and Assets Whose Use is Limited or Restricted

Short-term investments totaling $19,512 and $7,395 at September 30, 2016 and 2015, respectively, are comprised primarily of cash and cash equivalents. Assets whose use is limited or restricted are carried at fair value and consist of the following at September 30:

	2016	2015
Board designated funds:		
Cash and cash equivalents	$ 625	$ 7,694
Fixed income securities	25,139	32,547
Marketable equity and other securities	214,931	194,948
Inflation-protected securities	19,592	16,738
	260,287	251,927
Held by trustee for workers' compensation reserves:		
Fixed income securities	4,024	3,803
Health insurance and other escrow funds:		
Cash and cash equivalents	1,682	960
Fixed income securities	1,783	1,337
Marketable equity securities	6,839	5,182
	10,304	7,479
Donor-restricted funds and restricted grants:		
Cash and cash equivalents	5,189	3,392
Fixed income securities	2,075	2,607
Marketable equity securities	17,739	15,737
Inflation-protected securities	1,615	1,341
Trust funds administered by others	10,607	10,489
Other	292	738
	37,517	34,304
	$312,132	$297,513

Included in marketable equity and other securities above are $133,944 and $111,063 at September 30, 2016 and 2015, respectively, in so called alternative investments. See also Note 14.

3. **Investments and Assets Whose Use is Limited or Restricted (Continued)**

Investment income, net realized gains and losses and net unrealized gains and losses on assets whose use is limited or restricted, cash and cash equivalents, and other investments are as follows at September 30:

	2016	2015
Unrestricted net assets:		
Interest and dividends	$ 3,505	$ 3,885
Investment income from trust funds administered by others	567	546
Net realized gains on sales of investments	23,408	8,955
	27,480	13,386
Restricted net assets:		
Interest and dividends	261	272
Net realized gains on sales of investments	1,920	718
	2,181	990
	$29,661	$ 14,376
Net unrealized (losses) gains on investments:		
Unrestricted net assets	$ (5,098)	$ (23,982)
Temporarily restricted net assets	(540)	(1,841)
Permanently restricted net assets	118	(581)
	$ (5,520)	$ (26,404)

In compliance with the System's spending policy, portions of investment income and related fees are recognized in other operating revenue on the accompanying consolidated statements of operations. Investment income reflected in other operating revenue was $1,695 and $1,709 in 2016 and 2015, respectively.

Investment management fees expensed and reflected in nonoperating income were $858 and $896 for the years ended September 30, 2016 and 2015, respectively.

The following summarizes the Hospital's gross unrealized losses and fair values, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position at September 30, 2016 and 2015:

	Less Than 12 Months		12 Months or Longer		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
2016						
Marketable equity securities	$ 1,830	$ (86)	$26,503	$ (9,538)	$28,333	$ (9,624)
Fund-of-funds	7,785	(215)	33,978	(2,703)	41,763	(2,918)
	$ 9,615	$ (301)	$60,481	$ (12,241)	$70,096	$ (12,542)

3. Investments and Assets Whose Use is Limited or Restricted (Continued)

	Less Than 12 Months		12 Months or Longer		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
2015						
Marketable equity securities	$32,230	$ (3,745)	$28,960	$ (10,675)	$ 61,190	$ (14,420)
Fund-of-funds	19,073	(1,158)	31,712	(4,865)	50,785	(6,023)
	$51,303	$ (4,903)	$60,672	$ (15,540)	$111,975	$ (20,443)

In evaluating whether investments have suffered an other-than-temporary decline, based on input from outside investment advisors, management evaluated the amount of the decline compared to cost, the length of time and extent to which fair value has been less than cost, the underlying creditworthiness of the issuer, the fair values exhibited during the year, estimated future fair values and the System's intent and ability to hold the security until a recovery in fair value or maturity. Based on evaluations of the underlying issuers' financial condition, current trends and economic conditions, management believes there are no securities that have suffered an other-than-temporary decline in value at September 30, 2016 and 2015.

4. Defined Benefit Pension Plan

The System has a noncontributory defined benefit pension plan (the Plan), covering all eligible employees of the System and subsidiaries. The Plan provides benefits based on an employee's years of service, age and the employee's compensation over those years. The System's funding policy is to contribute annually the amount needed to meet or exceed actuarially determined minimum funding requirements of the *Employee Retirement Income Security Act of 1974* (ERISA).

The System accounts for its defined benefit pension plan under ASC 715, *Compensation Retirement Benefits*. This Statement requires entities to recognize an asset or liability for the overfunded or underfunded status of their benefit plans in their financial statements.

The following table summarizes the Plan's funded status at September 30, 2016 and 2015:

	2016	2015
Funded status:		
Fair value of plan assets	$ 185,404	$ 165,053
Projected benefit obligation	(270,534)	(229,888)
	$ (85,130)	$ (64,835)
Activities for the year consist of:		
Benefit payments and administrative expenses	$ 9,230	$ 7,562
Net periodic benefit cost	12,460	10,590

4. Defined Benefit Pension Plan (Continued)

The table below presents details about the System's defined benefit pension plan, including its funded status, components of net periodic benefit cost, and certain assumptions used in determining the funded status and cost:

	2016	2015
Change in benefit obligation:		
Benefit obligation at beginning of year	$229,888	$199,121
Service cost	9,836	9,562
Interest cost	10,761	9,270
Actuarial loss	29,279	21,989
Benefit payments and administrative expenses paid	(9,230)	(7,562)
Plan amendment	–	(2,492)
Benefit obligation at end of year	$270,534	$229,888
Change in plan assets:		
Fair value of plan assets at beginning of year	$165,053	$151,055
Actual return on plan assets	12,581	(5,440)
Employer contributions	17,000	27,000
Benefit payments and administrative expenses paid	(9,230)	(7,562)
Fair value of plan assets at end of year	$185,404	$165,053
Funded status and amount recognized in noncurrent liabilities at September 30	$(85,130)	$(64,835)

Amounts recognized as a change in unrestricted net assets during the years ended September 30, 2016 and 2015 consist of:

	2016	2015
Net actuarial loss	$30,715	$39,736
Net amortized loss	(6,155)	(4,099)
Prior service credit amortization	276	33
Plan amendment	–	(2,492)
Total amount recognized	$24,836	$33,178

In June 2015, the plan was amended effective January 1, 2016 to change the factors used to convert a cash balance account into a monthly annuity, expand eligibility for the lump payment option and modify eligibility for an annual cash balance pay credit. These changes were reflected within the projected benefit obligation at September 30, 2015. Also in 2015, the System began to use the RP-2015 mortality tables, which in general have longer life expectancies than the older tables used, which had an impact on the projected benefit obligation.

4. Defined Benefit Pension Plan (Continued)

Pension Plan Assets

The fair values of the System's pension plan assets as of September 30, 2016 and 2015, by asset category are as follows (see Note 14 for level definitions). In accordance with ASU 2015-07, certain investments that are measured using the net value per share practical expedient have not been classified in the fair value hierarchy.

	2016 Level 1	2015 Level 1
Short-term investments:		
Money market funds	$ 11,328	$ 12,036
Equity securities:		
Common stocks	9,251	8,244
Mutual funds – international	13,879	16,770
Mutual funds – domestic	38,471	7,682
Mutual funds – natural resources	4,662	3,439
Mutual funds – inflation hedge	6,369	–
Fixed income securities:		
Mutual funds – REIT	449	680
Mutual funds – fixed income	21,527	23,321
	105,936	72,172
Funds measured at net asset value:		
Equity securities:		
Common collective trust	–	27,873
Funds-of-funds	74,753	54,601
Fixed income securities:		
Funds-of-funds	4,715	4,367
Hedge funds:		
Inflation hedge	–	6,040
Total investments at fair value	$185,404	$165,053

The target allocation for the System's pension plan assets as of September 30, 2016 and 2015, by asset category are as follows:

	2016		2015	
	Target Allocation	Percentage of Plan Assets	Target Allocation	Percentage of Plan Assets
Short-term investments	0-20%	6%	0-20%	7%
Equity securities	40-80%	79	40-80%	71
Fixed income securities	5-80%	15	5-80%	18
Other	0-30%	-	0-30%	4

4. Defined Benefit Pension Plan (Continued)

The funds-of-funds are invested with twelve investment managers and have various restrictions on redemptions. Five of the managers holding amounts totaling approximately $38 million at September 30, 2016 allow for monthly redemptions, with notices ranging from 6 to 15 days. Five managers holding amounts totaling approximately $33 million at September 30, 2016 allow for quarterly redemptions, with notices ranging from 45 to 65 days. One of the managers holding amounts of approximately $5 million at September 30, 2016 allows for annual redemptions, with a notice of 90 days. One of the managers holding amounts of approximately $4 million at September 30, 2016 allows for redemptions on a three year rolling basis, with a notice of 60 days. There is also a special redemption provision that allows 10% of the investment to be redeemed annually on March 1, with a notice of 30 days. Certain funds also may include a fee estimated to be equal to the cost the fund incurs in converting investments to cash (ranging from 0.5% to 1.5%) or are subject to certain lock periods.

The System considers various factors in estimating the expected long-term rate of return on plan assets. Among the factors considered include the historical long-term returns on plan assets, the current and expected allocation of plan assets, input from the System's actuaries and investment consultants, and long-term inflation assumptions. The System's expected allocation of plan assets is based on a diversified portfolio consisting of domestic and international equity securities, fixed income securities, and real estate.

The System's investment policy for its pension plan is to balance risk and returns using a diversified portfolio consisting primarily of high quality equity and fixed income securities. To accomplish this goal, plan assets are actively managed by outside investment managers with the objective of optimizing long-term return while maintaining a high standard of portfolio quality and proper diversification. The System monitors the maturities of fixed income securities so that there is sufficient liquidity to meet current benefit payment obligations. The System's Investment Committee provides oversight of the plan investments and the performance of the investment managers.

Amounts included in expense during fiscal 2016 and 2015 consist of:

	2016	2015
Components of net periodic benefit cost:		
Service cost	$ 9,836	$ 9,562
Interest cost	10,761	9,270
Expected return on plan assets	(14,016)	(12,307)
Amortization of prior service credit and loss	5,879	4,065
Net periodic benefit cost	$ 12,460	$ 10,590

4. Defined Benefit Pension Plan (Continued)

The accumulated benefit obligations for the plan at September 30, 2016 and 2015 were $259,477 and $217,825, respectively.

	2016	2015
Weighted average assumptions to determine benefit obligation:		
Discount rate	4.03%	4.78%
Rate of compensation increase	2.00	2.00
Weighted average assumptions to determine net periodic benefit cost:		
Discount rate	4.78%	4.78%
Expected return on plan assets	7.75	8.00
Cash balance credit rate	5.00	5.00
Rate of compensation increase	2.00	2.00

In selecting the long-term rate of return on plan assets, the System considered the average rate of earnings expected on the funds invested or to be invested to provide for the benefits of the plan. This included considering the plan's asset allocation and the expected returns likely to be earned over the life of the plan, as well as the historical returns on the types of assets held and the current economic environment.

The loss and prior service credit amount expected to be recognized in net periodic benefit cost in 2017 are as follows:

Actuarial loss	$ 8,457
Prior service credit	(276)
	$ 8,181

The System funds the pension plan and no contributions are made by employees. The System funds the plan annually by making a contribution of at least the minimum amount required by applicable regulations and as recommended by the System's actuary. However, the System may also fund the plan in excess of the minimum required amount.

Cash contributions in subsequent years will depend on a number of factors including performance of plan assets. However, the System expects to fund $16,000 in cash contributions to the plan for the 2017 plan year.

Benefit payments, which reflect expected future service, as appropriate, are expected to be paid as follows:

Year Ended September 30	Pension Benefits
2017	$ 11,924
2018	12,703
2019	13,727
2020	15,545
2021	16,401
2022 – 2026	93,941

5. Estimated Third-Party Payor Settlements

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare

Inpatient and outpatient services rendered to Medicare program beneficiaries are primarily paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical diagnosis and other factors. In addition to this, the System is also reimbursed for medical education and other items which require cost settlement and retrospective review by the fiscal intermediary. Accordingly, the System files an annual cost report with the Medicare program after the completion of each fiscal year to report activity applicable to the Medicare program and to determine any final settlements.

The physician practices are reimbursed on a fee screen basis.

Medicaid Enhancement Tax and Disproportionate Share Payment

Under the State of New Hampshire's (the State) tax code, the State imposes a Medicaid Enhancement Tax (MET) equal to 5.45% of net patient service revenues in State fiscal year 2016 and 5.5% of net patient service revenues in State fiscal year 2015, with certain exclusions. The amount of tax incurred by the System for 2016 and 2015 was $19,679 and $12,800, respectively.

In the fall of 2010, in order to remain in compliance with stated federal regulations, the State of New Hampshire adopted a new approach related to Medicaid disproportionate share funding (DSH) retroactive to July 1, 2010. Unlike the former funding method, the State's approach led to a payment that was not directly based on, and did not equate to, the level of tax imposed. As a result, the legislation created some level of losses at certain New Hampshire hospitals, while other hospitals realized gains. DSH payments from the State are recorded within unrestricted revenue and other support and amounted to $7,800 in 2016 and $3,497 in 2015, net of reserves referenced below.

The Centers for Medicare and Medicaid Services (CMS) has completed audits of the State's program and the disproportionate share payments made by the State in 2011 and 2012, the first years that those payments reflected the amount of uncompensated care provided by New Hampshire hospitals. It is possible that subsequent years will also be audited by CMS. The System has recorded reserves to address its potential exposure based on the audit results to date.

Medicaid

Inpatient services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. Outpatient services rendered to Medicaid program beneficiaries are reimbursed under fee schedules and cost reimbursement methodologies subject to various limitations or discounts. The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid program.

The physician practices are reimbursed on a fee screen basis.

5. Estimated Third-Party Payor Settlements (Continued)

Other

The System has also entered into payment agreements with certain commercial insurance carriers and health maintenance organizations. The basis for payment to the System under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined rates.

The accrual for estimated third-party payor settlements reflected on the accompanying consolidated balance sheets represents the estimated net amounts to be paid under reimbursement contracts with the Centers for Medicare and Medicaid Services (Medicare), the New Hampshire Department of Welfare (Medicaid) and any commercial payors with settlement provision. Settlements for the Hospital have been finalized through 2013 for Medicare and Medicaid.

6. Long-Term Debt and Notes Payable

Long-term debt consists of the following at September 30, 2016 and 2015:

	2016	2015
2.0% to 5.0% New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue Bonds, Concord Hospital Issue, Series 2013A; due in annual installments, including principal and interest ranging from $1,543 to $3,555 through 2043, including unamortized original issue premium of $3,187 in 2016 and $3,308 in 2015	$ 44,332	$ 45,538
1.71% fixed rate NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2013B; due in annual installments, including principal and interest ranging from $1,860 to $3,977 through 2024	20,436	24,024
1.3% to 5.6% NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2011; due in annual installments, including principal and interest ranging from $2,737 to $5,201 through 2026, including unamortized original issue premium of $194 in 2016 and $213 in 2015	30,109	33,793
	94,877	103,355
Less unamortized bond issuance costs	(908)	(973)
Less current portion	(8,570)	(8,337)
	$ 85,399	$ 94,045

In February 2013, $48,631 (including an original issue premium of $3,631) of NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2013A, were issued to assist in the funding of a significant facility improvement project and to advance refund the Series 2001 NHHEFA Hospital Revenue Bonds. The facility improvement project included enhancements to the System's power plant, renovation of certain nursing units, expansion of the parking capacity at the main campus and various other routine capital expenditures and miscellaneous construction, renovation and improvements of the System's facilities.

6. Long-Term Debt and Notes Payable (Continued)

In March 2011, $49,795 of NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2011, were issued to assist in the funding of a significant facility improvement project and pay off the Series 1996 Revenue Bonds. The project included expansion and renovation of various Hospital departments, infrastructure upgrades, and acquisition of capital equipment.

Substantially all the property and equipment relating to the aforementioned construction and renovation projects, as well as subsequent property and equipment additions thereto, and a mortgage lien on the facility, are pledged as collateral for the Series 2011 and 2013A and B Revenue Bonds. In addition, the gross receipts of the Hospital are pledged as collateral for the Series 2011 and 2013A and B Revenue Bonds. The most restrictive financial covenants require a 1.10 to 1.0 ratio of aggregate income available for debt service to total annual debt service and a day's cash on hand ratio of 75 days. The Hospital was in compliance with its debt covenants at September 30, 2016 and 2015.

The obligations of the Hospital under the Series 2013A and B and Series 2011 Revenue Bond Indentures are not guaranteed by any of the subsidiaries or affiliated entities.

Interest paid on long-term debt amounted to $3,731 and $3,934 for the years ended September 30, 2016 and 2015, respectively.

The aggregate principal payments on long-term debt for the next five fiscal years ending September 30 and thereafter are as follows:

2017	$ 8,570
2018	8,822
2019	9,061
2020	7,385
2021	5,186
Thereafter	52,472
	$91,496

7. Commitments and Contingencies

Malpractice Loss Contingencies

Prior to February 1, 2011, the System was insured against malpractice loss contingencies under claims-made insurance policies. A claims-made policy provides specific coverage for claims made during the policy period. The System maintained excess professional and general liability insurance policies to cover claims in excess of liability retention levels. The System has established reserves to cover professional liability exposures for incurred but unpaid or unreported claims. The amounts of the reserves total $1,911 and $2,033 at September 30, 2016 and 2015, respectively, and are reflected in the accompanying consolidated balance sheets within accrued pension and other long-term liabilities. The possibility exists, as a normal risk of doing business, that malpractice claims in excess of insurance coverage may be asserted against the System.

7. **Commitments and Contingencies (Continued)**

Effective February 1, 2011, the System insures its medical malpractice risks through a multiprovider captive insurance company under a claims-made insurance policy. Premiums paid are based upon actuarially determined amounts to adequately fund for expected losses. At September 30, 2016, there were no known malpractice claims outstanding for the System which, in the opinion of management, will be settled for amounts in excess of insurance coverage, nor were there any unasserted claims or incidents which required loss accruals. The captive retains and funds up to actuarial expected loss amounts, and obtains reinsurance at various attachment points for individual and aggregate claims in excess of funding in accordance with industry practices. At September 30, 2016, the System's interest in the captive represents approximately 58% of the captive. The System accounts for its investments in the captive under the equity method since control of the captive is shared equally between the participating hospitals. The System has recorded its interest in the captive's equity, totaling approximately $3,100 and $427 at September 30, 2016 and 2015, respectively, in other noncurrent assets on the accompanying consolidated balance sheets. Changes in the System's interest are included in nonoperating income on the accompanying consolidated statements of operations.

In accordance with ASU No. 2010-24, "*Health Care Entities*" (Topic 954): *Presentation of Insurance Claims and Related Insurance Recoveries*, at September 30, 2016 and 2015, the Hospital recorded a liability of approximately $3,100 and $7,700, respectively, related to estimated professional liability losses. At September 30, 2016 and 2015, the Hospital also recorded a receivable of $3,100 and $7,700, respectively, related to estimated recoveries under insurance coverage for recoveries of the potential losses. These amounts are included in accrued pension and other long-term liabilities and other assets, respectively, on the consolidated balance sheets.

Workers' Compensation

The Hospital maintains workers' compensation insurance under a self-insurance plan. The plan offers, among other provisions, certain specific and aggregate stop-loss coverage to protect the Hospital against excessive losses. The Hospital has employed independent actuaries to estimate the ultimate costs, if any, of the settlement of such claims. Accrued workers' compensation losses of $2,447 and $2,202 at September 30, 2016 and 2015, respectively, have been discounted at 3% (both years) and, in management's opinion, provide an adequate reserve for loss contingencies. A trustee held fund has been established as a reserve under the plan. Assets held in trust totaled $4,024 and $3,803 at September 30, 2016 and 2015, respectively, and is included in assets whose use is limited or restricted in the accompanying consolidated balance sheets.

Litigation

The System is involved in litigation and regulatory investigations arising in the ordinary course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the System's financial position, results of operations or cash flows.

7. Commitments and Contingencies (Continued)

Health Insurance

The System has a self-funded health insurance plan. The plan is administered by an insurance company which assists in determining the current funding requirements of participants under the terms of the plan and the liability for claims and assessments that would be payable at any given point in time. The System recognizes revenue for services provided to employees of the System during the year. The System is insured above a stop-loss amount of $440 on individual claims. Estimated unpaid claims, and those claims incurred but not reported at September 30, 2016 and 2015, have been recorded as a liability of $8,174 and $6,508, respectively, and are reflected in the accompanying consolidated balance sheets within accounts payable and accrued expenses.

Operating Leases

The System has various operating leases relative to its office and offsite locations. Future annual minimum lease payments under noncancellable lease agreements as of September 30, 2016 are as follows:

Year Ending September 30:	
2017	$ 4,938
2018	4,482
2019	3,908
2020	3,538
2021	3,258
Thereafter	19,018
	$39,142

Rent expense was $5,862 and $8,127 for the years ended September 30, 2016 and 2015, respectively.

8. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at September 30:

	2016	2015
Health education and program services	$ 13,655	$ 12,988
Capital acquisitions	1,099	997
Indigent care	270	188
For periods after September 30 of each year	269	687
	$ 15,293	$ 14,860

8. Temporarily and Permanently Restricted Net Assets

Income on the following permanently restricted net asset funds is available for the following purposes at September 30:

	2016	2015
Health education and program services	$17,115	$16,726
Capital acquisitions	803	803
Indigent care	1,811	1,810
For periods after September 30 of each year	152	105
	$19,881	$19,444

9. Patient Service and Other Revenue

Net patient service revenue for the years ended September 30 is as follows:

	2016	2015
Gross patient service charges:		
Inpatient services	$ 446,448	$ 425,655
Outpatient services	552,939	553,999
Physician services	156,870	142,521
Less charitable services	(8,789)	(14,869)
	1,147,468	1,107,306
Less contractual allowances and discounts:		
Medicare	393,940	380,166
Medicaid	114,502	119,387
Other	204,335	198,495
	712,777	698,048
Total Hospital net patient service revenue (net of contractual allowances and discounts)	434,691	409,258
Other entities	270	29,314
	$ 434,961	$ 438,572

9. **Patient Service and Other Revenue (Continued)**

An estimated breakdown of patient service revenue, net of contractual allowances, discounts and provision for doubtful accounts recognized in 2016 and 2015 from these major payor sources, is as follows for the Hospital. The provision for doubtful accounts for subsidiaries of the Hospital was not significant in 2016 and 2015.

	Hospital			
	Gross Patient Service Revenues	Contractual Allowances and Discounts	Provision for Doubtful Accounts	Net Patient Service Revenues Less Provision for Doubtful Accounts
2016				
Private payors (includes coinsurance and deductibles)	$ 459,683	$(204,335)	$ (7,864)	$247,484
Medicaid	139,999	(114,502)	–	25,497
Medicare	525,644	(393,940)	(2,237)	129,467
Self-pay	22,142	–	(7,488)	14,654
	$1,147,468	$(712,777)	$(17,589)	$417,102
2015				
Private payors (includes coinsurance and deductibles)	$ 445,760	$(198,495)	$ (6,101)	$241,164
Medicaid	133,988	(119,387)	(117)	14,484
Medicare	504,514	(380,166)	(1,682)	122,666
Self-pay	23,044	–	(8,510)	14,534
	$1,107,306	$(698,048)	$(16,410)	$392,848

Electronic Health Records Incentive Payments

The CMS Electronic Health Records (EHR) incentive programs provide a financial incentive for the "meaningful use" of certified EHR technology to achieve health and efficiency goals. To qualify for incentive payments, eligible organizations must successfully demonstrate meaningful use of certified EHR technology through various stages defined by CMS. Revenue totaling $99 and $1,258 associated with these meaningful use attestations was recorded as other revenue for the years ended September 30, 2016 and 2015, respectively. In addition, a receivable amount of $526 was recorded within prepaid expenses and other current assets at September 30, 2015. There were no outstanding receivables at September 30, 2016.

10. Functional Expenses

The System provides general health care services to residents within its geographic location. Expenses related to providing these services are as follows for the years ended September 30:

	2016	2015
Health care services	$314,591	$328,916
General and administrative	70,016	65,640
Depreciation and amortization	24,535	24,437
Medicaid enhancement tax	19,679	12,800
Interest expense	3,700	3,974
	$432,521	$435,767

Fundraising related expenses were $898 and $829 for the years ended September 30, 2016 and 2015, respectively.

11. Charity Care and Community Benefits (Unaudited)

The Hospital maintains records to identify and monitor the level of charity care it provides. The Hospital provides traditional charity care, as well as other forms of community benefits. The estimated cost of all such benefits provided is as follows for the years ended September 30:

	2016	2015
Community health services	$ 1,939	$ 2,096
Health professions education	3,749	4,268
Subsidized health services	35,624	30,096
Research	94	94
Financial contributions	700	1,030
Community building activities	46	44
Community benefit operations	77	128
Charity care costs (see Note 1)	3,807	6,132
	$46,036	$43,888

In addition, the Hospital incurred estimated costs for services to Medicare and Medicaid patients in excess of the payment from these programs of $82,669 and $80,268 in 2016 and 2015, respectively.

12. Concentration of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are local residents of southern New Hampshire and are insured under third-party payor agreements. The mix of gross receivables from patients and third-party payors as of September 30 is as follows:

	2016	2015
Patients	10%	13%
Medicare	33	33
Anthem Blue Cross	13	13
Cigna	4	5
Medicaid	16	13
Commercial	23	22
Workers' compensation	1	1
	100%	100%

13. Volunteer Services (Unaudited)

Total volunteer service hours received by the Hospital were approximately 22,000 in 2016 and 37,000 in 2015. The volunteers provide various nonspecialized services to the Hospital, none of which has been recognized as revenue or expense in the accompanying consolidated statements of operations.

14. Fair Value Measurements

Fair value of a financial instrument is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the System uses various methods including market, income and cost approaches. Based on these approaches, the System often utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The System utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques, the System is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1 – Valuations for assets and liabilities traded in active exchange markets, such as the New York Stock Exchange. Level 1 also includes U.S. Treasury and federal agency securities and federal agency mortgage-backed securities, which are traded by dealers or brokers in active markets. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.

Level 2 – Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities.

14. Fair Value Measurements (Continued)

Level 3 – Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and not based on market exchange, dealer or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

In determining the appropriate levels, the System performs a detailed analysis of the assets and liabilities. There have been no changes in the methodologies used at September 30, 2016 and 2015. In accordance with ASU 2015-07, certain investments that are measured using the net value per share practical expedient have not been classified in the fair value hierarchy.

The following presents the balances of assets measured at fair value on a recurring basis at September 30:

	Level 1	Level 2	Level 3	Total
2016				
Cash and cash equivalents	$ 27,008	$ –	$ –	$ 27,008
Fixed income securities	33,021	–	–	33,021
Marketable equity and other securities	105,565	–	–	105,565
Inflation-protected securities and other	21,499	–	–	21,499
Trust funds administered by others	–	–	10,607	10,607
	$187,093	$ –	$10,607	197,700
Funds measured at net asset value:				
Marketable equity and other securities				133,944
				$331,644
2015				
Cash and cash equivalents	$ 19,441	$ –	$ –	$ 19,441
Fixed income securities	40,294	–	–	40,294
Marketable equity and other securities	58,210	–	–	58,210
Inflation-protected securities and other	8,028	–	–	8,028
Trust funds administered by others	–	–	10,489	10,489
	$125,973	$ –	$10,489	136,462
Funds measured at net asset value:				
Marketable equity and other securities				157,657
Inflation-protected securities and other				10,789
				$304,908

The System's Level 3 investments consist of funds administered by others. The fair value measurement is based on significant unobservable inputs.

14. Fair Value Measurements (Continued)

Investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. As such, it is reasonably possible that changes in the fair value of investments will occur in the near term and that such changes could materially affect the amounts reported in the accompanying consolidated balance sheets and statements of operations.

A reconciliation of the fair value measurements using significant unobservable inputs (Level 3) is as follows for 2016 and 2015:

	Trust Funds Administered by Others
Balance at September 30, 2014	$11,070
Net realized and unrealized losses	(581)
Balance at September 30, 2015	10,489
Net realized and unrealized gains	118
Balance at September 30, 2016	$10,607

The table below sets forth additional disclosures for investment funds (other than mutual funds) valued based on net asset value to further understand the nature and risk of the investments by category:

	Fair Value	Unfunded Commit-ments	Redemption Frequency	Redemption Notice Period
September 30, 2016:				
Funds-of-funds	$64,234	$ –	Monthly	6 – 15 days
Funds-of-funds	54,355	–	Quarterly	45 – 65 days*
Funds-of-funds	9,125	–	Annual	90 days
Funds-of-funds	6,230	–	Three year rolling	60 days**
September 30, 2015:				
Funds-of-funds	$50,786	$ –	Monthly	6 – 15 days
Funds-of-funds	51,056	–	Quarterly	45 – 65 days
Funds-of-funds	9,221	–	Annual	90 days

* Certain funds are subject to a 1 year lock period before quarterly redemption can occur.
** Subject to a 3 year rolling lock. This fund also has a special redemption right that allows the Hospital to liquidate 10% of the investment on March 1 of each year, with 30 days' notice.

14. Fair Value Measurements (Continued)

Investment Strategies

Fixed Income Securities

The primary purpose of fixed income investments is to provide a highly predictable and dependable source of income, preserve capital, and reduce the volatility of the total portfolio and hedge against the risk of deflation or protracted economic contraction.

Marketable Equity and Other Securities

The primary purpose of marketable equity investments is to provide appreciation of principal and growth of income with the recognition that this requires the assumption of greater market volatility and risk of loss. The total marketable equity portion of the portfolio will be broadly diversified according to economic sector, industry, number of holdings and other characteristics including style and capitalization. The System may employ multiple equity investment managers, each of whom may have distinct investment styles. Accordingly, while each manager's portfolio may not be fully diversified, it is expected that the combined equity portfolio will be broadly diversified.

The System invests in other securities that are considered alternative investments that consist of limited partnership interests in investment funds, which, in turn, invest in diversified portfolios predominantly comprised of equity and fixed income securities, as well as options, futures contracts, and some other less liquid investments. Management has approved procedures pursuant to the methods in which the System values these investments at fair value, which ordinarily will be the amount equal to the pro-rata interest in the net assets of the limited partnership, as such value is supplied by, or on behalf of, each investment from time to time, usually monthly and/or quarterly by the investment manager.

System management is responsible for the fair value measurements of investments reported in the consolidated financial statements. Such amounts are generally determined using audited financial statements of the funds and/or recently settled transactions and is estimated using the net asset value per share of the fund. Because of inherent uncertainty of valuation of certain alternative investments, the estimate of the fund manager or general partner may differ from actual values, and differences could be significant. Management believes that reported fair values of its alternative investments at the balance sheet dates are reasonable.

Inflation-Protected Securities

The primary purpose of inflation-protected securities is to provide protection against the negative effects of inflation.

14. Fair Value Measurements (Continued)

Fair Value of Other Financial Instruments

Other financial instruments consist of accounts and pledges receivable, accounts payable and accrued expenses, estimated third-party payor settlements, and long-term debt and notes payable. The fair value of all financial instruments other than long-term debt and notes payable approximates their relative book values as these financial instruments have short-term maturities or are recorded at amounts that approximate fair value. The fair value of the System's long-term debt and notes payable is estimated using discounted cash flow analyses, based on the System's current incremental borrowing rates for similar types of borrowing arrangements. The carrying value and fair value of the System's long-term debt and notes payable amounted to $94,877 and $112,762, respectively, at September 30, 2016, and $103,355 and $121,963, respectively, at September 30, 2015.

BAKER NEWMAN NOYES

INDEPENDENT AUDITORS' REPORT ON ADDITIONAL INFORMATION

The Board of Trustees
Concord Hospital, Inc.

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating information is presented for purposes of additional analysis rather than to present the financial position and results of operations of the individual entities and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Baker Newman & Noyes LLC

Manchester, New Hampshire
January 6, 2017

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATING BALANCE SHEET
(With Consolidated Totals for September 30, 2015)

September 30, 2016

ASSETS
(In thousands)

	2016						
	Concord Hospital (Obligated Group)	Capital Region Health Care Development Corporation	Capital Region Health Ventures Corporation	Concord Hospital/ Dartmouth Hitchcock-Concord	Elimi-nations	Consol-idated	2015 Consol-idated
Current assets:							
Cash and cash equivalents	$ 6,555	$ –	$ –	$ –	$ –	$ 6,555	$ 8,096
Short-term investments	19,512	–	–	–	–	19,512	7,395
Accounts receivable, net	52,140	40	69	444	–	52,693	55,104
Due from affiliates	270	3,311	–	–	(3,311)	270	325
Supplies	1,262	–	–	–	–	1,262	1,382
Prepaid expenses and other current assets	4,719	14	27	–	–	4,760	5,945
Total current assets	84,458	3,365	96	444	(3,311)	85,052	78,247
Assets whose use is limited or restricted:							
Board designated	260,287	–	–	–	–	260,287	251,927
Funds held by trustee for workers' compensation reserves and self-insurance escrows	14,328	–	–	–	–	14,328	11,282
Donor-restricted funds and restricted grants	37,517	–	–	–	–	37,517	34,304
Total assets whose use is limited or restricted	312,132	–	–	–	–	312,132	297,513
Other noncurrent assets:							
Due from affiliates, net of current portion	16,193	–	764	–	(15,342)	1,615	2,001
Other assets	9,590	–	2,258	–	–	11,848	13,808
Total other noncurrent assets	25,783	–	3,022	–	(15,342)	13,463	15,809
Property and equipment:							
Land and land improvements	6,730	273	–	–	–	7,003	5,878
Buildings	144,771	35,053	–	–	–	179,824	182,833
Equipment	233,385	1,737	212	–	–	235,334	226,193
Construction in progress	15,694	719	–	–	–	16,413	12,515
	400,580	37,782	212	–	–	438,574	427,419
Less accumulated depreciation	(257,676)	(24,147)	(211)	–	–	(282,034)	(278,714)
Net property and equipment	142,904	13,635	1	–	–	156,540	148,705
	$ 565,277	$ 17,000	$ 3,119	$ 444	$ (18,653)	$ 567,187	$ 540,274

LIABILITIES AND NET ASSETS (DEFICIT)
(In thousands)

	2016						
	Concord Hospital (Obligated Group)	Capital Region Health Care Development Corporation	Capital Region Health Ventures Corporation	Concord Hospital/ Dartmouth Hitchcock-Concord	Elimi-nations	Consol-idated	2015 Consol-idated
Current liabilities:							
Short-term notes payable	$ –	$ –	$ –	$ 459	$ –	$ 459	$ 2,412
Accounts payable and accrued expenses	30,045	55	4	–	–	30,104	29,742
Accrued compensation and related expenses	22,830	–	–	–	–	22,830	27,042
Due to affiliates	3,311	–	–	–	(3,311)	–	–
Accrual for estimated third-party payor settlements	22,459	–	–	–		22,459	14,323
Current portion of long-term debt	8,570	–	–	–	–	8,570	8,337
Total current liabilities	87,215	55	4	459	(3,311)	84,422	81,856
Long-term debt, net of current portion	85,399	15,342	–	–	(15,342)	85,399	94,045
Accrued pension and other long-term liabilities	99,258	–	–	–	–	99,258	81,688
Total liabilities	271,872	15,397	4	459	(18,653)	269,079	257,589
Net assets (deficit):							
Unrestricted	258,231	1,603	3,115	(15)	–	262,934	248,381
Temporarily restricted	15,293	–	–	–	–	15,293	14,860
Permanently restricted	19,881	–	–	–	–	19,881	19,444
Total net assets (deficit)	293,405	1,603	3,115	(15)	–	298,108	282,685
	$ 565,277	$ 17,000	$ 3,119	$ 444	$ (18,653)	$ 567,187	$ 540,274

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATING STATEMENT OF OPERATIONS
(With Consolidated Totals for September 30, 2015)

Year Ended September 30, 2016

(In thousands)

	2016						
	Concord Hospital (Obligated Group)	Capital Region Health Care Development Corporation	Capital Region Health Ventures Corporation	Concord Hospital/ Dartmouth Hitchcock-Concord	Elimi-nations	Consol-idated	2015 Consol-idated
Unrestricted revenue and other support:							
Net patient service revenue, net of contractual allowances and discounts	$ 434,691	$ –	$ 475	$ (205)	$ –	$ 434,961	$ 438,572
Provision for doubtful accounts	(17,589)	–	(5)	343	–	(17,251)	(16,839)
Net patient service revenue less provision for doubtful accounts	417,102	–	470	138	–	417,710	421,733
Other revenue	14,086	5,303	6,350	–	(4,741)	20,998	23,599
Disproportionate share revenue	7,800	–	–	–	–	7,800	3,497
Net assets released from restrictions for operations	1,232	–	–	–	–	1,232	1,648
Total unrestricted revenue and other support	440,220	5,303	6,820	138	(4,741)	447,740	450,477
Operating expenses:							
Salaries and wages	207,843	–	431	–	–	208,274	193,080
Employee benefits	55,159	–	139	–	–	55,298	52,220
Supplies and other	88,542	1,632	332	–	(3,446)	87,060	81,719
Purchased services	28,789	716	56	94	(358)	29,297	64,046
Professional fees	4,664	–	14	–	–	4,678	3,491
Depreciation and amortization	22,888	1,629	18	–	–	24,535	24,437
Medicaid enhancement tax	19,679	–	–	–	–	19,679	12,800
Interest expense	3,656	937	–	44	(937)	3,700	3,974
Total operating expenses	431,220	4,914	990	138	(4,741)	432,521	435,767
Income from operations	9,000	389	5,830	–	–	15,219	14,710
Nonoperating income:							
Unrestricted gifts and bequests	251	–	–	–	–	251	204
Investment income and other	27,497	–	–	–	–	27,497	11,386
Total nonoperating income	27,748	–	–	–	–	27,748	11,590
Excess of revenues and nonoperating income over expenses	$ 36,748	$ 389	$ 5,830	$ –	$ –	$ 42,967	$ 26,300

Concord Hospital Board of Trustees – 2017

Name

David Ruedig
Chair

Sol Asmar
Vice Chair

William Chapman, Esq.
Secretary

Robert Steigmeyer
President and CEO
(ex-officio)

Scott W. Sloane
Treasurer
(Not a Board Member)

Valerie Acres, Esq.

Philip Boulter, MD

Frederick Briccetti, MD

Name

Michelle Chicoine

Peter Cook

Philip Emma

Peter Noordsij, MD

Manisha Patel, DDS

Muriel Schadee, CPA

Robert Segal

David Stevenson, MD

Robert Thomson, MD
CH Medical Staff Pres.
(ex-officio)
Concord, NH 03301

Jeffrey Towle

1/24/17 fcp

Resume
Martha E. Seery

Career History

2014 – Present	Concord Hospital Concord, NH	Administrative Director NH Dartmouth Family Medicine Residency, Concord Hospital Family Health Center Center for Integrative Medicine

Responsible for maintaining the balance of academic, clinical and managerial operations, ensuring that all staffs are working at optimal levels of performance, performance metrics are understood, monitored, and achieved, budgets are developed and maintained in order to sustain operations in a fiscally viable manner, patient satisfaction levels and employee engagement levels are excellent, and ultimately ensure that the mission, vision, and values are upheld. Practice Management curriculum coordinator.

2007 – 2014	Concord Hospital	Administrative Director NH Dartmouth Family Medicine Residency

Provide leadership and coordination of the Family Practice Residency Program to advance the position of Concord Hospital and Family Medicine Residency's mission and objectives at all sites. Oversee the Family Practice Residency operations to insure quality graduate medical education, efficiency and cost-effective management of resources. Ensure compliance with all academic requirements. Practice Management curriculum coordinator.

2003 - 2007	Concord Hospital	Manager NH Dartmouth Family Medicine Residency

Responsible for the operational management of the day to day activities of the Family Medicine Residency and integrates the residency into the organization's vision, mission, values and operational systems.

1989 – 2003	Elliot Health System Elliot Hospital Manchester, NH	Director, Demand Management 1992 - 2002 Physician Services Coordinator 1989 - 1992

Responsible for start-up, development and oversight of a 24-hour health information call center. Oversee daily operations including community telephone triage, after-hours physician practice triage, physician referral and class registration for Elliot Health System.

1988- 1989	Elliot Health Systems Northeast Health Services	Supervisor
1983 – 1987	Computervision Corporation Manchester, NH	Data Coordinator

Bachelor of Science coursework
Southern NH University

Leadership Training courses: Personalities at Work, Positive Power and Influence, Situational Leadership, Advanced Positive Power and Influence, Negotiation Skills, and Emotional Intelligence

Suzanne Williams

EMPLOYMENT EXPERIENCE

Concord Hospital Family Health Center, *Concord, NH 03301*
Practice Manager
April 2008 – Current

- *Directs non-clinical office operations*
- *Business staff performance management*
- *Registration, charge entry and medical records management*
- *Supports and monitors department quality goals and initiatives*
- *Responsible for customer relations*
- *Ensures compliance with State, Local and Federal regulatory requirements*
- *Acts as a conduit for department and organizational communication*

CIGNA HealthCare of New Hampshire, *Hooksett, NH 03106*
Employer Services Operations Manager
January 2001 – April 2008

Member Services Manager
August 1998 – December 2000

Member Services Supervisor
May 1996 – August 1998

Member Services Team Leader
September 1995 – May 1996

Member Services Representative
February 1991 – September 1995

Welcome Plan Representative
September 1988 – February 1991

EDUCATION

Franklin Pierce College*, Concord, NH 03301*
1998-2000 Business Management

RESUME: PATRICIA C. FINN, RN

EXPERIENCE

Concord Hospital, Concord, NH
Clinical Manager – Family Health Center, August 2006 – present

- Accountable for clinical, quality and fiscal management in collaboration with the Family Health Center (FHC) management team and the Administrative Director. Participates in development of operating and program budgets and ensures that areas of responsibility remain within approved levels
- In collaboration with the Medical Director and nursing leadership, develops systems, procedures and metrics consistent with organizational mission and goals
- Assures compliance with all requirements of State of New Hampshire Board of Pharmacy license as a Limited Retail Drug Distributor-Public Health Clinic
- Lead and develop staff in their professional and personal development, including clinical and organizational competency

Concord Hospital, Concord, NH
Clinical Leader – 5 South, Pulmonary Care Unit, August 2004 – August 2006

Concord Hospital, Concord, NH
Registered Nurse/Resource Person – Progressive Care Unit, January 2003 –August 2004

Southern New Hampshire Medical Center, Nashua, NH
Registered Nurse/Clinical Leader, April 1997 – December 2002

New England College, Henniker, NH
Registered Nurse, September 1995 – March 1997

Wediko Children's Services, Windsor, NH
Registered Nurse, June 1993 - September 1995

Work experience prior to nursing, June 1983-June 1993
Office administration, personnel management, marketing

EDUCATION

Bates College, Lewiston, ME
B.A. in English, 1983

New Hampshire Technical Institute, Concord, NH
A.S. in Nursing, 1993

New England College, Henniker, NH
M.S. in Management, 2006
Area of Concentration: Healthcare Administration

St. Joseph's College of Maine, Standish, ME
Currently enrolled in M.S.N. degree program in Nursing Administration with anticipated completion date of October 2015

Danielle M. Chabot, RN, BSN

EDUCATION:

May 2010 — **Saint Joseph's College of Maine,** Standish, ME
Bachelor of Science in Nursing

WORK EXPERIENCE:

Concord Hospital Family Health Center, Concord, NH

March 2014- Current	Prenatal Coordinator
August 2013- March 2014	Clinical Leader
October 2011 – August 2013	Registered Nurse

Bedford Hills Care and Rehabilitation Center, Bedford, NH

March 2011- present	Staff Registered Nurse

St. Vincent de Paul Nursing and Rehab Center, Berlin, NH

September 2010- March 2011	Staff Registered Nurse

CERTIFICATIONS:

2004 – present	Cardiopulmonary Resuscitation (CPR)	American Heart Association
2012	Certified Breastfeeding Advisor	The Rising Star
2011	Intravenous (IV) Certification	Omnicare of New Hampshire
	Electrocardiogram (EKG) Certification	

DOUGLAS R. DREFFER MD

Education and Training

Residency

1997-2000 New Hampshire Dartmouth Family Medicine Residency
Concord Hospital
Concord, NH

Medical Education

1993-1997 Doctor of Medicine
The Ohio State University College of Medicine
Columbus, OH

Undergraduate Education

1988- 1992 Bachelor of Arts in History *(cum laude)*
Williams College
Williamstown, MA

Employment

Concord Hospital

2006- present ***Medical Director***
NH Dartmouth Family Medicine Residency
Concord Hospital Family Health Centers
Responsible for practicing full spectrum Family Medicine, collaborative leadership of the health centers, supervision of the Clinical Division, resident and medical student education

Angela Yerdon McLeod, D. O.

EDUCATION AND TRAINING

Fellowship Training

2004 - 2005 — The Brody School of Medicine at East Carolina University
Greenville, North Carolina
Women's Health Fellowship
Faculty Development Fellowship

Residency Training

2001 - 2004 — NH Dartmouth Family Medicine Residency Concord, New Hampshire
Leadership Training courses;
Personalities at Work, Positive Power and Influence, Situational Leadership, Advanced Positive Power and Influence, Negotiation Skills, Coaching For Success, From Residency to Reality
Alaska Native Tribal Health Consortium Rural Medicine Experience
Maniilaq Health Center, Kotzebue, Alaska (4 weeks)

Medical Education

1997-2001 — New York College of Osteopathic Medicine of NY Institute of Technology
Old Westbury, New York
Doctor of Osteopathy
Psi Sigma Alpha- National Osteopathic Scholastic Honor Society

Undergraduate Education

1993-1997 — Colgate University, Hamilton, New York
Bachelor of Arts
Major: Biology; Minor: Sociology/Anthropology

1995-1996 — Bassett Healthcare Research Institute, Cooperstown, NY
Research Assistant

PROFESSIONAL EXPERIENCE

2005-present — *NH Dartmouth Family Medicine Residency and Family Health Center; Concord Hospital, Concord, NH*
Family Physician
Leader of Maternal Child Health
Obstetrics Practice Committee, member
Nursery Practice Committee, member
Special Care Nursery Practice Committee, member

KEY ADMINISTRATIVE PERSONNEL

Contractor Name: Concord Hospital

Name of Bureau/Section: MCH Primary Care & BCCP

BUDGET PERIOD: July 1, 2017 - March 30, 2018

Program Area: MCH Primary Care Services

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Martha Seery	Director	$ 118,136	0.00%	$0.00
Suzanne Williams	Practice Manager	$ 88,732	30.80%	$27,332.00
Patricia Finn, RN	Clinical Manager	$ 101,046	45.00%	$45,470.00
Danielle Chabot, RN	Prenatal Coordinator	$ 62,608	65.00%	$40,695.00
Douglas Dreffer, MD	Medical Director	$ 186,514	5.00%	$6,687.00
Angela Yerdon, DO	Faculty MCH Coordinator	$ 133,734	64.00%	$85,589.00
TOTAL SALARIES		**$690,770**		**$205,773.00**

Program Area: Breast and Cervical Cancer Program Services

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Patricia Ball, RN	BCCP Site Coordinator	$ 25,510	44.25%	$11,287
Martha Seery	Director	$ 118,136	0.00%	$0
Suzanne Williams	Practice Manager	$ 88,732	0.00%	$0
Patricia Finn, RN	Clinical Manager	$ 101,746	0.00%	$0
Danielle Chabot, RN	Prenatal Coordinator	$ 62,608	0.00%	$0
Douglas Dreffer, MD	Medical Director	$ 186,514	0.00%	$0
Angela Yerdon, DO	Faculty MCH Coordinator	$ 133,734	0.00%	$0.00
TOTAL SALARIES				**$11,287**

12 mac

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

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

Jeffrey A. Meyers
Commissioner

Marcella Jordan Bobinsky
Acting Director

12/7/16 #12

October 28, 2016

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend existing **sole source** agreements with the two (2) vendors bolded in the table below for the continued provision of primary care services, breast and cervical cancer screening services, and brief intervention and referral to treatment for alcohol and drug misuse, by decreasing the total price limitation by $32,032 from $19,129,212 to $19,097,180, effective upon the date of Governor and Executive Council approval through June 30, 2017. 100% Federal Funds.

These agreements were originally approved by Governor and Council on June 20, 2012, Item #133 and Item #127, and subsequently amended on May 8, 2014, Item #34A, and again on June 24, 2015, Item #58.

Vendor & Vendor Number	Location	Current Modified Budget	Increase (Decrease) Amount	Modified Budget Amount
Ammonoosuc Community Hlth Svcs, Inc.	No. Grafton/ So. Coos	1,208,566	0	1,208,566
Concord Hospital, Inc.	**Merrimack/ Hillsborough**	**1,781,135**	**(29,540)**	**1,751,595**
Coos County Family Health Services	Eastern Coos	798,371	0	798,371
Families First of the Greater Seacoast	Seacoast Area	1,130,831	0	1,130,831
Families First of the Greater Seacoast	Seacoast Area - Homeless	458,638	0	458,638
Goodwin Community Health Center	Strafford County	1,920,915	0	1,920,915
Harbor Homes	Southern Hillsborough County - Homeless	434,438	0	434,438
Health First Family Care Center	Central/Eastern Belknap	1,334,771	0	1,334,771
Indian Stream Health Center	Northern Coos	498,394	0	498,394
Lamprey Health Care	Central Southern/Eastern NH	2,995,708	0	2,995,708
Manchester Community Health Center	Greater Manchester	2,486,564	0	2,486,564
Manchester Health Department	Grtr Manchester - Homeless	482,374	0	482,374
Mid-State Health Center r	Central Northern Belknap	851,673	0	851,673
New London Hospital Assoc, Inc.	Sullivan County	1,075,342	0	1,075,342
Weeks Medical Center	Western Coos	599,190	0	599,190
White Mountain Community Hlth Ctr	**Northern Carroll**	**1,072,302**	**(2,492)**	**1,069,810**
		$19,129,212	($32,032)	$19,097,180

Funds in the attached financial detail are available in the accounts for SFY 2017, with authority to adjust amounts within the price limitation without approval from Governor and Executive Council.

See attachment for financial details

EXPLANATION

This package includes two (2) of sixteen (16) contracts being amended. This request is for **sole source** approval because the last amendments extended the contracts beyond the renewal period envisioned in the original contract and added to the original scope of services.

The purpose of these two amendments is to reduce Breast and Cervical Cancer Program funding in State Fiscal Year 2017 due to a reduction in available federal funds, and to adjust encumbrances between State Fiscal Years 2016 and 2017 for Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance misuse. The Screening, Brief Intervention, and Referral to Treatment services were a new requirement in SFY 2016 and SFY 2017. Due to delays in start-up of these services, not all activities planned in the first year were met. Adjusting these funds between State Fiscal Years will allow the vendors to fully perform the deliverables of these services.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

With the reduction in funds, the required number of women screened is reduced, however, breast and cervical cancer screening services will continue as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap tests and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will continue to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will continue to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, funds to support women receiving recommended breast and cervical cancer screenings may not be reimbursable to the Contractors, due to the reduction of federal funds.

Area Served: Statewide.

Source of Funds: 100% Federal Funds are being reduced from the US Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds, .CFDA #93.752, FAIN # U58DP003930.

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

Respectfully submitted,

Marcella J. Bobinsky, MPH
Acting Director
Division of Public Health Services

Katja S. Fox
Director
Division for Behavioral Health

Approved by:
Jeffrey A. Meyers
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
7.2% Federal Funds and 92.8% General Funds (CFDA # 93.994 (FAIN# B04MC28113)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001 — PO #1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	142,819.00	-	142,819.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	142,819.00	-	142,819.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	42,661.00	-	42,661.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	213,921.00	-	213,921.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	199,701.00	-	199,701.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	199,701.00	-	199,701.00
			Sub-Total	941,622.00	-	941,622.00

Concord Hospital, Inc., Vendor # 177653-B011 — PO #1024253

Fiscal Year	185480	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	215,637.00	-	215,637.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	215,637.00	-	215,637.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	64,413.00	-	64,413.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	322,992.00	-	322,992.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	301,521.00	-	301,521.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	301,521.00	-	301,521.00
			Sub-Total	1,421,721.00	-	1,421,721.00

Coos County Family Health Services, Inc., Vendor # 155327-B001 — PO #1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	81,519.00	-	81,519.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	81,519.00	-	81,519.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	24,351.00	-	24,351.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	122,103.00	-	122,103.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	113,986.00	-	113,986.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	113,986.00	-	113,986.00
			Sub-Total	537,464.00	-	537,464.00

Families First of the Greater Seacoast Vendor # 166629-B001 — PO #1024254

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	140,243.00	-	140,243.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	140,243.00	-	140,243.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	41,892.00	-	41,892.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	210,063.00	-	210,063.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	196,099.00	-	196,099.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	196,099.00	-	196,099.00
			Sub-Total	924,639.00	-	924,639.00

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	57,562.00	-	57,562.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	57,562.00	-	57,562.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	17,194.00	-	17,194.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	86,219.00	-	86,219.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	80,488.00	-	80,488.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	80,488.00	-	80,488.00
			Sub-Total	379,513.00	-	379,513.00

Goodwin Community Health Vendor # 154703-B001 — PO #1024256

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	248,712.00	-	248,712.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	248,712.00	-	248,712.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	74,293.00	-	74,293.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	372,533.00	-	372,533.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	347,769.00	-	347,769.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	347,769.00	-	347,769.00
			Sub-Total	1,639,788.00	-	1,639,788.00

Harbor Homes, Inc. Vendor # 155358-B001 — PO #1024345

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	59,276.00	-	59,276.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	59,276.00	-	59,276.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	17,706.00	-	17,706.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	88,787.00	-	88,787.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	82,884.00	-	82,884.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	82,884.00	-	82,884.00
			Sub-Total	390,813.00	-	390,813.00

Health First Family Care Center, Vendor # 158221-B001 — PO#1024257

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	187,367.00	-	187,367.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	187,367.00	-	187,367.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	55,968.00	-	55,968.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	280,648.00	-	280,648.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	261,991.00	-	261,991.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	261,991.00	-	261,991.00
			Sub-Total	1,235,332.00	-	1,235,332.00

Indian Stream Health Center, Vendor #165274-B001 — PO #1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	60,359.00	-	60,359.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	60,359.00	-	60,359.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	18,030.00	-	18,030.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	90,409.00	-	90,409.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	84,399.00	-	84,399.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	84,399.00	-	84,399.00
			Sub-Total	397,955.00	-	397,955.00

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Lamprey Health Care, Inc., Vendor # 177677-R001 — PO #1024259

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	401,151.00	-	401,151.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	401,151.00	-	401,151.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	119,828.00	-	119,828.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	600,864.00	-	600,864.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	560,921.00	-	560,921.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	560,921.00	-	560,921.00
			Sub-Total	2,644,836.00	-	2,644,836.00

Manchester Community Health Center, Vendor # 157274-B001 — PO #1024260

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	239,002.00	-	239,002.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	239,002.00	-	239,002.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	71,392.00	-	71,392.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	357,989.00	-	357,989.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	636,144.00	-	636,144.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	636,144.00	-	636,144.00
			Sub-Total	2,179,673.00	-	2,179,673.00

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	61,162.00	-	61,162.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	61,162.00	-	61,162.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	18,270.00	-	18,270.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	91,611.00	-	91,611.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	85,522.00	-	85,522.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	85,522.00	-	85,522.00
			Sub-Total	403,249.00	-	403,249.00

Mid-State Health Center, Vendor # 158055-B001 — PO #1024350

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	117,175.00	-	117,175.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	117,175.00	-	117,175.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	35,001.00	-	35,001.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	175,511.00	-	175,511.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	163,843.00	-	163,843.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	163,843.00	-	163,843.00
			Sub-Total	772,548.00	-	772,548.00

The New London Hospital, Inc., Vendor # 177167-R005 — PO #1024262

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	132,457.00	-	132,457.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	132,457.00	-	132,457.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	39,566.00	-	39,566.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	198,401.00	-	198,401.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	185,212.00	-	185,212.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	185,212.00	-	185,212.00
			Sub-Total	873,305.00	-	873,305.00

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Weeks Medical Center, Vendor # 177171-R001 — PO #1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	69,137.00	-	69,137.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	69,137.00	-	69,137.00
SFY 2014	102-500371	Contracts for Program Svcs	90080400	20,652.00	-	20,652.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	103,557.00	-	103,557.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	96,673.00	-	96,673.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	96,673.00	-	96,673.00
			Sub-Total	455,829.00	-	455,829.00

White Mountain Community Health Center, Vendor # 174170-R001 — PO #1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	134,913.00	-	134,913.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	134,913.00	-	134,913.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	40,300.00	-	40,300.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	202,079.00	-	202,079.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	188,646.00	-	188,646.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	188,646.00	-	188,646.00
			Sub-Total	889,497.00	-	889,497.00
		5190	**SUB TOTAL**	**$16,087,784**	**$0**	**$16,087,784**

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER
100% Federal Funds (CFDA# 90.752) (FAIN #U58DP003930)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001 — PO #1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	32,608.00	-	32,608.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	32,608.00	-	32,608.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	30,251.00	-	30,251.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	21,176.00	-	21,176.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	21,176.00	-	21,176.00
			Sub-Total	137,819.00	-	137,819.00

Concord Hospital, Inc., Vendor # 177653-B011 — PO #1024253

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	60,067.00	-	60,067.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	60,067.00	-	60,067.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	53,385.00	-	53,385.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	53,385.00	-	53,385.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	53,385.00	(29,540.00)	23,845.00
			Sub-Total	280,289.00	(29,540.00)	250,749.00

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services

Coos County Family Health Services, Inc., Vendor # 155327-B001 — PO #1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	30,034.00	-	30,034.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	30,034.00	-	30,034.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	27,582.00	-	27,582.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	22,066.00	-	22,066.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	22,066.00	-	22,066.00
			Sub-Total	131,782.00	-	131,782.00

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	30,034.00	-	30,034.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	30,034.00	-	30,034.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	32,031.00	-	32,031.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	35,234.00	-	35,234.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	35,234.00	-	35,234.00
			Sub-Total	162,567.00	-	162,567.00

Goodwin Community Health Vendor # 154703-B001 — PO #1024256

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	51,486.00	-	51,486.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	51,486.00	-	51,486.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	48,046.00	-	48,046.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	43,242.00	-	43,242.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	43,242.00	-	43,242.00
			Sub-Total	237,502.00	-	237,502.00

Health First Family Care Center, Vendor # 158221-B001 — PO#1024257

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	12,871.00	-	12,871.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	12,871.00	-	12,871.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	11,566.00	-	11,566.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	9,253.00	-	9,253.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	9,253.00	-	9,253.00
			Sub-Total	55,814.00	-	55,814.00

Indian Stream Health Center, Vendor #165274-B001 — PO #1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081		-	
SFY 2014	102-500731	Contracts for Program Svcs	90080081		-	
SFY 2015	102-500731	Contracts for Program Svcs	90080081		-	
SFY 2016	102-500731	Contracts for Program Svcs	90080081	10,677.00	-	10,677.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	10,677.00	-	10,677.00
			Sub-Total	21,354.00	-	21,354.00

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Lamprey Health Care, Inc., Vendor # 177677-R001 — PO #1024259

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	60,067.00	-	60,067.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	60,067.00	-	60,067.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	53,385.00	-	53,385.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	49,114.00	-	49,114.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	49,114.00	-	49,114.00
			Sub-Total	271,747.00	-	271,747.00

Manchester Community Health Center, Vendor # 157274-B001 — PO #1024348

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	47,196.00	-	47,196.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	47,196.00	-	47,196.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	49,648.00	-	49,648.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	59,613.00	-	59,613.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	59,613.00	-	59,613.00
			Sub-Total	263,266.00	-	263,266.00

The New London Hospital, Inc., Vendor # 177167-R005 — PO #1024262

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	29,175.00	-	29,175.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	29,175.00	-	29,175.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	26,692.00	-	26,692.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	18,685.00	-	18,685.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	18,685.00	-	18,685.00
			Sub-Total	122,412.00	-	122,412.00

Weeks Medical Center, Vendor # 177171-R001 — PO #1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90080081	7,118.00	-	7,118.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	7,118.00	-	7,118.00
			Sub-Total	14,236.00	-	14,236.00

White Mountain Community Health Center, Vendor # 174170-R001 — PO #1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	12,871.00	-	12,871.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	12,871.00	-	12,871.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	11,566.00	-	11,566.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	8,186.00	-	8,186.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	8,186.00	(2,492.00)	5,694.00
			Sub-Total	53,680.00	(2,492.00)	51,188.00
		5659	**SUB TOTAL**	**$1,752,468**	**($32,032)**	**$1,720,436**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-901010-5149 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001 — PO #1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	20,000.00	-	20,000.00

Coos County Family Health Services, Inc., Vendor # 155327-B001 — PO #1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	20,000.00	-	20,000.00

Indian Stream Health Center, Vendor #165274-B001 — PO # 1024258 — PO #1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	20,000.00	-	20,000.00

Weeks Medical Center, Vendor # 177171-R001 — PO #1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	20,000.00	-	20,000.00

White Mountain Community Health Center, Vendor # 174170-R001 — PO #1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	20,000.00	-	20,000.00
		5149	**SUB TOTAL**	**$100,000**	**$0**	**$100,000**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001 — PO #1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2016	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2017	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
			Sub-Total	30,000.00	-	30,000.00

Coos County Family Health Services, Inc., Vendor # 155327-B001 — PO #1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2016	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2017	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
			Sub-Total	30,000.00	-	30,000.00

Indian Stream Health Center, Vendor #165274-B001 — PO #1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2016	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2017	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
			Sub-Total	30,000.00	-	30,000.00

Weeks Medical Center, Vendor # 177171-R001 — PO #1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2016	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2017	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
			Sub-Total	30,000.00	-	30,000.00

White Mountain Community Health Center, Vendor # 174170-R001 — PO # 1024263 — PO #1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2016	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2017	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
			Sub-Total	30,000.00	-	30,000.00
		7965	**SUB TOTAL**	**$150,000**	**$0**	**$150,000**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES
80% Federal Funds 20% General Fund (CFDA # 93.959) (FAIN #T1010035-15)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001 — PO #1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	75,875.00	-	75,875.00
SFY 2017	102-500734	Contracts for Program Services	49156501	3,250.00	-	3,250.00
			Sub-Total	79,125.00	-	79,125.00

Concord Hospital, Inc., Vendor # 177653-B011 — PO #1024253

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	75,062.50	(4,062.50)	71,000.00
SFY 2017	102-500734	Contracts for Program Services	49156501	4,062.50	4,062.50	8,125.00
			Sub-Total	79,125.00	-	79,125.00

Coos County Family Health Services, Inc., Vendor # 155327-B001 — PO #1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	75,125.00	-	75,125.00
SFY 2017	102-500734	Contracts for Program Services	49156501	4,000.00	-	4,000.00
			Sub-Total	79,125.00	-	79,125.00

Families First of the Greater Seacoast Vendor # 166629-B001 — PO #1024254

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	43,500.00	-	43,500.00
SFY 2017	102-500734	Contracts for Program Services	49156501	125.00	-	125.00
			Sub-Total	43,625.00	-	43,625.00

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	79,000.00	-	79,000.00
SFY 2017	102-500734	Contracts for Program Services	49156501	125.00	-	125.00
			Sub-Total	79,125.00	-	79,125.00

Goodwin Community Health Vendor # 154703-B001 PO #1024256

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	43,500.00	-	43,500.00
SFY 2017	102-500734	Contracts for Program Services	49156501	125.00	-	125.00
			Sub-Total	43,625.00	-	43,625.00

Health First Family Care Center, Vendor # 158221-B001 PO#1024257

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	41,593.75	-	41,593.75
SFY 2017	102-500734	Contracts for Program Services	49156501	2,031.25	-	2,031.25
			Sub-Total	43,625.00	-	43,625.00

Indian Stream Health Center, Vendor #165274-B001 PO #1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	24,960.00	-	24,960.00
SFY 2017	102-500734	Contracts for Program Services	49156501	4,125.00	-	4,125.00
			Sub-Total	29,085.00	-	29,085.00

Lamprey Health Care, Inc., Vendor # 177677-R001 PO #1024259

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	79,000.00	-	79,000.00
SFY 2017	102-500734	Contracts for Program Services	49156501	125.00	-	125.00
			Sub-Total	79,125.00	-	79,125.00

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services

Manchester Community Health Center, Vendor # 157274-B001 — PO #1024348

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	43,125.00	-	43,125.00
SFY 2017	102-500734	Contracts for Program Services	49156501	500.00	-	500.00
			Sub-Total	43,625.00	-	43,625.00

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	78,000.00	-	78,000.00
SFY 2017	102-500734	Contracts for Program Services	49156501	1,125.00	-	1,125.00
			Sub-Total	79,125.00	-	79,125.00

Mid-State Health Center, Vendor # 158055-B001 — PO #1024350

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	78,625.00	-	78,625.00
SFY 2017	102-500734	Contracts for Program Services	49156501	500.00	-	500.00
			Sub-Total	79,125.00	-	79,125.00

The New London Hospital, Inc., Vendor # 177167-R005 — PO #1024262

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	79,500.00	-	79,500.00
SFY 2017	102-500734	Contracts for Program Services	49156501	125.00	-	125.00
			Sub-Total	79,625.00	-	79,625.00

Weeks Medical Center, Vendor # 177171-R001 — PO #1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	75,062.50	-	75,062.50
SFY 2017	102-500734	Contracts for Program Services	49156501	4,062.50	-	4,062.50
			Sub-Total	79,125.00	-	79,125.00

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services

White Mountain Community Health Center, Vendor # 174170-R001 PO #1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	73,125.00	(1,766.68)	71,358.32
SFY 2017	102-500734	Contracts for Program Services	49156501	6,000.00	1,766.68	7,766.68
			Sub-Total	79,125.00	-	79,125.00

Harbor Homes, Inc. Vendor # 155358-B001 PO #1024345

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	42,500.00	-	42,500.00
SFY 2017	102-500734	Contracts for Program Services	49156501	1,125.00	-	1,125.00
			Sub-Total	43,625.00	-	43,625.00

		2990	**SUB TOTAL**	**$1,038,960**	**$0**	**$1,038,960**
			TOTAL	**$19,129,212**	**($32,032)**	**$19,097,180**

State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Primary Care Services Contract

This 3rd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #3") dated this, 14th day of October, 2016 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Concord Hospital Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 250 Pleasant Street, Concord, New Hampshire 03301.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #133), and subsequently amended on May 8, 2014 (Item #34A), and on June 24, 2015 (Item #58) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to Exhibit B Amendment #2, paragraph 10, notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2, and within the Price Limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council, and

WHEREAS, the State and the Department agree to adjust budget amounts between State Fiscal Years 2016 and 2017, make changes to the scope of work, and decrease the Price Limitation within State Fiscal Year 2017, within the Completion Date.

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

To amend as follows:

1. Except as specifically amended and modified by the terms and conditions in this Amendment #3, the obligations of the parties shall remain in full force and effect in accordance with the terms and conditions set forth in the Contract as referenced above.

2. Amend Form P-37, General Provisions, Block 1.8, Price Limitation, to read $1,751,595.

3. Amend Exhibit A Amendment #2 by deleting section 1.5 Breast and Cervical Screening Services and replace with

   1.5 **Breast and Cervical Cancer Screening Services** shall be provided to 134 women ages twenty-one (21) through sixty-four (64) who are:

   1.5.1. Uninsured.
   1.5.2. Underinsured.
   1.5.3. Low-income, which is defined as < 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines

4. Delete Exhibit B-3 Amendment #2 in its entirety and replace with Exhibit B-3 Amendment #3.

5. Delete Exhibit B-4 Amendment #2 in its entirety and replace with Exhibit B-4 Amendment #3.

6. Delete Exhibit B-6 Amendment #2 in its entirety and replace with Exhibit B-6 Amendment #3.

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

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

10/28/16

Date

State of New Hampshire
Department of Health and Human Services
Marcella J. Bobinsky, Acting Dir, Public Health.

NAME: Marcella J. Bobinsky, MPH
TITLE: Acting Director

Concord Hospital Inc.

10/26/16

Date

NAME Robert P. Steigmeyer
TITLE President & CEO

Acknowledgement:

State of New Hampshire County of Merrimack on 10/26/2016, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

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

Name and Title of Notary or ~~Justice of the Peace~~

My Commission Expires:

KATHLEEN G. LAMONTAGNE
MY COMMISSION EXPIRES NOV. 18, 2020
NOTARY PUBLIC NEW HAMPSHIRE

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

OFFICE OF THE ATTORNEY GENERAL

11/15/14
Date

Name: Megan Ayer
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

_____
Date

_____
Name:
Title:

EXHIBIT B-4 AMENDMENT #3 BUDGET FORM

New Hampshire Department of Health and Human Services

Bidder/Program Name: Concord Hospital Family Health Center
Budget Request for: Primary Care - BCCP
Budget Period: SFY 2017

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 54,800.93	$ -	$ 54,800.93	$ -	$ -	$ -	$ 23,845.00	$ -	$ 23,845.00
2. Employee Benefits	$ 13,700.23	$ -	$ 13,700.23	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
134 visits @ 109.95 per visit	$ 32,985.00	$ -	$ 32,985.00	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 101,486.16**	**$ -**	**$ 101,486.16**	**$ -**	**$ -**	**$ -**	**$ 23,845.00**	**$ -**	**$ 23,845.00**

Indirect As A Percent of Direct 0.0%

Date: 10/26/2016

Contractor's Initials: [signature]

EXHIBIT B-6 AMENDMENT #3

SBIRT BUDGET FORMS

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

Bidder/Program Name: Concord Hospital Family Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 8,125.00	$ -	$ 8,125.00	$ -	$ -	$ -	$ 8,125.00	$ -	$ 8,125.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 8,125.00**	**$ -**	**$ 8,125.00**	**$ -**	**$ -**	**$ -**	**$ 8,125.00**	**$ -**	**$ 8,125.00**
Indirect As A Percent of Direct		0.0%							

Contractor Initials: [illegible]

Date: 10/26/2016

EXHIBIT B-3 AMENDMENT #3

SBIRT BUDGET SHEETS

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

Bidder/Program Name: Concord Hospital Family Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 66,500.00	$ -	$ 66,500.00	$ -	$ -	$ -	$ 66,500.00	$ -	$ 66,500.00
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 4,500.00	$ -	$ 4,500.00	$ -	$ -	$ -	$ 4,500.00	$ -	$ 4,500.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 71,000.00	$ -	$ 71,000.00	$ -	$ -	$ -	$ 71,000.00	$ -	$ 71,000.00
Indirect As A Percent of Direct		0.0%							

Contractor Initials: [illegible]

Date: 10/26/16

58

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

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

Nicholas A. Toumpas
Commissioner

Marcella Jordan Bobinsky
Acting Director

G+C Approved:
Date: 6/24/15
Item # 58

June 1, 2015

Her Excellency, Governor Margaret Wood Hassen
And the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **sole source** amendments with the vendors listed in the table below for the provision of primary care services, breast and cervical cancer screening services and screening, brief intervention and referral to treatment for alcohol and drug misuse by increasing the total price limitation by $8,986,056 from $10,143,156 to $19,129,212 and extending the completion date from June 30, 2015 to June 30, 2017 upon Governor and Executive Council approval. 75.2% General Funds / 24.8% Federal Funds

The original contract, approved in 2012, included a two (2) year renewal option. The Department exercised a one (1) year renewal in 2014. The Department is now seeking to extend the contracts for two (2) two additional years through these sole source amendments. The Governor and Executive Council approved the original contracts and subsequent amendments as follows:

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Ammonoosuc Community Health Services, Inc. (177755-R001)	North Grafton/ South Coos	6/20/12 (Item #128)	5/8/14 (Item #34A)	$667,687	$540,879	$1,208,566
Concord Hospital, Inc. (177653-B011)	Merrimack/ Hillsborough	6/20/12 (Item #133)	5/8/14 (Item #34A)	$992,198	$788,937	$1,781,135
Coos County Family Health Services (155327-B001)	Eastern Coos	6/20/12 (Item #130)	5/8/14 (Item #34A)	$427,142	$371,229	$798,371
Families First of the Greater Seacoast (166629-B001)	Seacoast Area	6/20/12 (Item #134)	5/8/14 (Item #34A)	$624,540	$506,291	$1,130,831

Families First of the Greater Seacoast (166629-B001)	Seacoast Area - Homeless	6/6/12 (Item #69)	5/8/14 (Item #34B)	$218,537	$240,101	$458,638
Goodwin Community Health Center (154703-B001)	Strafford County	6/20/12 (Item #135)	5/8/14 (Item #34A)	$1,095,268	$825,647	$1,920,915
Harbor Homes (155358-B001)	Southern Hillsborough County - Homeless	6/6/12 (Item #68)	5/8/14 (Item #34B)	$225,045	$209,393	$434,438
Health First Family Care Center (158221-B001)	Central/East ern Belknap	6/20/12 (#131)	5/8/14 (Item #34)	$748,658	$586,113	$1,334,771
Indian Stream Health Center (165274-B001)	Northern Coos	6/20/12 (Item #125)	5/8/14 (Item #34A)	$259,157	$239,237	$498,394
Lamprey Health Care (177677-B001)	Central Southern/ Eastern NH	6/20/12 (Item #136)	5/8/14 (Item #34A)	$1,696,513	$1,299,195	$2,995,708
Manchester Community Health Center (157274-B001)	Greater Manchester	6/20/12 (Item #132)	5/8/14 (Item #34A)	$1,051,425	$1,435.139	$2,486,564
Manchester Health Department (177433-B009)	Greater Manchester - Homeless	6/20/12 (Item #124)	5/8/14 (Item #34B)	$232,205	$250,169	$482,374
Mid-State Health Center (158055-B001)	Central Northern Belknap	6/20/12 (Item #126)	5/8/14 (Item #34A)	$444,862	$406,811	$851,673
New London Hospital Association, Inc. (177167-R005)	Sullivan County	6/20/12 (Item #129)	5/8/14 (Item #34A)	$587,923	$487,419	$1,075,342
Weeks Medical Center (177171-R001)	Western Coos	7/11/12 (Item #31)	5/8/14 (Item #34A)	$292,483	$306,707	$599,190
White Mountain Community Health Center (174170-R001)	Northern Carroll	6/20/12 (Item #127)	5/8/14 (Item #34A)	$579,513	$492,789	$1,072,302
			Total:	**$10,143,156**	**$8,986,056**	**$19,129.212**

Funds are anticipated to be available in the following accounts for State Fiscal Years 2016 and in State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budgets with the ability to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified without further approval from the Governor and Executive Council.

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

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

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

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

Please see attachment for fiscal details.

EXPLANATION

These amendments are **sole source** because the Department is renewing the contracts for two (2) additional years after exercising a one (1) year renewal option in 2014 as allowable in Exhibit C, Special Provisions, paragraph 17 of the contracts, and adding to the scope of services for community health centers that provide primary care services, statewide.

This package includes sixteen (16) of sixteen (16) contracts being amended.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

Breast and cervical cancer screening services are provided as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap smears and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or

diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will add infrastructure to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will use funding to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. This request includes three (3) vendors who provide primary care and universal screening services to homeless individuals, who otherwise would have no access to health care. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, low-income individuals statewide may not have adequate access to primary care services. Some women may not receive recommended breast and cervical cancer screenings, which would increase their risk of having an untreatable stage of cancer. Additionally, undetected alcohol and drug misuse could result in increases of alcohol and drug related accidents and deaths, which would negatively impact NH citizens.

Area Served: Statewide.

Source of Funds: 75.2% General Funds

24.8% Federal Funds (CFDA #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse. FAIN #T1010035-14; CFDA #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds. FAIN # U58DP003930; CFDA #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States. FAIN #B04MC28113.)

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

Respectfully submitted,

Marcella Bobinsky
Acting Director
Division of Public Health Services

for Diane Langley
Acting Director
Division of Community Based Care Services

Approved by:
Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services Contract

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") dated this, 30th day of April, 2015 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Concord Hospital, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 250 Pleasant Street, Concord, NH 03301.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #133) and amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34A), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, and Exhibit C, Special Provisions, Paragraph 17, the State may amend the contract terms and conditions and renew the contract for two (2) additional years by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for two additional years, add services to Exhibit A, Scope of Services and increase the price limitation; and

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

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   June 30, 2017
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $1,781,135
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read:
   Eric D. Borrin
4. Form P-37, General Provisions, Item 1.10, State Agency Telephone Number, to read:
   (603) 271-9558
5. Delete Exhibit A, Scope of Services and Exhibit A-1 Amendment 1, Scope of Services and replace with Exhibit A – Amendment #2.
6. Delete Exhibit A-1 Amendment #1 - Performance Measures and replace with Exhibit A-1 Amendment #2 – Performance Measures.

7. Delete Exhibit B, Purchase of Services Contract Price and replace with Exhibit B – Amendment #2, Method and Conditions Precedent to Payment.
8. Add Exhibit B-1, Budget Form Primary Care through Exhibit B-6, Budget Form SBIRT.
9. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Period Covered by this Certification, to read:

   From 7/1/2012 to 6/30/2017

10. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read:

    July 1, 2012 through June 30, 2017

11. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.

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

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

State of New Hampshire
Department of Health and Human Services

Date 6/9/15

NAME: Brook Dupee
TITLE: Bureau Chief Acting Director

Concord Hospital, Inc.

Date 10/2/2015

NAME Robert P. Steigmeyer
TITLE President and CEO

Acknowledgement:
State of NH, County of Merrimack on June 2nd 2015, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace

CHRISTINA DECATO
MY COMMISSION EXPIRES APRIL 18, 2017
NOTARY PUBLIC
NEW HAMPSHIRE

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

OFFICE OF THE ATTORNEY GENERAL

4/10/15
Date

Name: Megan A. Yaple
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

_____
Date

_____
Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services shall be provided to all individuals who seek services described in Section 1.4 and Section 1.5, above.

1.7. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.7.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

Contractor's Initials: AHS

Date 6/2/2015

1.7.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.7.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than a one month period.

2.2. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

2.2.1. Family income.

2.2.2. Family size.

2.2.3. Income in relation to the Federal Poverty Guidelines.

2.3. The Contractor shall assist individuals with completing a Medicaid application when income calculations indicate possible Medicaid eligibility.

2.4. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.5. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.5.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.5.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.3. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.4. Assessment of need for:

3.1.4.1. Tobacco cessation, including referral to NH Quitworks, as appropriate.

3.1.4.2. Social services.

3.1.4.3. Nutrition services, including WIC, as appropriate.

3.1.4.4. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.2.2. Care facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health.

3.2.3.2. Oral health.

3.2.3.3. Use of navigators and case management.

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

3.3. The Contractor can choose to provide enabling services, if the budget allows, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor can facilitate enabling services that include, but are not limited to:

3.3.1. Case management.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

3.4. The Contractor must elect to do at least one (1) quality improvement project which consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall facilitate a minimum of one (1) quality improvement project that includes, but is not limited to:

3.4.1. Enhancing clinical workflow/improve patient outcomes by methods that may include, but are not limited to:

3.4.1.1. Alerts.

3.4.1.2. Guidelines.

3.4.1.3. Diagnostic support.

3.4.1.4. Patient registries.

3.4.1.5. Collaborative learning sessions, etc.)

3.4.2. Implementing projects that lead to measurable improvements on any of the performance measures and indicators identified in Exhibit A-1 Amendment #2

3.4.3. Utilizing defined improvement processes to coordinate quality improvement activities.

3.4.4. Identifying and defining specific goals and objectives to be achieved in the project period.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

Contractor's Initials: [illegible]

Date 6/2/2015

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

Contractor's Initials: MPB

Date 6/2/2015

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

5.1. The Contractor shall develop the infrastructure necessary to provide and record Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance use for all eligible individuals ages nineteen (19) to sixty-five (65) years and for all pregnant women, regardless of age, receiving services in Section 3 and/or Section 4. The Contractor shall:

5.1.1. Provide training to integrated primary care and behavioral health teams to ensure SBIRT activities are conducted with fidelity to the model in Section 5.1.

5.1.2. Modify and/or adapt current Electronic Health Records (EHR) systems in order to track SBIRT:

5.1.2.1. Activities

5.1.2.2. Completions.

5.1.2.3. Recommendations and referrals.

5.1.2.4. Follow-ups.

5.1.3. Utilize Substance Use Disorder (SUD) codes in the EHR for billing that shall:

5.1.3.1. Enable submission for payment through NH Managed Care/Medicaid and other insurance companies.

5.1.3.2. Allow the generation of reports.

5.2. The Contractor shall implement SBIRT services by ensuring sufficient qualified staff are available to conduct SBIRT services according to the SBIRT model described by the Centers for Disease Control (CDC), available on-line at http/www.dcd.gov/ncddd/fasd/documents/aloholsbiimplementationguide.pdf. The Contractor shall:

5.2.1. Implement SBIRT services by including SBIRT activities in daily operations.

5.2.2. Use one or more of the screening instruments listed in Appendix E of "Systems-Level Implementation of Screening, Brief Intervention and Referral to Treatment. TAP 33" (2013 edition) (http://www.integration.samhsa.gov/sbirt/TAP33.pdf) and document screening in the electronic health record (EHR).

5.2.3. Conduct brief interventions with patients who screen positive for potential substance use concerns and document activities in the EHR.

5.2.4. Refer patients to Substance Use Disorder (SUD) treatment services as necessary, and ensure each patient has connected with the specific service

provider by documenting in the EHR, which is audited to ensure appropriate follow up.

5.2.5. Conduct SBIRT with covered populations that include all adults on an annual basis and pregnant women on a trimester basis.

5.3. Coordinate care between community health center (CHC) services and external treatment providers by collaborating with entities that provide SUD treatment services not available at the CHC. The Contractor shall:

5.3.1. Obtain client consents to contact service providers in order to resolve any barriers to accessing services.

5.3.2. Refer patients for SUD services, as needed.

5.3.3. Follow up with patient and/or SUD service provider to ensure appropriate services are provided.

5.3.4. Work with Regional Public Health Networks (RPHNs) to identify new SUD referral resources as they become available.

5.4. The Contractor shall test SBIRT fidelity with a subset of the target population prior to full implementation for all adults ages nineteen (19) to sixty-five (65) annually and pregnant women at each trimester.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall ensure staff delivering SBIRT services have, at minimum, one of the following:

6.3.1. Masters prepared behavioral health practitioners. This includes individuals licensed under the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board.

6.3.2. Masters prepared and in the process of obtaining a license from the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board, while under the supervision of a licensed practitioner of the same profession.

6.3.3. Physicians or Advanced Practice Registered Nurses licensed to practice in NH.

6.3.4. Physician Assistants or other practitioners under the supervision of a Physician licensed to practice in NH.

6.4. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.4.1. A registered nurse who:

6.4.1.1. Is licensed with the NH Board of nursing; or

6.4.1.2. Has attained bachelor's degree from a recognized college or university.

6.4.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.4.1.

6.5. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within one month of hired.

6.6. The Contractor shall notify the MCHS, in writing, when:

6.6.1. Any critical position is vacant for more than one month.

6.6.2. There is not adequate staffing to perform all required services for more than one month.

7. Coordination of Services

7.1. The Contractor shall coordinate referrals for continued care of treatment, or breast or cervical healthcare, with other service providers within the community, where possible.

7.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.2.1. Community needs assessments.

7.2.2. Public health performance assessments.

7.2.3. The development of regional health improvement plans.

7.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

Contractor's Initials: MB

Date 6/2/2015

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit an annual Workplan and Workplan Outcome Report for the quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.4. If utilizing any portion of this contract for enabling services, the Contractor shall submit an annual Workplan and Workplan Outcome Report that includes at least one (1) performance measure for each type of enabling service provided. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st.

9.6. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.7. The Contractor shall submit monthly Outcome Reports for SBIRT services according to the schedule and instructions provided by the MCHS. The Contractor shall:

9.7.1. Collect information that includes, but is not limited to:

9.7.1.1. Description of the training provided, including but not limited to:

9.7.1.1.1. The content of the training provided.

9.7.1.1.2. The number of staff who received training.

9.7.1.2. The number of:

9.7.1.2.1. Qualified staff conducting SBIRT

Contractor's Initials: [illegible]

Date 6/2/2015

9.7.1.2.2. SBIRT billing codes developed.

9.7.1.2.3. SBIRT services billed to insurance.

9.7.1.3. Updates on any changes, enhancements or adaptations to SBIRT procedures in:

9.7.1.3.1. Technology based systems.

9.7.1.3.2. Staffing.

9.7.1.3.3. Coding and billing.

9.7.1.4. The total number of clients receiving SBIRT delineated by:

9.7.1.4.1. Percentage of clients receiving only screening.

9.7.1.4.2. Percentage of clients receiving brief interventions.

9.7.1.4.3. Percentage of clients referred for more intensive services who initiated services.

9.7.1.4.4. Percentage of clients referred for more intensive services who had problems connecting to services.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

Contractor's Initials: MD

Date 6/2/2015

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.2.3. SBIRT documentation, which includes but is not limited to:

10.2.3.1. SBIRT policies and procedures.

10.2.3.2. Staff credentials for all staff delivering SBIRT services

10.2.3.3. SBIRT procedures utilized and documented in patient records.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Contractor's Initials: MJS

Date 6/2/2015

Exhibit A-1 – Amendment #2

1. PRIMARY CARE PERFORMANCE MEASURES

1.1. Breastfeeding

1.1.1. **Percent of Infants who are ever breastfed** (Title V PM #10).

1.1.1.1. Numerator: Infants who were ever breastfed or received breast milk

1.1.1.2. Denominator: All infants born in a state fiscal year

1.2. Preventive Health: Lead Screening

1.2.1. **Percent of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.** (CMS, Hedis).

1.2.1.1. Numerator: At least one capillary or venous blood test on or before the child's second birthday.

1.2.1.2. Denominator: Children who turn 2 years old during the state fiscal year.

1.3. Preventive Health: Adolescent Well-Care Visit

1.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (Hedis, Title V PM #7).

1.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

1.3.1.2. Denominator: Number of adolescents, ages 12 through 21 years of age.

1.4. Preventive Health: Depression Screening

1.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (ACO 18, NQF 0418).

1.4.1.1. Numerator: Patients who are screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan documented.

1.4.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.1.3. Denominator: All patients 12 years and older.

1.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

Contractor Initials: MD
Date: 6/2/2015

1.4.2. **Maternal Depression Screening** (Developmental: not required for FY 16)

1.4.2.1. **Percentage of women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.**

1.4.2.1.1. Numerator: Women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool and screen negative.

AND

Women who are screened for depression during the post-partum visit using an appropriate standardized depression screening tool, screen positive, AND have a follow-up plan documented.

1.4.2.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.2.1.3. Denominator: All women who are at least 6 weeks post-partum in a state fiscal year.

1.4.2.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

1.5. **Preventive Health: Obesity Screening**

1.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (ACO 16, NQF 0421, HRSA UDS).

1.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

1.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters.

1.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist,

occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

1.5.1.4. Denominator: All patients aged 18 years and older who had at least one medical visit during the state fiscal year.

1.5.2. Percent of patients aged 2 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (HRSA UDS).

1.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

1.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

1.6. **Preventive Health: Tobacco Screening**

1.6.1. Percent of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user (ACO 17, NQF 0028, HRSA UDS).

1.6.1.1. Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.1.2. Definitions:

1.6.1.2.1. Tobacco Use: Includes any type of tobacco

1.6.1.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.1.3. Denominator: All patients aged 18 years and older seen for at least two visits ever

1.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (Title V, PM #15).

1.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.2.2. Definitions:

1.6.2.2.1. Tobacco Use: Includes any type of tobacco

1.6.2.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.2.3. Denominator: All women who delivered a live birth in a state fiscal year

1.7. **At Risk Population: Hypertension**

1.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year** (ACO 28, NQF 0018).

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

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

1.8. **Patient Safety: Falls Screening**

1.8.1. **Percent of patients aged 65 years and older who were screened for future fall risk at least once within 12 months** (ACO 13, NQF0101).

1.8.1.1. Numerator: Patients who were screened for future fall risk at least once within 12 months.

1.8.1.2. Definition of Fall: a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force.

1.8.1.3. Numerator note: Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year.

1.8.1.4. Denominator: All patients aged 65 years and older

1.8.1.5. Excluded from denominator population: (Exclusion only applied if patient was not screened for future fall risk) Documentation of medical reason(s) for not screening for future fall risk (e.g. patient is not ambulatory)

2. BCCP PERFORMANCE MEASURES

2.1. BCCP Performance Measure #1

2.1.1. **Measure:*** 78% of female patients age 24 through 64 years of age screened for cervical cancer per USPSTF guidelines.

2.1.2. Numerator – Number of female patients 24 through 29 years of age who have had a documented pap in the past 3 years AND female patients 30-64 who have either had a pap in the past 3 years OR an HPV test and a pap in the past 5 years

2.1.3. **Denominator** – Number of female patients 24 through 64 years of age who have had a visit in the past year and do not have evidence of having had a total hysterectomy.

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

2.1.5. *Measure based on the UDS measure

2.1.6. **Healthy People 2020 National Target is 93%

2.2. BCCP Performance Measure #2

2.2.1. **Measure:*** 75% of female patients age 52 through 74 years of age screened for breast cancer per USPSTF guidelines.

2.2.2. Numerator – Number of female patients 52 through 74 years of age who have had a documented mammogram in the past 24 months.

2.2.3. **Denominator** – Number of female patients 52 through 74 years of age who have had a visit in the past year and do not have evidence of having had a bilateral mastectomy.

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

2.2.5. *Measure based on the USPSTF Guidelines

2.2.6. ** Healthy People 2020 National Target is 81.1%

Contractor Initials: RLD
Date: 6/2/2015

3. SBIRT PERFORMANCE MEASURES

3.1. **Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services**

3.1.1. **Numerator:** Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention or referral to services.

3.1.2. Definitions

3.1.2.1. Substance Use: Includes any type of alcohol or drug.

3.1.2.2. Brief Intervention: Includes guidance or counseling.

3.1.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.1.3. Denominator: Number of patients aged 18 years and older seen for annual visit within 12 months.

3.2. **Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services**

3.2.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

3.2.2. Definitions:

3.2.2.1. Substance Use: Includes any type of alcohol or drug.

3.2.2.2. Brief Intervention: Includes guidance or counseling.

3.2.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the state fiscal year.

Contractor Initials: PLS
Date 6/2/2015

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   2.1. #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse.
   2.2. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   2.3. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #2, Scope of Services, in accordance with Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2.
4. The Contractor shall use and apply the amount in the SBIRT line item in Exhibit B-3 and Exhibit B-6 on actual SBIRT services provided.
5. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
6. Payment for said services shall be made as follows:
   6.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for:
      6.1.1. Authorized expenses incurred in the prior month.
      6.1.2. The units of SBIRT services provided, in accordance with Exhibit A – Amendment #2, Section 5.2.2 through Section 5.2.5 and Section 5.3.1 through Section 5.3.3, which shall be paid on a fee-for-service basis at the following rates:
         6.1.2.1. $29.86 for each unit of service that is 15-30 minutes.
         6.1.2.2. $57.31 for each unit of service that is more than 30 minutes.
   6.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   6.3. The invoice must be submitted by mail or e-mail to:

Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Contractor Initials: RBS
Date: 6/2/2015

E-mail: dphscontractbilling@dhhs.state.nh.us

7. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
8. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
9. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
10. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: MD
Date: 6/2/2015

EXHIBIT B-3 AMENDMENT #2

SBIRT BUDGET SHEETS

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

Bidder/Program Name: Concord Hospital Family Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 66,500.00	$ -	$ 66,500.00	$ -	$ -	$ -	$ 66,500.00	$ -	$ 66,500.00
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 4,500.00	$ -	$ 4,500.00	$ -	$ -	$ -	$ 4,500.00	$ -	$ 4,500.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory)		$ -		$ -	$ -	$ -		$ -	$ -
SBIRT Services	$ 4,062.50	$ -	$ 4,062.50	$ -	$ -	$ -	$ 4,062.50	$ -	$ 4,062.50
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 75,062.50	$ -	$ 75,062.50	$ -	$ -	$ -	$ 75,062.50	$ -	$ 75,062.50
Indirect As A Percent of Direct		0.0%							

Contractor Initials 6/2/2015

Date

EXHIBIT B-4 AMENDMENT #2

BUDGET FORM

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

Bidder/Program Name: Concord Hospital Family Health Center

Budget Request for: Primary Care - BCCP

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 54,800.93	$ -	$ 54,800.93	$ -	$ -	$ -	$ 53,385.00	$ -	$ 53,385.00
2. Employee Benefits	$ 13,700.23	$ -	$ 13,700.23	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
300 visits @ 109.95 per visit	$ 32,985.00	$ -	$ 27,898.00	$ -	$ -	$ -		$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 101,486.16	$ -	$ 96,398.16	$ -	$ -	$ -	$ 53,385.00	$ -	$ 53,385.00
Indirect As A Percent of Direct		0.0%							

Date 6/2/2015

Contractor's Initials

EXHIBIT B-6 AMENDMENT #2

SBIRT BUDGET FORMS

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

Bidder/Program Name: Concord Hospital Family Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory)		$ -	$ -	$ -	$ -	$ -		$ -	$ -
SBIRT Services	$ 4,062.50	$ -	$ 4,062.50	$ -	$ -	$ -	$ 4,062.50	$ -	$ 4,062.50
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 4,062.50	$ -	$ 4,062.50	$ -	$ -	$ -	$ 4,062.50	$ -	$ 4,062.50
Indirect As A Percent of Direct		0.0%							

Contractor Initials _____

Date 6/2/2015

5/8/14
34A MJ

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964

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

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

G & C Approved
Date 5/8/14
Item # 34A

March 28, 2014

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

Retroactive
Sole Source
13% Federal funds
87% General funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend agreements with 13 vendors by increasing the total price limitation by $4,293,569 from $5,173,800 to $9,467,369 to provide primary care services. This amount includes a request to **retroactively** enter into **sole-source** amendments in an amount of $648,347, effective **retroactive** to July, 1, 2013 through June 30, 2014 and to exercise a one-year renewal option with the same 13 vendors in an amount of $3,645,222, extending the completion date from June 30, 2014 to June 30, 2015, effective upon Governor and Council approval. Twelve of these agreements were originally approved by Governor and Council on June 20, 2012, Item numbers 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, and one agreement was originally approved by Governor and Council on July 11, 2012, Item number 31.

Summary of contracted amounts by vendor:

Vendor	Location	SFY 2014 Amount	SFY 2015 Amount	Total Increase
Ammonoosuc Community Health	North Grafton/ South Coos	$42,661	$254,172	$296,833
Concord Hospital, Inc.	Merrimack/ Hillsborough	$64,413	$376,377	$440,790
Coos County Family Health	Eastern Coos	$24,351	$159,685	$184,036
Families First of the Greater Seacoast	Seacoast Area	$41,892	$242,094	$283,986
Goodwin Community Health	Strafford County	$74,293	$420,579	$494,872
Health First Family Care Center	Central/Eastern Belknap	$55,968	$292,214	$348,182
Indian Stream Health Center	Northern Coos & Colebrook	$18,030	$100,409	$118,439
Lamprey Health Care, Inc.	Central Southern/Eastern NH	$119,828	$654,249	$774,077
Manchester Community Health Center	Greater Manchester Area	$71,392	$407,637	$479,029
Mid-State Health Center	Central Northern Belknap	$35,001	$175,511	$210,512
The New London Hospital, Inc.	Sullivan County	$39,566	$225,093	$264,659
Weeks Medical Center	Western Coos	$20,652	$113,557	$134,209
White Mountain Community Health	Northern Carroll	$40,300	$223,645	$263,945
TOTAL		**$648,347**	**$3,645,222**	**$4,293,569**

Funds to support this request are available in the following accounts for SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

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

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

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

See attachment for financial details

EXPLANATION

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

This requested action seeks approval of 13 amendments that represents $4,293,569 total anticipated to be spent statewide to continue breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services, and because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

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

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program

provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, low-income individuals statewide may not have adequate access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Contracts were awarded to Primary Care agencies through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by teams of three professionals. All reviewers have between three to 20 years' experience managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

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

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. All Primary Care vendors are making adequate progress in meeting clinical performance measures and the Departments wishes to continue working with the vendors for another year.

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

Area to be served is statewide.

Source of Funds: 13.09% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau; Centers for Disease Control and Prevention and 86.91% 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,

Brook Dupee for

José Thier Montero, MD, MHCDS
Director

Approved by:

Nicholas A. Toumpas
Commissioner

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

This 1st Amendment to the Concord Hospital, Inc., contract (hereinafter referred to as "Amendment One") dated this 7th day of March, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Concord Hospital, Inc., (hereinafter referred to as "the Contractor"), a corporation with a place of business at 250 Pleasant Street, Concord, New Hampshire 03301.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

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

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $992,198

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

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

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $64,413 for SFY 2014 and $376,377 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $64,413 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $322,992 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

Contractor Initials: MNS
Date: 3-7-14

- $53,385 from 05-95-90-902010-5659-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.283;

  Add Paragraph 8
  8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

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

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

Contractor Initials
Date: 3-7-14

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

State of New Hampshire
Department of Health and Human Services

3/28/14
Date

Brook Dupee
Bureau Chief

Concord Hospital, Inc.

March 7, 2014
Date

Name: Robert P. Steigmeyer
Title: President + CEO

Acknowledgement:

State of New Hampshire, County of Merrimack on March 7, 2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

CHRISTINA DECATO
MY COMMISSION EXPIRES APRIL 18, 2017
NOTARY PUBLIC
NEW HAMPSHIRE

Christina Decato
Name and Title of Notary or Justice of the Peace

Contractor Initials: MA
Date: 3-7-14

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

OFFICE OF THE ATTORNEY GENERAL

4-2-14
Date

Rosemary Wiant
Name: Rosemary Wiant
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

_____
Date

_____
Name:
Title:

Contractor Initials: MD
Date: 5-7-14

EXHIBIT A – AMENDMENT 1

Scope of Services

The Department desires to continue the relationship with the primary care agencies to provide additional primary health care services for preventive and episodic health care for acute and chronic health conditions for people of all ages.

I. General Provisions

A) Eligibility and Income Determination

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

2. Breast and Cervical Cancer screening services will be provided to low-income (defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), New Hampshire women age 21– 64, uninsured or underinsured. BCCP changes.

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

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

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

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

6. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered.

B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 13,000 users annually with 42,000 medical encounters, as defined in the Data and Reporting Requirements. Breast and Cervical Cancer Screening for eligible women, as defined by the Breast and Cervical Cancer Program (BCCP), shall be provided to 300 women annually and billed directly to the BCCP. Clinical service reimbursements shall not exceed the Medicare rate.

C) Culturally and Linguistically Appropriate Standards of Care

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

1. Assess the ethnic/cultural needs, resources and assets of their community.
2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
3. Provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.
4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.
5. The contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency Citation 45 CFR 80.3(b) (2). The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client, language line).

D) State and Federal Laws

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

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 301, adopted 6/3/08.

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

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

E) Relevant Policies and Guidelines

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

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

   a) uninsured;

   b) under-insured;

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

   d) all life cycles including perinatal, child, adolescent, adult, and elderly who meet one or more of the above criteria.

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

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

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

6. No Workplan is required by the Breast and Cervical Cancer Program (BCCP). The contractor shall be required to respond to the Quality Improvement Feedback Report twice a year.

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

F) Publications Funded Under Contract

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

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

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

G) Subcontractors

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

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

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

II. Minimal Standards of Core Services

A. Service Requirements

1. Medical Home

The Contractor shall provide a Medical Home that:

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

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

2. Primary Care Services

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

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

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

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

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

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

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

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

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

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

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

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

l) Oral screening annually for all clients 21 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health.

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

3. Breast and Cervical Cancer Screening

a) Women age 21 to 64 who are eligible for Breast and Cervical Cancer Program (BCCP) services according to income (equal to or under 250% of poverty, underinsured/uninsured) and insurance status criteria shall be provided the following services, following USPSTF screening recommendations:

i. cervical cancer screening including a pelvic examination and Pap smear;
ii. breast cancer screening including a clinical breast exam, mammogram and,
iii. referrals for diagnostic and treatment services based on screening results,
iv. case management services.

b) All referrals under this provision shall be to approved certified laboratory, pathology, radiology, and surgical services. Mammography units shall be accredited by the American College of Radiology, and must be FDA certified under MQSA. Laboratories shall be CLIA certified.

c) All services shall be provided in accordance with the Breast and Cervical Cancer Program (BCCP) Policy and Procedure Manual.

d) Follow-up and tracking of all tests done, and referrals made shall be provided in accordance with the minimum standards outlined in the Breast and Cervical Cancer Program Policy and Procedure Manual.

e) All services for women enrolled in the Breast and Cervical Cancer Program (BCCP) shall be billed directly to the BCCP in accordance with protocols established by the Breast and Cervical Cancer Program.

f) The Contractor shall provide the NH Breast and Cervical Cancer Program with breast and cervical cancer screening rates for *all* women served by the practice as requested, but not more than twice per SFY.

g) The contractor shall work with the NH Breast and Cervical Cancer Program staff to increase the breast and cervical cancer screening rates among all women serviced by the practice.

4. Reproductive Health Services

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

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

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

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

d) Pregnant women enrolled in the WIC Nutrition Program shall be referred to WIC for breastfeeding education and referral to the WIC Nutrition Program peer counselors.

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

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

5. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent. Children and adolescent visits shall include:

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

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

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

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

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

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

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

6. Sexually Transmitted Infections

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

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

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

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

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

7. Substance Use Services

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

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

8. Immunizations

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

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

9. Prenatal Genetic Screening

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

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

10. Additional Requirements

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

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

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

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

B) Staffing Provisions

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

a) executive director

b) fiscal director

c) registered nurse

d) clinical coordinator

e) medical service director

f) nutritionist (on site or by referral)

g) social worker

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

a) registered nurse

b) clinical coordinator

c) social worker

1. Qualifications

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

In addition the following minimum qualifications shall be met for:

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

b) Nutritionists:
   a. A Bachelor's degree in nutritional sciences or dietetics, or a Master's degree in nutritional sciences, nutrition education, or public health nutrition or current Registered Dietitian status in accordance with the Commission on dietetic Registration of the American Dietetic Association.
   b. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.

c) Social Workers shall have:
   a. A Bachelor's or Master's degree in social work or Bachelor's or Master's degree in a related social science or human behavior field. A minimum of one year of experience in a community health or social services setting is preferred.
   b. Individuals who perform functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.

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

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator, or any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.

3. Vacancies

   a) The Contractor must notify the MCHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month. This may be done through a budget revision.

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

C) Coordination of Services

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

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

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

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

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

D) Meetings and Trainings

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

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

III. Quality or Performance Improvement (QI/PI)

A) Workplans

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

B) Additional Reporting requirements

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

1. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be

completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.

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

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

4. The Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

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

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

C) On-site reviews

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

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

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

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

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE CHILD HEALTH DIRECT CARE SERVICES
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

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

- Less than 19 years of age
- Served within the scope of this MCH contract during State Fiscal Year 2015 (July 1, 2014 – June 30, 2015)
- Each client can only be counted once (unduplicated)

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

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

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

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

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

- Less than 19 years of age
- Had 3 or more visits/encounters** during the reporting period
- As of the last visit during the reporting period were eligible for Medicaid

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

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

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

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

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

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

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

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

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

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

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

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

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

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

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

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

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

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

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

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

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

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) #4

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

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

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

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

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

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

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

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

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

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

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

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

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

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

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

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

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

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE: ADULT

PERFORMANCE MEASURES DEFINITIONS

State Fiscal Year 2015

Primary Care: Adult Performance Measure #1

Measure:*	58%** of adult patients 18 – 85 years of age diagnosed with hypertension will have a blood pressure measurement less than 140/90*** mm at the time of their last measurement.
Goal:	To ensure patients diagnosed with hypertension are adequately controlled.
Definition:	**Numerator-** Number of patients from the denominator with blood pressure measurement less than 140/90 mm at the time of their last measurement. **Denominator-** Number of patients age 18 – 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

*Measure based on the National Quality Forum 0018

**Health People 2020 National Target is 61.2%

***Both the numerator and denominator must be less that 140/90 mm

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE CLINICAL
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: 61%* of adolescents aged 11-21 years received an annual health maintenance visits in the past 12 months.

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

Definition:

Numerator-
Number of adolescents in the denominator who received an annual health maintenance "well" visit during the reporting year.

Denominator-
Total number of adolescents aged 11-21 years who were enrolled in the primary care clinic as primary care clients during the reporting year period.

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

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

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure:	31%* of women and adolescent girls aged 15-44 take multi-vitamins with folic acid.
Goal:	To enhance pregnancy outcomes by reducing neural tube defects.
Definition:	**Numerator-** The number of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid. **Denominator-** The number of women and adolescent girls aged 15-44 who were seen in primary care for a well visit in the past year.
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

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

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE - FINANCIAL
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Primary Care (PC) Performance Measure #1

Measure: Patient Payor Mix

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

Definition: Patients enrolled in Medicare, Medicaid, Commercial insurance, or uninsured.

Data Source: Provided by agency

Primary Care (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Goal: To allow monitoring of financial sustainability trends at State funded primary care sites.

Definition: AR Days: Net Patient Accounts Receivable **multiplied by** 365 **divided by** Net Patient Revenue

Data Source: Provided by agency

Primary Care (PC) Performance Measure #3

Measure: Current Ratio

Goal: To allow monitoring of financial sustainability trends at State funded primary care sites.

Definition: Current Ratio = Current Assets **divided by** Current Liabilities

Data Source: Provided by agency

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRENATAL
PERFORMANCE MEASURES DEFINITIONS
State Fiscal Year 2015

Prenatal (PN) Performance Measure #1

Measure:	85%* of pregnant women who are enrolled in the agency's prenatal program will begin prenatal care during the first trimester of pregnancy.
Goal:	To enhance pregnancy outcomes by assuring early entrance into prenatal care.
Definition:	**Numerator-** Number of women in the denominator who had a documented prenatal visit during the first trimester (on or before 13.6 weeks gestation). **Denominator-** Number of women enrolled in the agency prenatal program who gave birth during the reporting year.
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

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

Prenatal (PN) Performance Measure #2

Measure:	20%* of pregnant women who are identified as cigarette smokers will be referred to QuitWorks-New Hampshire.
Goal:	To reduce tobacco use during pregnancy through focused tobacco use cessation activities at public health prenatal clinics.
Definition:	**Numerator-** Number of women in the denominator who received at least one referral to QuitWorks-New Hampshire during pregnancy. **A referral is defined as signing the patient up for QuitWorks-NH via phone, fax, or EMR. It is not defined as discussing QuitWorks-NH with the patient and encouraging her to sign up.** **Denominator-** Number of women enrolled in the agency prenatal program and identified as tobacco users who gave birth during the reporting year.

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

*Target set in consultation with the NH Tobacco Program & FY13 Data Trend Table average.

Prenatal (PN) Performance Measure #3

Measure: 79%* of pregnant women will be screened, using a formal valid screening tool, for alcohol and other substance use during every trimester they are enrolled in the prenatal program.

Goal: To reduce prenatal substance use through systematic screening and identification.

Definition: **Numerator-** Number of women in the denominator who were screened for substance and alcohol use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program.

Denominator- Number of women enrolled in the agency prenatal program and who gave birth during the reporting year.

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

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

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 1, 2012

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

6/20/12
17
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REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section to enter into an agreement with Concord Hospital, Inc., (Vendor #177653-B011), 250 Pleasant Street, Concord, New Hampshire 03301, in an amount not to exceed $551,408.00, to provide primary care services and breast and cervical cancer screening, to be effective July 1, 2012 or date of Governor and Executive Council approval, whichever is later, through June 30, 2014. Funds are available in the following accounts for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budgets.

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

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080000	$215,637
SFY 2014	102-500731	Contracts for Program Services	90080000	$215,637
			Sub-Total	$431,274

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080081	$60,067
SFY 2014	102-500731	Contracts for Program Services	90080081	$60,067
			Sub-Total	$120,134
			Total	$551,408

EXPLANATION

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

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

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

- 88% of eligible children served were enrolled in Medicaid/Healthy Kids Gold.
- 86% of children 24-35 months, served received the appropriate schedule of immunizations.
- 82% of infants born to women served received prenatal care beginning in the first trimester of pregnancy.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, a minimum of 15,300 low-income individuals from the Concord area may not have access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Concord Hospital, Inc. was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by three professionals, who work internal and external to the Department of Health and Human Services. All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services, and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. In those instances where scores were less than ideal, agency specific remedial actions were recommended and completed. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. These services were contracted previously with this agency in SFY 2011 and SFY 2012 in the amount of $921,062. This represents a decrease of $369,654. The decrease is due to budget reductions.

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

Area served: Merrimack and Hillsborough Counties.

Source of Funds: 37.39% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 62.61% General Funds.

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

Respectfully submitted,

José Thier Montero, MD
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/PMT/sc

Program Name DPHS, Maternal and Child Health
Contract Purpose Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Ammonoosuc Community Health Services, Inc., 25 Mount Eustis Rd., Littleton, NH 03561	Coos County Family Health Services, Inc., 54 Willow St., Berlin, NH 03570	Concord Hospital, Inc., 250 Pleasant St., Concord, NH 03301	Families First of the Greater Seacoast, 100 Campus Drive, Portsmouth, NH 03801	Goodwin Community Health, 311 Route 108, Somersworth, NH 03878	Health First Family Care Center, 841 Central St., Franklin, NH 03235	Manchester Community Health Center, 145 Hollis St., Manchester, NH 03101	Mid-State Health Center, 101 Boulder Point Dr., Plymouth, NH 03264
Agy Capacity	30	29.00	28.00	28.00	29.00	29.00	25.00	29.00	28.00
Program Structure	50	46.00	45.00	47.00	48.00	48.00	39.00	46.00	45.00
Budget & Justification	15	14.00	15.00	15.00	15.00	12.00	13.00	15.00	12.00
Format	5	4.00	5.00	5.00	5.00	4.00	4.00	5.00	5.00
Total	100	93.00	93.00	95.00	97.00	93.00	81.00	95.00	90.00

BUDGET REQUEST								
Year 01	$339,156.25	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 02	$347,976.97	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 03	$0.00	-	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET REQUEST	$687,133.22	237,918.00	$551,408.00	$327,586.00	$584,604.00	$398,254.00	$556,404.00	$234,350.00
BUDGET AWARDED								
Year 01	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 02	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 03	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET AWARDED	$370,854.00	$243,106.00	$551,408.00	$340,554.00	$600,396.00	$400,476.00	$572,396.00	$234,350.00

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal & child health; quality assurance & performance improvement; chronic and communicable diseases and public health infrastructure
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	
7	Terry Ohlson-Martin	Co-Director	Family Voices	
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm	
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	

Program Name DPHS, Maternal and Child Health
Contract Purpose Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	The New London Hospital, Inc., 273 County Rd., New London, NH 03257	Weeks Medical Center, 170 Middle St., Lancaster, NH 03584	White Mountain Community Health Center, 298 White Mountain Hwy., Conway, NH 03818	Lamprey Health Care, Inc., 207 South Main St., Newmarket, NH 03857	Indian Stream Health Center, 141 Corliss Lane, Colebrook, NH 03576	0	0	0
Agy Capacity	30	27.00	28.00	21.00	29.00	23.00	0.00	0.00	0.00
Program Structure	50	40.00	43.00	38.00	45.00	35.00	0.00	0.00	0.00
Budget & Justification	15	9.00	15.00	15.00	13.00	9.00	0.00	0.00	0.00
Format	5	4.00	5.00	3.00	5.00	5.00	0.00	0.00	0.00
Total	100	80.00	91.00	77.00	92.00	72.00	0.00	0.00	0.00

BUDGET REQUEST									
Year 01		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 02		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET REQUEST		$312,900.00	$158,274.00	$313,346.00	$912,662.00	$272,712.00	-	-	-
BUDGET AWARDED									
Year 01		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 02		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET AWARDED		$323,264.00	$158,274.00	$315,568.00	$922,436.00	$140,718.00	-	-	-

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	to twenty years experience
3	Lis Barcody	Program Coordinator	NH DHHS, DPHS, BCCP	either in clinical settings
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	providing community-based
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	family support services and or
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	managing agreements with
7	Terry Ohlson-Martin	Co-Director	Family Voices	vendors for various public
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	health programs. Areas of
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	specific expertise include
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm.	maternal & child health,
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	quality assurance & performance
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	improvement, chronic and
				communicable diseases and
				public health infrastructure

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Prenatal (PN) Performance Measure #1

Measure: Percent of infants born to women receiving prenatal care beginning in the first trimester of pregnancy.

Primary Care Prenatal (PN) Performance Measure #2

Measure: Percent of pregnant women identified as cigarette smokers that are referred to QuitWorks-New Hampshire.

Primary Care Prenatal (PN) Performance Measure #3

Measure: Percent of pregnant women who were screened, using a formal valid screening tool, for alcohol and other drug use during every trimester the patient was enrolled.

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

Measure: Percent of eligible children enrolled in Medicaid

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

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

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

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

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

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

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

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

Primary Care Financial (PC) Performance Measure #1

Measure: Patient Payor Mix

Primary Care Financial (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Primary Care Financial (PC) Performance Measure #3

Measure: Current Ratio

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: Percent of adolescents aged 10-21 years who received annual health maintenance visits in the past 12 months.

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure: Percent of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid.

Subject: Primary Care Services

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		**1.2 State Agency Address** 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Concord Hospital, Inc.		**1.4 Contractor Address** 250 Pleasant Street Concord, New Hampshire 03301	
1.5 Contractor Phone Number 603-227-7000	**1.6 Account Number** 010-090-5190-102-500731 010-090-5659-102-500731	**1.7 Completion Date** June 30, 2014	**1.8 Price Limitation** $551,408
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		**1.10 State Agency Telephone Number** 603-271-4501	
1.11 Contractor Signature Michael B. Green		**1.12 Name and Title of Contractor Signatory** Michael B. Green President + CEO	

1.13 Acknowledgement: State of NH, County of Merrimack

On 4/16/12, before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

Rebecca G. Webster

[Seal]

1.13.2 Name and Title of Notary or Justice of the Peace

Rebecca G. Webster, Notary

1.14 State Agency Signature	**1.15 Name and Title of State Agency Signatory** Joan H. Ascheim, Bureau Chief
1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:	Director, On:
1.17 Approval by the Attorney General (Form, Substance and Execution) By: Jeanne P. Herrick, Attorney	On: 4 May 2012
1.18 Approval by the Governor and Executive Council By:	On:

NH Department of Health and Human Services

Exhibit A

Scope of Services

Primary Care Services

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

CONTRACTOR NAME: **Concord Hospital, Inc.**

ADDRESS: **250 Pleasant Street**
Concord, New Hampshire 03301
Director: **Marie Wawrzyniak**
TELEPHONE: **603-227-7000**

The Contractor shall:

I. General Provisions

A) Eligibility and Income Determination

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

2. Breast and Cervical Cancer screening services will be provided to low-income (defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), New Hampshire women age 18 – 64, *uninsured or underinsured*.

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

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

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

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

6. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered.

Contractor Initials: MGB

Date: Apr 16, 2012

B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 15,300 users annually with 44,950 medical encounters, as defined in the Data and Reporting Requirements. Breast and Cervical Cancer Screening for eligible women, as defined by the Breast and Cervical Cancer Program (BCCP), shall be provided to 350 women annually and billed directly to the BCCP. Clinical service reimbursements shall not exceed the Medicare rate.

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

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

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

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

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

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

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

D) **State and Federal Laws**

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

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 301, adopted 6/3/08.

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

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

E) ***Relevant Policies and Guidelines***

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

Contractor Initials: MBB

Date: Apr 16, 2012

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

   a) uninsured;

   b) under-insured;

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

   d) all life cycles including perinatal, child, adolescent, adult, and elderly who meet one or more of the above criteria.

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

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

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

6. No Workplan is required by the Breast and Cervical Cancer Program (BCCP). The contractor shall be required to respond to the Quality Improvement Feedback Report twice a year.

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

F) Publications Funded Under Contract

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

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

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

G) Subcontractors

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

Contractor Initials: MAS

Date: Apr 16, 2012

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

II. Minimal Standards of Core Services

A) Service Requirements

1. *Medical Home*

The Contractor shall provide a Medical Home that:

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

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

2. Primary Care Services

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

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

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

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

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

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

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

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

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

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

Contractor Initials: MAS

Date: Apr 16, 2012

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

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

l) *Oral screening annually for all clients 19 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health.*

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

2. Breast and Cervical Cancer Screening

a) Women age 18 to 64 who are eligible for Breast and Cervical Cancer Program (BCCP) services according to income (equal to or under 250% of poverty, underinsured/uninsured) *and insurance status* criteria shall be provided the following services:

i. cervical cancer screening including a pelvic examination and Pap smear;
ii. annual breast cancer screening including a clinical breast exam, mammogram and,
iii. referrals for diagnostic and treatment services based on screening results,
iv. case management services.

b) All referrals under this provision shall be to approved certified laboratory, pathology, radiology, and surgical services. Mammography units shall be accredited by the American College of Radiology, and must be FDA certified under MQSA. Laboratories shall be CLIA certified.

c) All services shall be provided in accordance with the Breast and Cervical Cancer Program (BCCP) Policy and Procedure Manual.

d) Follow-up and tracking of all tests done, and referrals made shall be provided in accordance with the minimum standards outlined in the Breast and Cervical Cancer Program Policy and Procedure Manual.

e) All services for women enrolled in the Breast and Cervical Cancer Program (BCCP) shall be billed directly to the BCCP in accordance with protocols established by the Breast and Cervical Cancer Program.

3. Reproductive Health Services

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

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

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

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

d) *Pregnant women enrolled in the WIC Nutrition Program shall be referred to WIC for breastfeeding education and referral to the WIC Nutrition Program peer counselors.*

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

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

4. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent. Children and adolescent visits shall include:

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

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

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

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

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

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

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5. Sexually Transmitted Infections

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

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

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

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

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

6. Substance Use Services

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

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

7. Immunizations

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

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

8. Prenatal Genetic Screening

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

b) All pregnant women should be offered voluntary genetic screening for fetal chromosomal abnormalities at the appropriate time following recommendations found in the American College of Obstetricians and Gynecologists' "Screening for Fetal Chromosomal

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Abnormalities (2007)" or more recent guidelines. The Contractor shall be responsible for ensuring referral to appropriate genetic testing and counseling for any woman found to have a positive screening test.

9. Additional Requirements

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

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

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

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

B) Staffing Provisions

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

a) executive director

b) fiscal director

c) registered nurse

d) clinical coordinator

e) medical service director

f) nutritionist *(on site or by referral)*

g) social worker

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

a) registered nurse

b) clinical coordinator

c) social worker

1. Qualifications

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

In addition the following minimum qualifications shall be met for:

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

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

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

c) Social Workers shall have:
   a. A Bachelor's or Master's degree in social work or Bachelor's or Master's degree in a related social science or human behavior field. A minimum of one year of experience in a community health or social services setting is preferred.

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

d) Clinical Coordinators shall be:

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

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

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

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator, or any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.

3. Vacancies

a) The Contractor must notify the MCHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month. This may be done through a budget revision.

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

C) Coordination of Services

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

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

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

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

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

D) Meetings and Trainings

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

1. MCHS Agency Directors' meetings

2. Prenatal and Child Health Coordinators' meetings

3. MCHS Agency Medical Services Directors' meetings

III. Quality or Performance Improvement (QI/PI)

A) Workplans

1. Performance Workplans are required for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the RHPCS and the MCHS performance-based contracting system and of this contract. Outcomes shall be reported by clinical site.

2. Submit Performance Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

3. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan and activities that monitor and evaluate the agency's progress toward performance measure targets.

4. The Contractor shall comply with modifications and/or additions to the workplan and annual report format as requested by RHPCS and MCHS. MCHS will provide the contractor with reasonable notice of such changes.

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

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B) Additional Reporting requirements

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

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

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

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

4. The Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

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

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

C) On-site reviews

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

Contractor Initials: [illegible]

Date: Apr 16, 2012

NH Department of Health and Human Services

Exhibit B

Purchase of Services
Contract Price

Primary Care Services

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

CONTRACTOR NAME: **Concord Hospital, Inc.**

ADDRESS: **250 Pleasant Street**
Concord, New Hampshire 03301
Director: **Marie Wawrzyniak**
TELEPHONE: **603-227-7000**

Vendor #177653-B011 | Job #90080000 #90080081 | Appropriation #010-090-51900000-102-500731 #010-090-56590000-102-500731

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

   $431,274 for Primary Care Services, funded from 19.95% federal funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (CFDA #93.994) and 80.05% general funds.

   $120,134 for Breast and Cervical Cancer Screening, funded from 100% federal funds from the Center for Disease Control (CFDA #93.283).

TOTAL: $551,408

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

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

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

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

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

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

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Contractor Initials: MBS

Date: Apr 16, 2012

NH Department of Health and Human Services

Exhibit C

SPECIAL PROVISIONS

1. **Contractors Obligations:** The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

2. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

3. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

4. **Documentation:** In addition to the determination forms, required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

5. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

6. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

7. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

8. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party fundors for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party fundors, the Department may elect to:

    8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

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8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

9. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

9.1 **Fiscal Records:** Books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

9.2 **Statistical Records:** Statistical, enrollment, attendance, or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

10.1 **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

10.2 **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directed connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

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

12. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department

    12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

    12.2 Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

13. **Completion of Services:** Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14. **Credits:** All documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

    14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. **Operation of Facilities:** Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the Contractor with respect to the operation of the facility or the provision of the services at such facility. If any government license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

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16. **Insurance:** Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed $500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed $500,000, is comprehensive general liability insurance in amounts of not less than $1,000,000 per claim or occurrence and $2,000,000 in the aggregate. *These amounts may NOT be modified.*

X (1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed $500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $250,000 per claim and $2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

☐ (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

17. **Renewal:**

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

Contractor Initials: MSB
Date: Apr 16, 2012

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

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

Contractor Initials: MJB

Date: Apr 16, 2012

SPECIAL PROVISIONS – DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean the section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Whenever federal or state laws, regulations, rules, orders, and policies, etc., are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc., as they may be amended or revised from time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act. NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.

Contractor Initials: [signature]
Date: Apr 16, 2012

State of New Hampshire
Department of Health and Human Services
Amendment #4 to the Primary Care Services Contract

This 4th Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #4") dated this, 1st day of May, 2017 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Coos County Family Health Services, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 54 Willow Street, Berlin NH 03570.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #130) as amended by an agreement (Amendment #1 to the Contract) approved by the Governor and Executive Council on May 8, 2014 (Item #34A); as amended by an agreement (Amendment #2 to the Contract) approved by the Governor and Executive Council on June 24, 2015 (Item #58); as amended by an agreement (Amendment #3 to the Contract) approved by the Department on December 21, 2016; the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement the State may amend the contract terms and conditions by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for nine (9) months, add services to Exhibit A, Scope of Services and increase the price limitation; and

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

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:

   March 31, 2018
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:

   $892,717
3. Add Exhibit A- Amendment #4, Scope of Services.
4. Add Exhibit A-1 – Amendment #4, Performance Measures
5. Add Exhibit B – Amendment #4, Method and Conditions Precedent to Payment.
6. Add Exhibit B-1 – Amendment #4 MCHS Budget.
7. Add Exhibit B-2 – Amendment #4, BCCP Budget.

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

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

State of New Hampshire
Department of Health and Human Services

5/25/17
Date

NAME: LISA MORRIS
TITLE: DIRECTOR, DPHS

Coos County Family Health Services, Inc.

5/22/17
Date

NAME
TITLE

Acknowledgement:
State of NH, County of Coos on 5/22/17, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

LINDA BLANCHETTE, Notary Public
My Commission Expires September 18, 2018

Name and Title of Notary or Justice of the Peace

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

OFFICE OF THE ATTORNEY GENERAL

6/5/17
Date

Name: John Conforti
Title: Asst. Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.6.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.6.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.6.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than thirty (30) consecutive days or any sixty (60) non-consecutive days.

2.2. The Contractor shall assist individuals with completing a Medicaid/Expanded Medicaid or other health insurance application when income calculations indicate possible eligibility.

2.3. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.4. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.4.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.4.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Perinatal services, including but not limited to access to obstetrical services either on-site or by referral.

3.1.3. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.4. Integrated Behavioral Health Services.

3.1.5. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.6. Assessment of need and follow-up/referral as indicated for:

3.1.6.1. Tobacco cessation, including referral to QuitWorks-NH, www.QuitWorksNH.org.

3.1.6.2. Social services.

3.1.6.3. Chronic Disease management, including disease specific referral and self-management education, which may include, but is not limited to referral to Diabetes Self-

Management Education (DSME), as recommended by the American Diabetes Association.

3.1.6.4. Nutrition services, including WIC, as appropriate.

3.1.6.5. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.1.6.6. Screening, Brief Intervention and Referral to Treatment (SBIRT) services, including but not limited to contact with the Regional Public Health Network Continuum of Care Development Initiative.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which includes but is not limited to access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.3. The Contractor shall provide enabling services, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor shall facilitate enabling services that include, but are not limited to:

3.3.1. Case management, which may include but is not limited to, care facilitated by registries; information technology; health information exchanged; and other services that ensure patients receive necessary care when and where it is needed and wanted 8in a culturally and linguistically appropriate manner.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach, which may include but is not limited to the use of community health workers.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 – Amendment #3 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

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4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Quality Improvement

5.1. The Contractor shall conduct a minimum of two (2) quality improvement projects which consist of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall ensure:

5.1.1. One (1) quality improvement project focuses on the performance measure as designated by the Department.

5.1.2. One (1) quality improvement project is based on previous performance outcomes needing improvement, as selected by the Contractor.

5.2. The Contractor shall utilize Quality Improvement (QI) science to develop and implement a QI Workplan for each QI project, which shall include but not be limited to:

5.2.1. Specific goals and objectives for the project period.

5.2.2. Evaluation methods to demonstrate improvements in the quality, efficiency, and effectiveness of patient care.

5.3. The Contractor may utilize activities in QI projects that enhance clinical workflow and improve patient outcomes, which may include but are not limited to:

5.3.1. EMR prompts/alerts.

5.3.2. Protocols/Guidelines.

5.3.3. Diagnostic support.

5.3.4. Patient registries.

5.3.5. Collaborative learning sessions.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care services who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within thirty (30) days of hire.

6.4. The Contractor shall notify the MCHS, in writing, when:

6.4.1. Any critical position is vacant for more than thirty (30) days.

6.4.2. There is not adequate staffing to perform all required services for more than thirty (30) consecutive days or any sixty (60) nonconsecutive days.

6.5. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.5.1. A registered nurse who:

6.5.1.1. Is licensed with the NH Board of nursing; or

6.5.1.2. Has attained bachelor's degree from a recognized college or university.

6.5.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.5.1.

7. Coordination of Services

7.1. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.1.1. Community needs assessments.

7.1.2. Public health performance assessments.

7.1.3. The development of regional health improvement plans.

7.2. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

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9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit a Performance Measure Outcome Report, which details the plan for improvement when a performance measure targeted goal is not met.

9.4. The Contractor shall submit an annual Workplan for the two (2) quality improvement projects that demonstrate improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall submit at least one (1) annual Workplan that includes a detailed description of the enabling services funded by this contract. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.6. The Contractor shall collect and submit the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st of each contract year.

9.7. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

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Exhibit A-1 – Amendment #4

1. MATERNAL AND CHILD HEALTH SECTION (MCHS) PRIMARY CARE PERFORMANCE MEASURES

1.1. Definitions

1.1.1. **Measurement Year** – Measurement Year consist of 365 days and is defined as either:

1.1.1.1. The calendar year (January 1st through December 31st); or

1.1.1.2. The state fiscal year (July 1st through June 30th).

1.1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.1.4. **NQF** – National Quality Forum

1.1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.1.6. **UDS** – Uniform Data System

1.1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. **Percent of infants who are ever breastfed** (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Screening

2.2.1. **Percent of children 3 years of age who had two or more capillary or venous lead blood test for lead poisoning by their third birthday.** (NH MCHS).

2.2.1.1. Numerator: All patient children who received at least one capillary or venous lead screening test between nine (9) months to eighteen (18) months of age **AND** one (1) capillary or venous lead screening test between nineteen (19) to thirty (30) months of age.

2.2.1.2. Denominator: All patient children who turned three (3) years old during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. Preventive Health: Adolescent Well-Care Visit

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2.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (HEDIS,).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. **Maternal Depression Screening**

2.4.2.1. **Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative PLUS women who screened positive AND have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

2.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (NQF 0421, UDS).

2.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit OR within twenty-four (24) months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who delivered a live birth in the measurement year.

2.6.2.4. Definitions:

2.6.2.4.1. Tobacco Use: Includes any type of tobacco

2.6.2.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

2.7. **At Risk Population: Hypertension**

2.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHG) during the measurement year** (NQF 0018).

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

2.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension (must have been diagnosed with hypertension 6 or more months before the measurement date) who had at least one (1) medical visit during the measurement year. (Excludes pregnant women and patients with End Stage Renal Disease.)

2.8. **Patient Safety: Falls Screening**

2.8.1. **Percent of patients aged 65 years and older who were screened for fall risk at least once within 12 months** (NH MCHS).

2.8.1.1. Numerator: Patients who were screened for fall risk at least once within the measurement year.

2.8.1.2. Denominator: All patients aged 65 years and older seen by a health care provider within the measurement year.

2.9. **SBIRT**

2.9.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services (NH MCHS).

2.9.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention and/or referral to services.

2.9.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.1.3. Denominator: Number of patients aged 18 years and older seen for annual/preventive visit within the measurement year.

2.9.1.4. Definitions:

2.9.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.9.1.4.2. Brief Intervention: Includes guidance or counseling.

2.9.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.9.2. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services (NH MCHS).

2.9.3. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

2.9.4. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.5. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.9.6. Definitions:

2.9.6.1. Substance Use: Includes any type of alcohol or drug.

2.9.6.2. Brief Intervention: Includes guidance or counseling.

2.9.6.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A – Amendment #4, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   2.1. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   2.2. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #4, Scope of Services, in accordance with Exhibit B-1 Amendment #4 through Exhibit B-2 Amendment #4.
4. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
5. Payment for said services shall be made as follows:
   5.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
   5.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   5.3. The invoice must be submitted by mail or e-mail to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

   E-mail: dphscontractbilling@dhhs.state.nh.us
6. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
8. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
9. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #4 through Exhibit B-2 Amendment #4 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: KG
Date: 5/22/17

Exhibit B-1 Amendment #4 MCHS Budget

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

Bidder/Program Name: Coos County Family Health Services

Budget Request for: Primary Care

Budget Period: July 1, 2017 - March 31, 2018

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 69,755.25	$ -	$ 69,755.25	$ 19,342.25	$ -	$ 19,342.25	$ 50,413.00	$ -	$ 50,413.00
2. Employee Benefits	$ 22,321.50	$ -	$ 22,321.50	$ 6,188.50	$ -	$ 6,188.50	$ 16,133.00	$ -	$ 16,133.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ 1,500.00	$ -	$ 1,500.00	$ 1,500.00	$ -	$ 1,500.00	$ -	$ -	$ -
Repair and Maintenance	$ 1,500.00	$ -	$ 1,500.00	$ 1,500.00	$ -	$ 1,500.00	$ -	$ -	$ -
Purchase/Depreciation	$ 3,750.00	$ -	$ 3,750.00	$ 3,750.00	$ -	$ 3,750.00	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ 750.00	$ -	$ 750.00	$ 750.00	$ -	$ 750.00	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 1,875.00	$ -	$ 1,875.00	$ 1,875.00	$ -	$ 1,875.00	$ -	$ -	$ -
6. Travel	$ 375.00	$ -	$ 375.00	$ 375.00	$ -	$ 375.00	$ -	$ -	$ -
7. Occupancy	$ 3,750.00	$ -	$ 3,750.00	$ 3,750.00	$ -	$ 3,750.00	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 1,125.00	$ -	$ 1,125.00	$ 1,125.00	$ -	$ 1,125.00	$ -	$ -	$ -
Postage	$ 937.50	$ -	$ 937.50	$ 937.50	$ -	$ 937.50	$ -	$ -	$ -
Subscriptions	$ 900.00	$ -	$ 900.00	$ 900.00	$ -	$ 900.00	$ -	$ -	$ -
Audit and Legal	$ 750.00	$ -	$ 750.00	$ 750.00	$ -	$ 750.00	$ -	$ -	$ -
Insurance	$ 1,125.00	$ -	$ 1,125.00	$ 1,125.00	$ -	$ 1,125.00	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 750.00	$ -	$ 750.00	$ 750.00	$ -	$ 750.00	$ -	$ -	$ -
10. Marketing/Communications	$ 375.00	$ -	$ 375.00	$ 375.00	$ -	$ 375.00	$ -	$ -	$ -
11. Staff Education and Training	$ 1,125.00	$ -	$ 1,125.00	$ 1,125.00	$ -	$ 1,125.00	$ -	$ -	$ -
12. Subcontracts/Agreements	$ 11,250.00	$ -	$ 11,250.00	$ -	$ -	$ -	$ 11,250.00	$ -	$ 11,250.00
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 123,914.25**	**$ -**	**$ 123,914.25**	**$ 46,118.25**	**$ -**	**$ 46,118.25**	**$ 77,796.00**	**$ -**	**$ 77,796.00**
Indirect As A Percent of Direct		0.0%							

Contractor Initials: KG
Date: 5/22/17

Exhibit B-2 Amendment #4 BCCP Budget

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

Bidder/Program Name: Coos County Family Health Services

Budget Request for: Primary Care - BCCP

Budget Period: July 1, 2017 - March 31, 2018

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 15,633.75	$ -	$ 15,633.75	$ 9,263.37	$ -	$ 9,263.37	$ 6,370.38	$ -	$ 6,370.38
2. Employee Benefits	$ 5,000.25	$ -	$ 5,000.25	$ 2,961.73	$ -	$ 2,961.73	$ 2,038.52	$ -	$ 2,038.52
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ 75.00	$ -	$ 75.00	$ 75.00	$ -	$ 75.00	$ -	$ -	$ -
Repair and Maintenance	$ 75.00	$ -	$ 75.00	$ 75.00	$ -	$ 75.00	$ -	$ -	$ -
Purchase/Depreciation	$ 375.00	$ -	$ 375.00	$ 375.00	$ -	$ 375.00	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ 75.00	$ -	$ 75.00	$ 75.00	$ -	$ 75.00	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 750.00	$ -	$ 750.00	$ 750.00	$ -	$ 750.00	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ 750.00	$ -	$ 750.00	$ 750.00	$ -	$ 750.00	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 600.00	$ -	$ 600.00	$ 600.00	$ -	$ 600.00	$ -	$ -	$ -
Postage	$ 75.00	$ -	$ 75.00	$ 75.00	$ -	$ 75.00	$ -	$ -	$ -
Subscriptions	$ 150.00	$ -	$ 150.00	$ 150.00	$ -	$ 150.00	$ -	$ -	$ -
Audit and Legal	$ 225.00	$ -	$ 225.00	$ 225.00	$ -	$ 225.00	$ -	$ -	$ -
Insurance	$ 300.00	$ -	$ 300.00	$ 300.00	$ -	$ 300.00	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 300.00	$ -	$ 300.00	$ 300.00	$ -	$ 300.00	$ -	$ -	$ -
10. Marketing/Communications	$ 2,700.00	$ -	$ 2,700.00	$ -	$ -	$ -	$ 2,700.00	$ -	$ 2,700.00
11. Staff Education and Training	$ 168.75	$ -	$ 168.75	$ 168.75	$ -	$ 168.75	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Clinical Services	$ 7,254.80	$ -	$ 7,254.80	$ 1,813.70	$ -	$ 1,813.70	$ 5,441.10	$ -	$ 5,441.10
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 34,507.55**	**$ -**	**$ 34,507.55**	**$ 17,957.55**	**$ -**	**$ 17,957.55**	**$ 16,550.00**	**$ -**	**$ 16,550.00**
Indirect As A Percent of Direct		0.0%							

Contractor Initals: KG
Date: 5/22/17

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 COOS COUNTY FAMILY HEALTH SERVICES, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on December 14, 1979. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **63204**

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. 2017.

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Kenneth E. Gordon, do hereby certify that:
(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of Coos County Family Health Services, Inc.
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency duly held on 2/18/16:
(Date)

RESOLVED: That the Kenneth E. Gordon
(Title of Contract Signatory)

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

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 22 day of May, 2017.
(Date Contract Signed)

4. Ken Gordon is the duly elected CEO
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

Joan C. Merrill
(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE

County of Coos

The forgoing instrument was acknowledged before me this 22nd day of May, 2017,

By Joan C. Merrill.
(Name of Elected Officer of the Agency)

Linda Blanchette
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

LINDA BLANCHETTE, Notary Public
My Commission Expires September 18, 2018

Commission Expires: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/22/2016

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

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

PRODUCER	CONTACT NAME: Vivian Vaudreuil
FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	PHONE (A/C, No, Ext): (603)669-3218 FAX (A/C, No): (603)645-4331 E-MAIL ADDRESS: vvaudreuil@crossagency.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: Philadelphia Indemnity Ins Co — 18058
INSURED Coos County Family Health Services 133 Pleasant Street Berlin NH 03570-2006	INSURER B: MEMIC Indemnity Company — 11030 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 16-17 All lines **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [X] LOC OTHER:			PHPK1518195	7/1/2016	7/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ 1,000,000 $ 1,000,000 $ 20,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			PHPK1518195	7/1/2016	7/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Uninsured motorist BI-single	$ 1,000,000 $ $ $ $ 1,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			PHUB547337	7/1/2016	7/1/2017	EACH OCCURRENCE AGGREGATE 	$ 3,000,000 $ 3,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			3102802240 (3a.) NH All officers included	7/1/2016	7/1/2017	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Employee Dishonesty			PHSD1158909	7/1/2016	7/1/2017	Limit:	1,000,000

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

CERTIFICATE HOLDER

NH DHHS
129 Pleasant Street
Concord, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

M Guarino/JSC

coös county
Family Health

54 Willow Street
Berlin, NH 03570-1800
Ph: 1-603-752-3669
Fax: 1-603-752-3027

133 Pleasant Street
Berlin, NH 03570-2006
Ph: 1-603-752-2040
Fax: 1-603-752-7797

2 Broadway Street
Gorham, NH 03581-1597
Ph: 1-603-466-2741
Fax: 1-603-466-2953

59 Page Hill Road
Berlin, NH 03570-3568
Ph: 1-603-752-2900
Fax: 1-603-752-3727

MISSION OF
COÖS COUNTY FAMILY HEALTH SERVICES

Coös County Family Health Services is a community-based organization providing innovative, personalized, comprehensive health care and social services of the highest quality to everyone, regardless of economic status.

(Mission Statement)
Board Approved 1/19/17

BerryDunn

[redacted]

coös county
Family Health

FINANCIAL STATEMENTS

June 30, 2016 and 2015

With Independent Auditor's Report

[redacted]

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Coos County Family Health Services, Inc.

We have audited the accompanying financial statements of Coos County Family Health Services, Inc., which comprise the balance sheets as of June 30, 2016 and 2015, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Coos County Family Health Services, Inc. as of June 30, 2016 and 2015, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
September 15, 2016

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Balance Sheets

June 30, 2016 and 2015

ASSETS

	2016	2015
Current assets		
Cash and cash equivalents	**$ 1,777,082**	$ 836,038
Patient accounts receivable, less allowance for uncollectible accounts of $182,000 in 2016 and $170,000 in 2015	**1,308,326**	1,064,656
Grants receivable	**671,106**	298,215
Due from third party payers	**45,250**	45,000
Prepaid expenses	**76,676**	71,972
Total current assets	**3,878,440**	2,315,881
Assets limited as to use	**640,358**	648,693
Beneficial interest in perpetual trust held by others	**18,908**	20,215
Property and equipment, net	**2,340,309**	2,460,244
Total assets	**$ 6,878,015**	$ 5,445,033

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	**$ 361,695**	$ 276,167
Accrued payroll and related expenses	**673,277**	578,708
Current maturities of long-term debt	**61,937**	60,514
Total current liabilities	**1,096,909**	915,389
Long-term debt, less current maturities	**593,486**	655,338
Total liabilities	**1,690,395**	1,570,727
Net assets		
Unrestricted	**5,079,949**	3,750,548
Temporarily restricted	**84,681**	99,461
Permanently restricted	**22,990**	24,297
Total net assets	**5,187,620**	3,874,306
Total liabilities and net assets	**$ 6,878,015**	$ 5,445,033

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

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Statements of Operations

Years Ended June 30, 2016 and 2015

	2016	2015
Operating revenue		
Patient service revenue	$ 9,616,052	$ 8,317,416
Provision for bad debts	(214,250)	(222,507)
Net patient service revenue	9,401,802	8,094,909
Grants, contracts, and contributions	2,812,978	2,793,186
Other operating revenue	79,567	153,323
Interest income	3,183	2,237
Net assets released from restrictions for operations	116,823	63,939
Total operating revenue	12,414,353	11,107,594
Operating expenses		
Salaries and benefits	7,878,140	7,507,353
Other operating expenses	2,962,263	2,614,990
Depreciation	219,928	229,013
Interest expense	24,621	27,282
Total operating expenses	11,084,952	10,378,638
Excess of revenues over expenses and increase in unrestricted net assets	$ 1,329,401	$ 728,956

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

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Statements of Changes in Net Assets

Years Ended June 30, 2016 and 2015

	2016	2015
Unrestricted net assets		
Excess of revenue over expenses and increase in net assets	$ 1,329,401	$ 728,956
Temporarily restricted net assets		
Grants, contracts, and contributions	101,089	52,692
Net assets released from restrictions for operations	(115,869)	(63,115)
Capital appreciation on endowment funds	954	824
Appropriation of endowment assets for expenditure	(954)	(824)
Decrease in temporarily restricted net assets	(14,780)	(10,423)
Permanently restricted net assets		
Contributions	-	125
Change in fair value of beneficial interest in perpetual trust held by others	(1,307)	242
(Decrease) increase in permanently restricted net assets	(1,307)	367
Change in net assets	1,313,314	718,900
Net assets, beginning of year	3,874,306	3,155,406
Net assets, end of year	$ 5,187,620	$ 3,874,306

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

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Statements of Cash Flows

Years Ended June 30, 2016 and 2015

	2016	2015
Cash flows from operating activities		
Change in net assets	**$ 1,313,314**	$ 718,900
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Provision for bad debts	**214,250**	222,507
Depreciation	**219,928**	229,013
Change in fair value of beneficial interest in perpetual trust held by others	**1,307**	(242)
(Increase) decrease in the following assets		
Patient accounts receivable	**(457,920)**	(308,608)
Grants receivable	**(372,891)**	(154,821)
Due from third party payers	**(250)**	(4,895)
Prepaid expenses	**(4,704)**	19,064
Assets limited as to use	**8,335**	2,658
Increase (decrease) in the following liabilities		
Accounts payable and accrued expenses	**85,528**	18,972
Accrued payroll and related expenses	**94,569**	(122,057)
Deferred revenue	**-**	(26,724)
Net cash provided by operating activities	**1,101,466**	593,767
Cash flows from investing activities		
Capital acquisitions	**(99,993)**	(70,119)
Net cash used by investing activities	**(99,993)**	(70,119)
Cash flows from financing activities		
Payments on long-term debt	**(60,429)**	(59,137)
Net cash used by financing activities	**(60,429)**	(59,137)
Net increase in cash and cash equivalents	**941,044**	464,511
Cash and cash equivalents, beginning of year	**836,038**	371,527
Cash and cash equivalents, end of year	**$ 1,777,082**	$ 836,038
Supplemental disclosures of cash flow information		
Cash paid for interest	**$ 24,621**	$ 27,282

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

1. Summary of Significant Accounting Policies

Organization

Coos County Family Health Services, Inc. (the Organization) is a non-stock, not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) which provides outpatient health care and disease prevention services to residents of Coos County, New Hampshire through direct services, referral and advocacy.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding assets limited as to use.

Allowance For Uncollectible Accounts

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of patient accounts receivable, the Organization analyzes its past history and identifies trends for each funding source. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts. The Organization did not change its methodology for estimating the allowance for uncollectible accounts during the years ended June 30, 2016 and 2015.

A reconciliation of the allowance for uncollectible accounts at June 30 is as follows:

	2016	2015
Balance, beginning of year	**$ 170,000**	$ 218,000
Provision	**214,250**	222,507
Write-offs	**(202,250)**	(270,507)
Balance, end of year	**$ 182,000**	$ 170,000

The increase in the allowance for uncollectible accounts is the result of an increase in patient balances included in accounts receivable.

Grants Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

Assets Limited As To Use

Assets limited as to use include assets set aside as a reserve fund under loan agreements for repairs and maintenance on the real property collateralizing the loans, assets designated by the Board of Directors and donor-restricted grants and contributions.

Beneficial Interest in Perpetual Trust Held by Others

The Organization is a beneficiary of an agency endowment fund at The New Hampshire Charitable Foundation (the Foundation). Pursuant to the terms of the resolution establishing the fund, property contributed to the Foundation is held as a separate fund designated for the benefit of the Organization. In accordance with its spending policy, the Foundation makes distributions from the fund to the Organization. The distributions are approximately 4.03% of the market value of the fund per year. The Organization's interest in the fund is recognized as permanently restricted net assets with changes in fair value reported as permanently restricted net assets.

Property and Equipment

Property and equipment are carried at cost, less accumulated depreciation. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted net assets, and excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets include contributions and grants for which donor-imposed restrictions have not been met. Assets are released from restrictions as expenditures are made in line with restrictions called for under the terms of the donor.

Permanently restricted net assets include net assets subject to donor-imposed stipulations that they be maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the income earned on related investments for general or specific purposes.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of operations as "net assets released from restrictions." Donor-restricted contributions whose restrictions are met in the same year as received are reflected as unrestricted contributions in the accompanying financial statements.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

340B Drug Pricing Program

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. The program requires drug manufacturers to provide outpatient drugs to FQHC's and other identified entities at a reduced price. The Organization contracts with local pharmacies under this program. The local pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. Reimbursement received by the pharmacies is remitted to the Organization, less dispensing and administrative fees. Gross revenue generated from the program is included in patient service revenue. The cost of drug replenishments and contracted expenses incurred related to the program are included in other operating expenses.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

Donated Goods and Services

Various program help and support for the daily operations of the Organization's Response Program were provided by the general public of the surrounding communities. The donated services have not been reflected in the accompanying financial statements because they did not meet the criteria for recognition. Management estimates the fair value of donated services received but not recognized as revenues was $107,136 and $106,422 for the years ended June 30, 2016 and 2015, respectively. The Response Program also receives donated supplies to be used for program activities. The fair value of supplies recognized as revenues was $4,565 and $4,344 for the years ended June 30, 2016 and 2015, respectively.

The Organization receives samples of medical supplies that are distributed to patients. The donated supplies have not been reflected in the accompanying financial statements because they did not meet the criteria for recognition.

Functional Expenses

The Organization provides various services to residents within its geographic location. Expenses related to providing these services are as follows:

	2016	2015
Program services	$ 9,679,116	$ 9,084,301
Administrative and general	1,405,836	1,294,337
Total	$11,084,952	$10,378,638

Excess of Revenues Over Expenses

The statements of operations reflect the excess of revenues over expenses. Changes in unrestricted net assets which are excluded from the excess of revenues over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through September 15, 2016, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Assets Limited As To Use and Beneficial Interest in Perpetual Trust Held By Others

Assets limited as to use and beneficial interest in perpetual trust consisted of the following as of June 30:

	2016	2015
Board designated: working capital	$ 512,239	$ 510,646
United States Department of Agriculture Rural Development: loan agreements	39,356	34,504
Donor restricted:		
Temporarily restricted: specific purposes	84,681	99,461
Permanently restricted: endowment	22,990	24,297
Total	$ 659,266	$ 668,908

Assets limited as to use and beneficial interest in perpetual trust are reported in the accompanying balance sheets as follows:

	2016	2015
Assets limited as to use	$ 640,358	$ 648,693
Beneficial interest in perpetual trust held by others	18,908	20,215
Total	$ 659,266	$ 668,908

Assets limited as to use are comprised of cash and cash equivalents.

3. Property and Equipment

Property and equipment consists of the following:

	2016	2015
Land	**$ 153,257**	$ 153,257
Building and improvements	**3,209,070**	3,205,175
Furniture, fixtures, and equipment	**1,796,689**	1,740,291
Total cost	**5,159,016**	5,098,723
Less accumulated depreciation	**(2,818,707)**	(2,638,479)
Property and equipment, net	**$ 2,340,309**	$ 2,460,244

In 2010, the Organization made renovations to certain buildings with Federal grant funding under the ARRA – Capital Improvement Program. In 2014 the Organization also made renovations to certain buildings with Federal grant funding under the ACA – Capital Development Program. In accordance with the grant agreements, a Notice of Federal Interest (NFI) is required to be filed in the appropriate official records of the jurisdiction in which the property is located. The NFI is designed to notify any prospective buyer or creditor that the Federal Government has a financial interest in the real property acquired under the aforementioned grant; that the property may not be used for any purpose inconsistent with that authorized by the grant program statute and applicable regulations; that the property may not be mortgaged or otherwise used as collateral without the written permission of the Associate Administrator of the Office of Federal Assistance Management, Health Resources and Services Administration (OFAM, HRSA); and that the property may not be sold or transferred to another party without the written permission of the Associate Administrator of OFAM, HRSA.

4. Line of Credit

The Organization has a $500,000 line of credit with a local bank, which matures on December 31, 2016. The line of credit is collateralized by the Organization's business assets with interest at the prime rate plus 1.50% (5.00% at June 30, 2016). The Organization is also required to pay 0.25% monthly on the unused portion of the line. There was no outstanding balance at June 30, 2016 and 2015.

5. Long-Term Debt

Long-term debt consists of the following:

	2016	2015
Note payable, U.S. Department of Agriculture, Rural Development, payable in monthly installments of $1,285, including interest at 3.375%, due May 2042, collateralized by real estate.	**$ 265,378**	$ 271,743
Note payable, U.S. Department of Agriculture, Rural Development, payable in monthly installments of $2,741, including interest at 4.5%, due November 2028, collateralized by all business assets.	**311,430**	329,757
Note payable, New Hampshire Health and Education Facilities Authority, payable in monthly installments of $3,060, including interest at 1.00%, due August 2018, collateralized by real estate.	**78,615**	114,352
Total long-term debt	**655,423**	715,852
Less current maturities	**61,937**	60,514
Long-term debt, less current maturities	**$ 593,486**	$ 655,338

Maturities of long-term debt for the next five years and thereafter are as follows:

2017	$ 61,937
2018	63,411
2019	34,170
2020	29,320
2021	30,582
Thereafter	436,003
Total	$ 655,423

6. Patient Service Revenue

Patient service revenue follows:

	2016	2015
Medicare	$ 2,602,665	$ 1,965,553
Medicaid	1,414,161	1,357,096
Third party payers and private pay	3,168,459	2,841,720
Medical patient service revenue	7,185,285	6,164,369
340B pharmacy revenue	2,430,767	2,153,047
Total Patient Service Revenue	$ 9,616,052	$ 8,317,416

The Organization has agreements with the Centers for Medicare and Medicaid Services (Medicare and New Hampshire Medicaid). Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Organization believes that it is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known. The differences between amounts previously estimated and amounts subsequently determined to be recoverable from third-party payers increased patient service revenues by approximately $13,000 and $42,000 for the years ended June 30, 2016 and 2015, respectively, due to changes in allowances or recognition of settlements no longer subject to audits, reviews, and investigations.

A summary of the payment arrangements with major third-party payers follows:

Medicare

Effective July 1, 2015, the Organization began to be reimbursed for the care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically adjusted rate determined by Federal guidelines. Prior to July 1, 2015, the Organization was reimbursed at specified interim contractual rates during the year. Differences between the Medicare interim contractual rate and the cost of care as defined by the Principles of Reimbursement governing the program were determined and settled on a retrospective basis. Overall, reimbursement was and continues to be subject to a maximum allowable rate per visit. The Organization's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, 2014.

Medicaid and Other Payers

The Organization also has entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively determined rates per visit, discounts from established charges and capitated arrangements for primary care services on a per member, per month basis.

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization charity care policy amounted to $166,384 and $209,321 for the years ended June 30, 2016 and 2015, respectively.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

7. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 401(k) that cover substantially all employees. The Organization contributed $154,913 and $159,361 for the years ended June 30, 2016 and 2015, respectively.

8. Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of the year ended June 30, 2016, there were no known malpractice claims outstanding which in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

9. Concentration of Risk

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The financial institutions have a strong credit rating and management believes the credit risk related to these deposits is minimal.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Following is a summary of accounts receivable, by funding source at June 30, 2016 and 2015.

	2016	2015
Medicare	**13 %**	17 %
Medicaid	**32 %**	33 %
Blue Cross	**13 %**	15 %
Harvard Pilgrim	**13 %**	10 %
Other	**29 %**	25 %
	100 %	100 %

10. Lease Commitments

The Organization leases office space and certain other office equipment under noncancelable operating leases. Future minimum lease payments under these leases are:

2017	$ 79,046
2018	74,928
2019	40,776
Total	$ 194,750

Rent expense amounted to $85,182 and $86,024 for the years ended June 30, 2016 and 2015, respectively.

11. Patient Assistance Programs (Unaudited)

The Organization acts as a conduit for pharmaceutical company patient assistance programs. The Organization provides assistance to patients in applying for and distributing prescription drugs under the programs. The value of the prescription drugs distributed by the Organization to patients is not reflected in the accompanying financial statements. The Organization estimates that the value of prescription drugs distributed by the Organization for the years ended June 30, 2016 and 2015 was $2,527,456 and $2,750,999, respectively.

COOS COUNTY FAMILY HEALTH SERVICES, INC.
54 WILLOW STREET – BERLIN, NH 03570
752-3669
BOARD OF DIRECTORS

Joan Merrill, 2019 (3rd)
****PRESIDENT****
[redacted]

H. Guyford Stever, Jr., 2019 (3rd)
****VICE-PRESIDENT****
Retired English Teacher
Chair, Personnel Committee
[redacted]

Dawn Cross, 2019 (1st)
****TREASURER****
Bank Manager
[redacted]

Roland Olivier, 2017 (1st)
****SECRETARY****
Attorney
Chair, CCO Subcommittee
[redacted]

Robert Pelchat, 2017 (5th)
****IMMEDIATE PAST PRESIDENT****
Retired Electronics Engineer
[redacted]

Aline Boucher, 2017 (3rd)
Retired City Comptroller/Tax Collector
Chair, Finance/Development Committee
[redacted]

Marge McClellan, 2017 (5th)
Chair, Quality Improvement Committee
Retired Executive Director – AV Home Care
[redacted]

Andrea Brochu, 2019 (2nd)
Division Director, Tri-County CAP
[redacted]

David Morin, 2017 (1st)
Berlin Merchant – Morin Shoe Store
Chair, Governance Committee
[redacted]

Robert Thompson, 2018 (1st)
Project Manager - Berlin Public Schools
[redacted]

Timothy Beaulac, 2019 (1st)
Retired Pharmacist
Chair, Corporate Compliance Committee
[redacted]

Pauline Tibbetts
Client Service Coordinator, AV Home Care
[redacted]

Claudette Morneau
Retired RN
[redacted]

Patti Stolte
Executive Director, Family Resource Center
[redacted]

KENNETH E. GORDON

PROFESSIONAL HISTORY

2/2015 – Present Coos County Family Health Services, 54 Willow Street, Berlin, NH 03570 (603) 752-3669 ext. 4018 kgordon@ccfhs.org

CHIEF EXECUTIVE OFFICER (2015 – Present)

- Responsible for the successful administration and overall direction of a $10.2M Community Health Center, including 6 sites and 10 programs. Major administrative responsibilities include: oversight of budget preparation and fiscal management, development and implementation of long and short-term planning, personnel management, grantsmanship and public relations. Includes extensive contact with the public and government officials as well as ongoing communications with 14 member volunteer Board of Directors, 120 paid staff and numerous volunteers.

ADMINISTRATOR: North Country Health Consortium, Littleton, New Hampshire (8/13 – 2/15)

- Provided administrative leadership of the North Country Accountable Care Organization, a non-profit entity comprised of four community health centers working in collaboration to improve the health and well-being of North Country residents.

EXECUTIVE DIRECTOR: Area Agency on Aging for Northeastern Vermont, St. Johnsbury, Vermont (9/02 – 7/13)

- Provided administrative leadership to a private, non-profit human service agency serving older adults and family caregivers.
- Financial management of the organization's budget.
- Supervision of clinical and administrative staff.

SOCIAL SERVICES COORDINATOR: Caledonia Home Health Care and Hospice, St Johnsbury, Vermont (8/97 - 8/02)

- Provided medical social work to individuals and families receiving home care and hospice services.
- Supervised and coordinated the work of four master's level staff members.
- Provided consultation to medical staff regarding psycho-social issues.
- Participated in discharge planning with other social service and health agencies.

CHILD PROTECTIVE SERVICE WORKER: Vermont Department of Social & Rehabilitation Services, St. Johnsbury, Vermont (5/96 - 8/97)

- Coordinated multidisciplinary treatment teams providing services to families.
- Psychosocial assessment & case planning.
- Care Management (Medicaid reimbursable).
- Individual and family counseling.
- Placement and supervision of children in foster care.
- Preparation of court reports.

ADOPTION SOCIAL WORKER: Vermont Department of Social & Rehabilitation Services, St. Johnsbury & Newport, Vermont (4/90 -9/94)

- Recruitment, training and assessment of adoptive applicants.
- Placement and supervision of abused and neglected children with adoptive families.
- Counseling with birth parents considering the voluntary relinquishment of a child.
- Consultation with casework staff regarding adoption issues.
- Preparation of adoption homes studies and probate court reports.

FOSTER CARE COORDINATOR: Vermont Department of Social & Rehabilitation Services, St. Johnsbury, Vermont (12/86 - 4/90)

- Managed a foster care program serving approximately fifty children.
- Fiscal administration, program planning and evaluation.
- Curriculum development and in-service training.

ASSISTANT DIRECTOR: Upward Bound Project, Lyndon State College (9/85 - 12/86)

- Co-directed a college preparatory program for disadvantaged youth.
- Formulated program goals and evaluated outcomes.
- Co-authored a successful federal grant proposal totaling more than $400.00.
- Training, supervision and evaluation of staff.
- Academic and career counseling.

EDUCATION

MASTERS OF SOCIAL WORK (M.S.W.) May 1996. University of Vermont

- 1st year field internship: Reach Up Program, Vermont Department of Social Welfare
- 2nd year clinical internship: Fletcher Allen Health Care, Inpatient Psychiatric Unit

BACHELOR OF SCIENCE (B.S.) Behavioral Science and Special Education. May, 1984. Lyndon State College, Lyndonville, Vermont

REFERENCES

Available upon request

Patricia A. Couture

EDUCATION:

College: New Hampshire Technical College, Berlin, NH,
Associate Nursing Degree, 1989 (May).
Member of Phi Theta Kappa Honor Society.

New Hampshire Board of Nursing, Concord, NH,
License for Registered Nurse, 1990 (July).

New Hampshire Vocational Technical College, Berlin, NH
Practical Nursing Diploma, 1976 (June).
Graduated with Honors.

New Hampshire Board of Nursing, Concord, NH
License for Practical Nursing, 1976 (October).

Secondary School: Berlin High School, Berlin, NH.
Graduated 1975.

EXPERIENCE:

1997-Present Chief Operating Officer Coos County Family Health Services, Berlin, NH.

Responsible for all Clinical Services Coordinator's duties. Supervise volunteers. Responsible for administration and overall activities of clinical services of CCFHS's sites in conjunction with the Chief Executive Officer.

1991-1997 Clinical Services Coordinator, Coos County Family Health Services, Berlin, NH.

Responsible for the day-to-day administration and overall activities of clinical services at CCFHS in conjunction with the Medical Director and CEO. Supervises all clinical support staff, including office nurses. Works closely with Medical Director on scheduling and clinical flow - related activities. Implements and monitors quality management programs.

1986-1991 Site Coordinator, Coos County Family Health Services, Berlin, NH.

Coordinator of three programs Family Planning, Sexually Transmitted Diseases, and HIV/AIDS. Responsible for overall clinic operation and services to over 1,000 clients. Supervise two staff counselors. Inventory and order all medical and pharmaceutical supplies for the agency. Counseling skills related to contraception, sexually transmitted diseases, HIV/AIDS, reproductive anatomy and physiology, and related issues. Complete charting documentation. Nursing diagnosis and process. Follow-up lab results, referrals, and medical services. Assist with forming policies, protocols and procedures. Attend nursing seminars and workshops for continued education.

1983-1986 Clinical Nurse/Counselor, (Family Planning and WIC Nutrition Programs),
Coos County Family Health Services, Inc., Berlin, NH.

Provided clinical services to the agency's 850 family planning clients and 865 WIC clients. Duties included Nursing measures and laboratory test. Counseled clients on health related issues and nutrition.

1976-1983 L.P.N. Charge Nurse, St. Vincent de Paul Nursing Home, Berlin, NH.

Responsible for twenty-nine residents. Supervised four nurse's aides. Gave oral reports. Administered medication by mouth or injection (including narcotics). Performed complete nursing care including sterile or clean dressing techniques, ostomy care, catheter care, use of oxygen and suction machines, and obtained cultures and specimens. Transcribed physician's orders and assisted as needed. Complete charting documentation including nursing process, assessment, diagnosis, care plans, client goals, outcomes and nursing interventions.

1976-1977 Private Duty Nurse, Androscoggin Valley Hospital, Berlin, NH.

Responsible for one patient. Provided complete nursing care, transcribed physician orders, complete documentation and follow-up. Responsible directly to physician and family. Administered medication. Assisted with transfer. Patient and family teaching.

MELISSA M FRENETTE, CPA

FUNCTIONAL SUMMARY

Certified Public Accountant with over twelve years of experience in public accounting. Experienced in training and supervising staff, managing multiple on-going engagements and facilitating timely income tax filing and reporting for firm clients.

EMPLOYMENT

2007-Present Coos County Family Health Services Berlin, NH

Chief Financial Officer

- Oversee the general operation of the Finance and Purchasing Departments
- Analyzes available data and suggests way to improve agency's self sufficiency
- Prepares budgets, reports and studies for CCFHS and all funding sources
- Takes a leadership role in the annual financial audit
- Performs employee evaluations and assigns tasks as appropriate
- Attends applicable board and committee meetings
- Possesses a through working knowledge of cost reporting requirements

2004-2007 Malone, Dirubbo & Company/Phillips & AssociatesLincoln, NH

Senior Staff Accountant

- Conducted financial statement audits for multiple entities
- Prepared audited, reviewed, and compiled financial statements
- Compiled and prepared loan package information
- Consulted in business entity choices
- Prepared personal and business income tax returns
- Prepared personal and business income tax projections
- Prepared projected financial statements and cash flows
- Consulted in inventory cost methods
- Trained clients in use of accounting software

1995-2004 Driscoll & Company, PLLC Berlin, NH

Senior Staff Accountant/Office Manager

- Supervised and trained office staff members
- Managed work flow for deadline achievement
- Installed and maintained accounting and tax software
- Prepared audited, reviewed, and compiled financial statements
- Prepared payroll tax returns
- Conducted 401(K) plan audits and financial statements

EDUCATION

1992-1995 Plymouth State University Plymouth, NH

B.S. Accounting, minor Mathematics

Graduated cum laude

COMMUNITY ACTIVITIES

Current Assistant Treasurer of Business Enterprise Development Corporation (BEDCO)

Former member Androscoggin Valley Economic Recovery (AVER) technology taskforce

PROFESSIONAL MEMBERSHIPS

American Institute of Certified Public Accountants

New Hampshire Society of Certified Public Accountants

CURRICULUM VITAE
William J. Gessner, MD

Professional Experience:

Medical Director – Coos County Family Health Services – August, 2014 – present

Staff Physician, Coos County Family Health Services - September, 2012 - present

Institute for Family Health – January – 2010 - August - 2012

Co-Medical Director – Hudson Valley Health Specialties - 2000 - 2012

Co-Medical Director - Ulster Greene ARC - 2000 - 2012

Medical Director - UGARC - 1994 - 2000

Medical Director - Ulster Association for Retarded Citizens (currently Ulster Greene ARC) Kingston, New York 1993 - Present

Medical Director - Ulster Rehabilitation Clinic
Kingston, New York 1993 - 2000

Co-Medical Director - Ulster Greene ARC
2000 - 2012

Co-Medical Director - Mountainside Residential Care Center
Margaretville, New York 1998 - 2012

Co-Medical Director - Margaretville Hospital
Margaretville, New York 2001 - 2012

Attending Physician, Kingston Family Practice Center
Kingston, New York 1991 - 2000

Senior VP Academic Affairs - Mid Hudson Family Health Institute
Kingston, New York 1991 - 2000

Program Director, Mid-Hudson Rural Family Practice Residency Program
Kingston, New York 1990 - 2000

Associate Program Director, Ulster County Rural Family Practice Residency Program
Kingston, New York 1985 - 1990

Assistant Program Director, Ulster County Rural Family Practice Residency Program
Kingston, New York 1984 - 1985

Attending Physician, Woodstock Family Health Center
Woodstock, New York 1983 - 1991

Medical Director, Woodstock Family Health Center
Woodstock, New York 1983 - 1984

Private Practice of Family Medicine
Newport, New Hampshire 1978 - 1983

Pre-Medical Education

College: University of New Hampshire
BA, Mathematics 1969 - 1973
Summa Cum Laude, Phi Beta Kappa

Medical Education

Medical School: Dartmouth Medical School
Hanover, New Hampshire
1972 - 1975 M. D. Degree
Honors awarded in Internal Medicine
Maternal and Child Health, Ambulatory Care

Internship: University of Colorado Medical Center
Family Medicine 1975 - 1976

Residency: University of Colorado Medical Center
Family Medicine 1976 - 1978

Medical Boards:

Diplomate, National Board of Medical Examiners
Diplomate, American Academy of Family Physicians

Coos County Family Health Services

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Ken Gordon	CEO	101,250.00	0.000%	$ -
Patricia Couture	COO	82,500.00	12.121%	$ 10,000.00
Melissa Frenette	CFO	80,250.00	0.000%	$ -
William Gessner	CMO	47,250.00	0.000%	$ -

State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Primary Care Services Contract

This 3rd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #3") dated this, 12th day of October, 2016 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Coos County Family Health Services, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 54 Willow Street, Berlin NH 03570.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #130), and amended on May 8, 2014 (Item #34A), and on June 24, 2015 (Item #58) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to Exhibit B Amendment #2, paragraph 10, notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2, and within the Price Limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council, and

WHEREAS, the State and the Department agree to adjust budget amounts between State Fiscal Years 2016 and 2017, within the Price Limitation and within the Completion Date.

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

To amend as follows:

1. Except as specifically amended and modified by the terms and conditions in this Amendment #3, the obligations of the parties shall remain in full force and effect in accordance with the terms and conditions set forth in the Contract as referenced above.

2. Delete in its entirety Exhibit B-3 Amendment #2, and replace with Exhibit B-3 Amendment #3.

3. Delete in its entirety Exhibit B-6 Amendment #2, and replace with Exhibit B-6 Amendment #3.

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

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

State of New Hampshire
Department of Health and Human Services

12/2/16
Date

NAME: LISA MORRIS
TITLE: Director, Division of Public Health Services

Coos County Family Health Services, Inc.

10/31/16
Date

NAME: KEN GORDON
TITLE: CHIEF EXECUTIVE OFFICER

Acknowledgement:

State of NH, County of Coos on 10/31/16, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace

LINDA BLANCHETTE, Notary Public
My Commission Expires September 18, 2018

My Commission Expires:

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

OFFICE OF THE ATTORNEY GENERAL

Date

Name:
Title:

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

EXHIBIT B-3 AMENDMENT #3

SBIRT BUDGET FORM

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

Bidder/Program Name: Coos County Family Health Services, Inc.

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 43,182.00	$ -	$ 43,182.00	$ -	$ -	$ -	$ 43,182.00	$ -	$ 43,182.00
2. Employee Benefits	$ 13,818.00	$ -	$ 13,818.00	$ -	$ -	$ -	$ 13,818.00	$ -	$ 13,818.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ 4,000.00	$ -	$ 4,000.00	$ -	$ -	$ -	$ 4,000.00	$ -	$ 4,000.00
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 8,000.00	$ -	$ 8,000.00	$ -	$ -	$ -	$ 8,000.00	$ -	$ 8,000.00
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 4,125.00	$ -	$ 4,125.00	$ -	$ -	$ -	$ 4,125.00	$ -	$ 4,125.00
SFY 2016 Carry Fwd SBIRT Funds	$ (4,125.00)	$ -	$ (4,125.00)	$ -	$ -	$ -	$ (4,125.00)	$ -	$ (4,125.00)
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 71,000.00	$ -	$ 71,000.00	$ -	$ -	$ -	$ 71,000.00	$ -	$ 71,000.00
Indirect As A Percent of Direct		0.0%							

Contractor Initials: KG

Date: 10/31/14

EXHIBIT B-6 AMENDMENT #3

SBIRT BUDGET FORMS

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

Bidder/Program Name: Coos County Family Health Services, Inc.

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 6,500.00	$ -	$ 6,500.00	$ 6,500.00	$ -	$6,500.00	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 4,125.00	$ -	$ 4,125.00	$ -	$ -	$ -	$ 4,000.00	$ -	$ 4,000.00
SFY 2016 Carry Fwd Funds	$ 4,125.00	$ -	$ 4,125.00	$ -	$ -	$ -	$ 4,125.00	$ -	$ 4,125.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 14,750.00	$ -	$ 14,750.00	$ 6,500.00	$ -	$6,500.00	$ 8,125.00	$ -	$ 8,125.00
Indirect As A Percent of Direct		0.0%							

Date: 10/31/16

Contractor Initials: KG

58
6/24/15

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

Marcella Jordan Bobinsky
Acting Director

G+C Approved
Date 6/24/15
Item # 58

June 1, 2015

Her Excellency, Governor Margaret Wood Hassen
And the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **sole source** amendments with the vendors listed in the table below for the provision of primary care services, breast and cervical cancer screening services and screening, brief intervention and referral to treatment for alcohol and drug misuse by increasing the total price limitation by $8,986,056 from $10,143,156 to $19,129,212 and extending the completion date from June 30, 2015 to June 30, 2017 upon Governor and Executive Council approval. 75.2% General Funds / 24.8% Federal Funds

The original contract, approved in 2012, included a two (2) year renewal option. The Department exercised a one (1) year renewal in 2014. The Department is now seeking to extend the contracts for two (2) two additional years through these sole source amendments. The Governor and Executive Council approved the original contracts and subsequent amendments as follows:

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Ammonoosuc Community Health Services, Inc. (177755-R001)	North Grafton/ South Coos	6/20/12 (Item #128)	5/8/14 (Item #34A)	$667,687	$540,879	$1,208,566
Concord Hospital, Inc. (177653-B011)	Merrimack/ Hillsborough	6/20/12 (Item #133)	5/8/14 (Item #34A)	$992,198	$788,937	$1,781,135
Coos County Family Health Services (155327-B001)	Eastern Coos	6/20/12 (Item #130)	5/8/14 (Item #34A)	$427,142	$371,229	$798,371
Families First of the Greater Seacoast (166629-B001)	Seacoast Area	6/20/12 (Item #134)	5/8/14 (Item #34A)	$624,540	$506,291	$1,130,831

Families First of the Greater Seacoast (166629-B001)	Seacoast Area - Homeless	6/6/12 (Item #69)	5/8/14 (Item #34B)	$218,537	$240,101	$458,638
Goodwin Community Health Center (154703-B001)	Strafford County	6/20/12 (Item #135)	5/8/14 (Item #34A)	$1,095,268	$825,647	$1,920,915
Harbor Homes (155358-B001)	Southern Hillsborough County - Homeless	6/6/12 (Item #68)	5/8/14 (Item #34B)	$225,045	$209,393	$434,438
Health First Family Care Center (158221-B001)	Central/Eastern Belknap	6/20/12 (#131)	5/8/14 (Item #34)	$748,658	$586,113	$1,334,771
Indian Stream Health Center (165274-B001)	Northern Coos	6/20/12 (Item #125)	5/8/14 (Item #34A)	$259,157	$239,237	$498,394
Lamprey Health Care (177677-B001)	Central Southern/ Eastern NH	6/20/12 (Item #136)	5/8/14 (Item #34A)	$1,696,513	$1,299,195	$2,995,708
Manchester Community Health Center (157274-B001)	Greater Manchester	6/20/12 (Item #132)	5/8/14 (Item #34A)	$1,051,425	$1,435.139	$2,486,564
Manchester Health Department (177433-B009)	Greater Manchester - Homeless	6/20/12 (Item #124)	5/8/14 (Item #34B)	$232,205	$250,169	$482,374
Mid-State Health Center (158055-B001)	Central Northern Belknap	6/20/12 (Item #126)	5/8/14 (Item #34A)	$444,862	$406,811	$851,673
New London Hospital Association, Inc. (177167-R005)	Sullivan County	6/20/12 (Item #129)	5/8/14 (Item #34A)	$587,923	$487,419	$1,075,342
Weeks Medical Center (177171-R001)	Western Coos	7/11/12 (Item #31)	5/8/14 (Item #34A)	$292,483	$306,707	$599,190
White Mountain Community Health Center (174170-R001)	Northern Carroll	6/20/12 (Item #127)	5/8/14 (Item #34A)	$579,513	$492,789	$1,072,302
			Total:	**$10,143,156**	**$8,986,056**	**$19,129.212**

Funds are anticipated to be available in the following accounts for State Fiscal Years 2016 and in State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budgets with the ability to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified without further approval from the Governor and Executive Council.

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

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

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

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

Please see attachment for fiscal details.

EXPLANATION

These amendments are **sole source** because the Department is renewing the contracts for two (2) additional years after exercising a one (1) year renewal option in 2014 as allowable in Exhibit C, Special Provisions, paragraph 17 of the contracts, and adding to the scope of services for community health centers that provide primary care services, statewide.

This package includes sixteen (16) of sixteen (16) contracts being amended.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

Breast and cervical cancer screening services are provided as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap smears and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or

diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will add infrastructure to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will use funding to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. This request includes three (3) vendors who provide primary care and universal screening services to homeless individuals, who otherwise would have no access to health care. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, low-income individuals statewide may not have adequate access to primary care services. Some women may not receive recommended breast and cervical cancer screenings, which would increase their risk of having an untreatable stage of cancer. Additionally, undetected alcohol and drug misuse could result in increases of alcohol and drug related accidents and deaths, which would negatively impact NH citizens.

Area Served: Statewide.

Source of Funds: 75.2% General Funds

24.8% Federal Funds (CFDA #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse. FAIN #T1010035-14; CFDA #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds. FAIN # U58DP003930; CFDA #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States. FAIN #B04MC28113.)

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

Respectfully submitted,

Marcella Bobinsky
Acting Director
Division of Public Health Services

for Diane Langley
Acting Director
Division of Community Based Care Services

Approved by: Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services Contract

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") dated this, 30th day of April, 2015 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Coos County Family Health Services, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 54 Willow Street, Berlin NH 03570.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #130) and amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34A), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, and Exhibit C, Special Provisions, Paragraph 17, the State may amend the contract terms and conditions and renew the contract for two (2) additional years by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for two additional years, add services to Exhibit A, Scope of Services and increase the price limitation; and

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

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   June 30, 2017
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $798,371
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read:
   Eric D. Borrin
4. Form P-37, General Provisions, Item 1.10, State Agency Telephone Number, to read
   (603) 271-9558
5. Delete Exhibit A, Scope of Services and Exhibit A-1 Amendment 1, Scope of Services and replace with Exhibit A – Amendment #2.
6. Delete Exhibit A-1 Amendment #1 - Performance Measures and replace with Exhibit A-1 Amendment #2 – Performance Measures.

7. Delete Exhibit B, Purchase of Services Contract Price and replace with Exhibit B – Amendment #2, Method and Conditions Precedent to Payment.
8. Add Exhibit B-1, Budget Form Primary Care through Exhibit B-6, Budget Form SBIRT.
9. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Period Covered by this Certification, to read:

   From 7/1/2012 to 6/30/2017

10. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read:

    July 1, 2012 through June 30, 2017

11. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.

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

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

State of New Hampshire
Department of Health and Human Services

6/12/15
Date

NAME: Brook Dupee
TITLE: Bureau Chief

Coos County Family Health Services, Inc.

5-15-15
Date

NAME
TITLE Chief Executive Officer

Acknowledgement:
State of New Hampshire, County of Coos on 5/15/15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace

LINDA BLANCHETTE, Notary Public
My Commission Expires September 18, 2018

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

OFFICE OF THE ATTORNEY GENERAL

6/10/15
Date

Name:
Title:

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. **Provisions Applicable to All Services**

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services shall be provided to all individuals who seek services described in Section 1.4 and Section 1.5, above.

1.7. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.7.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

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1.7.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.7.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than a one month period.

2.2. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

2.2.1. Family income.

2.2.2. Family size.

2.2.3. Income in relation to the Federal Poverty Guidelines.

2.3. The Contractor shall assist individuals with completing a Medicaid application when income calculations indicate possible Medicaid eligibility.

2.4. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.5. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.5.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.5.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.3. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.4. Assessment of need for:

3.1.4.1. Tobacco cessation, including referral to NH Quitworks, as appropriate.

3.1.4.2. Social services.

3.1.4.3. Nutrition services, including WIC, as appropriate.

3.1.4.4. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.2.2. Care facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health.

3.2.3.2. Oral health.

3.2.3.3. Use of navigators and case management.

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

3.3. The Contractor can choose to provide enabling services, if the budget allows, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor can facilitate enabling services that include, but are not limited to:

3.3.1. Case management.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

3.4. The Contractor must elect to do at least one (1) quality improvement project which consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall facilitate a minimum of one (1) quality improvement project that includes, but is not limited to:

3.4.1. Enhancing clinical workflow/improve patient outcomes by methods that may include, but are not limited to:

3.4.1.1. Alerts.

3.4.1.2. Guidelines.

3.4.1.3. Diagnostic support.

3.4.1.4. Patient registries.

3.4.1.5. Collaborative learning sessions, etc.)

3.4.2. Implementing projects that lead to measurable improvements on any of the performance measures and indicators identified in Exhibit A-1 Amendment #2

3.4.3. Utilizing defined improvement processes to coordinate quality improvement activities.

3.4.4. Identifying and defining specific goals and objectives to be achieved in the project period.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

5.1. The Contractor shall develop the infrastructure necessary to provide and record Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance use for all eligible individuals ages nineteen (19) to sixty-five (65) years and for all pregnant women, regardless of age, receiving services in Section 3 and/or Section 4. The Contractor shall:

5.1.1. Provide training to integrated primary care and behavioral health teams to ensure SBIRT activities are conducted with fidelity to the model in Section 5.1.

5.1.2. Modify and/or adapt current Electronic Health Records (EHR) systems in order to track SBIRT:

5.1.2.1. Activities

5.1.2.2. Completions.

5.1.2.3. Recommendations and referrals.

5.1.2.4. Follow-ups.

5.1.3. Utilize Substance Use Disorder (SUD) codes in the EHR for billing that shall:

5.1.3.1. Enable submission for payment through NH Managed Care/Medicaid and other insurance companies.

5.1.3.2. Allow the generation of reports.

5.2. The Contractor shall implement SBIRT services by ensuring sufficient qualified staff are available to conduct SBIRT services according to the SBIRT model described by the Centers for Disease Control (CDC), available on-line at http/www.dcd.gov/ncddd/fasd/documents/alcholsbiimplementationguide.pdf. The Contractor shall:

5.2.1. Implement SBIRT services by including SBIRT activities in daily operations.

5.2.2. Use one or more of the screening instruments listed in Appendix E of "Systems-Level Implementation of Screening, Brief Intervention and Referral to Treatment. TAP 33" (2013 edition) (http://www.integration.samhsa.gov/sbirt/TAP33.pdf) and document screening in the electronic health record (EHR).

5.2.3. Conduct brief interventions with patients who screen positive for potential substance use concerns and document activities in the EHR.

5.2.4. Refer patients to Substance Use Disorder (SUD) treatment services as necessary, and ensure each patient has connected with the specific service

provider by documenting in the EHR, which is audited to ensure appropriate follow up.

5.2.5. Conduct SBIRT with covered populations that include all adults on an annual basis and pregnant women on a trimester basis.

5.3. Coordinate care between community health center (CHC) services and external treatment providers by collaborating with entities that provide SUD treatment services not available at the CHC. The Contractor shall:

5.3.1. Obtain client consents to contact service providers in order to resolve any barriers to accessing services.

5.3.2. Refer patients for SUD services, as needed.

5.3.3. Follow up with patient and/or SUD service provider to ensure appropriate services are provided.

5.3.4. Work with Regional Public Health Networks (RPHNs) to identify new SUD referral resources as they become available.

5.4. The Contractor shall test SBIRT fidelity with a subset of the target population prior to full implementation for all adults ages nineteen (19) to sixty-five (65) annually and pregnant women at each trimester.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall ensure staff delivering SBIRT services have, at minimum, one of the following:

6.3.1. Masters prepared behavioral health practitioners. This includes individuals licensed under the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board.

6.3.2. Masters prepared and in the process of obtaining a license from the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board, while under the supervision of a licensed practitioner of the same profession.

6.3.3. Physicians or Advanced Practice Registered Nurses licensed to practice in NH.

6.3.4. Physician Assistants or other practitioners under the supervision of a Physician licensed to practice in NH.

6.4. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.4.1. A registered nurse who:

6.4.1.1. Is licensed with the NH Board of nursing; or

6.4.1.2. Has attained bachelor's degree from a recognized college or university.

6.4.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.4.1.

6.5. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services In writing and include a copy of the individual's resume, within one month of hired.

6.6. The Contractor shall notify the MCHS, in writing, when:

6.6.1. Any critical position is vacant for more than one month.

6.6.2. There is not adequate staffing to perform all required services for more than one month.

7. Coordination of Services

7.1. The Contractor shall coordinate referrals for continued care of treatment, or breast or cervical healthcare, with other service providers within the community, where possible.

7.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.2.1. Community needs assessments.

7.2.2. Public health performance assessments.

7.2.3. The development of regional health improvement plans.

7.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

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8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit an annual Workplan and Workplan Outcome Report for the quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.4. If utilizing any portion of this contract for enabling services, the Contractor shall submit an annual Workplan and Workplan Outcome Report that includes at least one (1) performance measure for each type of enabling service provided. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st.

9.6. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.7. The Contractor shall submit monthly Outcome Reports for SBIRT services according to the schedule and instructions provided by the MCHS. The Contractor shall:

9.7.1. Collect information that includes, but is not limited to:

9.7.1.1. Description of the training provided, including but not limited to:

9.7.1.1.1. The content of the training provided.

9.7.1.1.2. The number of staff who received training.

9.7.1.2. The number of:

9.7.1.2.1. Qualified staff conducting SBIRT

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9.7.1.2.2. SBIRT billing codes developed.

9.7.1.2.3. SBIRT services billed to insurance.

9.7.1.3. Updates on any changes, enhancements or adaptations to SBIRT procedures in:

9.7.1.3.1. Technology based systems.

9.7.1.3.2. Staffing.

9.7.1.3.3. Coding and billing.

9.7.1.4. The total number of clients receiving SBIRT delineated by:

9.7.1.4.1. Percentage of clients receiving only screening.

9.7.1.4.2. Percentage of clients receiving brief interventions.

9.7.1.4.3. Percentage of clients referred for more intensive services who initiated services.

9.7.1.4.4. Percentage of clients referred for more intensive services who had problems connecting to services.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.2.3. SBIRT documentation, which includes but is not limited to:

10.2.3.1. SBIRT policies and procedures.

10.2.3.2. Staff credentials for all staff delivering SBIRT services

10.2.3.3. SBIRT procedures utilized and documented in patient records.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

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Exhibit A-1 – Amendment #2

1. PRIMARY CARE PERFORMANCE MEASURES

1.1. Breastfeeding

1.1.1. **Percent of infants who are ever breastfed** (Title V PM #10).

1.1.1.1. Numerator: Infants who were ever breastfed or received breast milk

1.1.1.2. Denominator: All infants born in a state fiscal year

1.2. Preventive Health: Lead Screening

1.2.1. **Percent of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.** (CMS, Hedis).

1.2.1.1. Numerator: At least one capillary or venous blood test on or before the child's second birthday.

1.2.1.2. Denominator: Children who turn 2 years old during the state fiscal year.

1.3. Preventive Health: Adolescent Well-Care Visit

1.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (Hedis, Title V PM #7).

1.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

1.3.1.2. Denominator: Number of adolescents, ages 12 through 21 years of age.

1.4. Preventive Health: Depression Screening

1.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (ACO 18, NQF 0418).

1.4.1.1. Numerator: Patients who are screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan documented.

1.4.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.1.3. Denominator: All patients 12 years and older.

1.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

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1.4.2. **Maternal Depression Screening** (Developmental: not required for FY 16)

1.4.2.1. **Percentage of women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.**

1.4.2.1.1. Numerator: Women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool and screen negative.

AND

Women who are screened for depression during the post-partum visit using an appropriate standardized depression screening tool, screen positive, AND have a follow-up plan documented.

1.4.2.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.2.1.3. Denominator: All women who are at least 6 weeks post-partum in a state fiscal year.

1.4.2.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

1.5. **Preventive Health: Obesity Screening**

1.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (ACO 16, NQF 0421, HRSA UDS).

1.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

1.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters.

1.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist,

occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

1.5.1.4. Denominator: All patients aged 18 years and older who had at least one medical visit during the state fiscal year.

1.5.2. Percent of patients aged 2 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (HRSA UDS).

1.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

1.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

1.6. **Preventive Health: Tobacco Screening**

1.6.1. Percent of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user (ACO 17, NQF 0028, HRSA UDS).

1.6.1.1. Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.1.2. Definitions:

1.6.1.2.1. Tobacco Use: Includes any type of tobacco

1.6.1.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.1.3. Denominator: All patients aged 18 years and older seen for at least two visits ever

1.6.2. Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user (Title V, PM #15).

1.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.2.2. Definitions:

1.6.2.2.1. Tobacco Use: Includes any type of tobacco

1.6.2.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.2.3. Denominator: All women who delivered a live birth in a state fiscal year

1.7. **At Risk Population: Hypertension**

1.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year** (ACO 28, NQF 0018).

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

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

1.8. **Patient Safety: Falls Screening**

1.8.1. **Percent of patients aged 65 years and older who were screened for future fall risk at least once within 12 months** (ACO 13, NQF0101).

1.8.1.1. Numerator: Patients who were screened for future fall risk at least once within 12 months.

1.8.1.2. Definition of Fall: a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force.

1.8.1.3. Numerator note: Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year.

1.8.1.4. Denominator: All patients aged 65 years and older

1.8.1.5. Excluded from denominator population: (Exclusion only applied if patient was not screened for future fall risk) Documentation of medical reason(s) for not screening for future fall risk (e.g. patient is not ambulatory)

2. BCCP PERFORMANCE MEASURES

2.1. BCCP Performance Measure #1

2.1.1. **Measure:*** 78% of female patients age 24 through 64 years of age screened for cervical cancer per USPSTF guidelines.

2.1.2. **Numerator** – Number of female patients 24 through 29 years of age who have had a documented pap in the past 3 years AND female patients 30-64 who have either had a pap in the past 3 years OR an HPV test and a pap in the past 5 years

2.1.3. **Denominator** – Number of female patients 24 through 64 years of age who have had a visit in the past year and do not have evidence of having had a total hysterectomy.

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

2.1.5. *Measure based on the UDS measure

2.1.6. **Healthy People 2020 National Target is 93%

2.2. BCCP Performance Measure #2

2.2.1. **Measure:*** 75% of female patients age 52 through 74 years of age screened for breast cancer per USPSTF guidelines.

2.2.2. **Numerator** – Number of female patients 52 through 74 years of age who have had a documented mammogram in the past 24 months.

2.2.3. **Denominator** – Number of female patients 52 through 74 years of age who have had a visit in the past year and do not have evidence of having had a bilateral mastectomy.

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

2.2.5. *Measure based on the USPSTF Guidelines

2.2.6. ** Healthy People 2020 National Target is 81.1%

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3. SBIRT PERFORMANCE MEASURES

3.1. **Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services**

3.1.1. **Numerator**: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention or referral to services.

3.1.2. Definitions

3.1.2.1. Substance Use: Includes any type of alcohol or drug.

3.1.2.2. Brief Intervention: Includes guidance or counseling.

3.1.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.1.3. Denominator: Number of patients aged 18 years and older seen for annual visit within 12 months.

3.2. **Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services**

3.2.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

3.2.2. Definitions:

3.2.2.1. Substance Use: Includes any type of alcohol or drug.

3.2.2.2. Brief Intervention: Includes guidance or counseling.

3.2.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the state fiscal year.

Contractor Initials KG
Date 5/15/14

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   2.1. #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse.
   2.2. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   2.3. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #2, Scope of Services, in accordance with Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2.
4. The Contractor shall use and apply the amount in the SBIRT line item in Exhibit B-3 and Exhibit B-6 on actual SBIRT services provided.
5. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
6. Payment for said services shall be made as follows:
   6.1. The Contractor will submit an invoice by the tenth (10th) working day of each month, which identifies and requests reimbursement for:
      6.1.1. Authorized expenses incurred in the prior month.
      6.1.2. The units of SBIRT services provided, in accordance with Exhibit A – Amendment #2, Section 5.2.2 through Section 5.2.5 and Section 5.3.1 through Section 5.3.3, which shall be paid on a fee-for-service basis at the following rates:
         6.1.2.1. $29.86 for each unit of service that is 15-30 minutes.
         6.1.2.2. $57.31 for each unit of service that is more than 30 minutes.
   6.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   6.3. The invoice must be submitted by mail or e-mail to:

Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

E-mail: dphscontractbilling@dhhs.state.nh.us

Contractor Initials KG
Date: 5/25/15

7. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
8. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
9. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
10. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials KG
Date 5/15/15

EXHIBIT B-3 AMENDMENT #2

SBIRT BUDGET FORM

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

Bidder/Program Name: Coos County Family Health Services, Inc.

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

1. Total Salary/Wages	$ 43,162.00	$ -	$ 43,162.00	$ -	$ -	$ -	$ 43,162.00	$ -	$ 43,162.00
2. Employee Benefits	$ 13,818.00	$ -	$ 13,818.00	$ -	$ -	$ -	$ 13,818.00	$ -	$ 13,818.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ 4,000.00	$ -	$ 4,000.00	$ -	$ -	$ -	$ 4,000.00	$ -	$ 4,000.00
5. Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 8,000.00	$ -	$ 8,000.00	$ -	$ -	$ -	$ 8,000.00	$ -	$ 8,000.00
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 4,125.00	$ -	$ 4,125.00	$ -	$ -	$ -	$ 4,125.00	$ -	$ 4,125.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 75,125.00	$ -	$ 75,125.00	$ -	$ -	$ -	$ 75,125.00	$ -	$ 75,125.00
Indirect As A Percent of Direct		0.0%							

Contractor Initials KG

Date 5/15/18

EXHIBIT B-6 AMENDMENT #2

SBIRT BUDGET FORMS

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

Bidder/Program Name: Coos County Family Health Services, Inc.

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 6,500.00	$ -	$ 6,500.00	$ 6,500.00	$ -	$ 6,500.00	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 4,000.00	$ -	$ 4,000.00	$ -	$ -	$ -	$ 4,000.00	$ -	$ 4,000.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 10,500.00	$ -	$ 10,500.00	$ 6,500.00	$ -	$ 6,500.00	$ 4,000.00	$ -	$ 4,000.00
Indirect As A Percent of Direct		0.0%							

Date 5-15-16

Contractor Initials KG

5/8/14
34A MJ

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

G+C Approved
Date 5/8/14
Item #34A

March 28, 2014

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

Retroactive
SOLE SOURCE
13% Federal Funds
87% General Funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend agreements with 13 vendors by increasing the total price limitation by $4,293,569 from $5,173,800 to $9,467,369 to provide primary care services. This amount includes a request to **retroactively** enter into **sole-source** amendments in an amount of $648,347, effective **retroactive** to July, 1, 2013 through June 30, 2014 and to exercise a one-year renewal option with the same 13 vendors in an amount of $3,645,222, extending the completion date from June 30, 2014 to June 30, 2015, effective upon Governor and Council approval. Twelve of these agreements were originally approved by Governor and Council on June 20, 2012, Item numbers 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, and one agreement was originally approved by Governor and Council on July 11, 2012, Item number 31.

Summary of contracted amounts by vendor:

Vendor	Location	SFY 2014 Amount	SFY 2015 Amount	Total Increase
Ammonoosuc Community Health	North Grafton/ South Coos	$42,661	$254,172	$296,833
Concord Hospital, Inc.	Merrimack/ Hillsborough	$64,413	$376,377	$440,790
Coos County Family Health	Eastern Coos	$24,351	$159,685	$184,036
Families First of the Greater Seacoast	Seacoast Area	$41,892	$242,094	$283,986
Goodwin Community Health	Strafford County	$74,293	$420,579	$494,872
Health First Family Care Center	Central/Eastern Belknap	$55,968	$292,214	$348,182
Indian Stream Health Center	Northern Coos & Colebrook	$18,030	$100,409	$118,439
Lamprey Health Care, Inc.	Central Southern/Eastern NH	$119,828	$654,249	$774,077
Manchester Community Health Center	Greater Manchester Area	$71,392	$407,637	$479,029
Mid-State Health Center	Central Northern Belknap	$35,001	$175,511	$210,512
The New London Hospital, Inc.	Sullivan County	$39,566	$225,093	$264,659
Weeks Medical Center	Western Coos	$20,652	$113,557	$134,209
White Mountain Community Health	Northern Carroll	$40,300	$223,645	$263,945
TOTAL		**$648,347**	**$3,645,222**	**$4,293,569**

Funds to support this request are available in the following accounts for SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

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

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

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

See attachment for financial details

EXPLANATION

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

This requested action seeks approval of 13 amendments that represents $4,293,569 total anticipated to be spent statewide to continue breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services, and because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

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

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program

provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, low-income individuals statewide may not have adequate access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Contracts were awarded to Primary Care agencies through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by teams of three professionals. All reviewers have between three to 20 years' experience managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

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

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. All Primary Care vendors are making adequate progress in meeting clinical performance measures and the Departments wishes to continue working with the vendors for another year.

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

Area to be served is statewide.

Source of Funds: 13.09% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau; Centers for Disease Control and Prevention and 86.91% 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,

Brook Dupee for

José Thier Montero, MD, MHCDS
Director

Approved by:

Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Coos County Family Health Services, Inc.

This 1st Amendment to the Coos County Family Health Services, Inc., contract (hereinafter referred to as "Amendment One") dated this 6th day of March, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Coos County Family Health Services, Inc., (hereinafter referred to as "the Contractor"), a corporation with a place of business at 54 Willow Street, Berlin, New Hampshire 03570.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

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

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $427,142

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

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

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $24,351 for SFY 2014 and $159,685 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $24,351 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $122,103 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

Contractor Initials
Date 3/6/14

- $27,582 from 05-95-90-902010-5659-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.283;

- $10,000 from 05-95-90-901010-7965-102-500731, 100% General Funds.

  Add Paragraph 8
  8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

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

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

Contractor Initials: [signature]
Date: 3/6/14

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

State of New Hampshire
Department of Health and Human Services

3/28/2014
Date

Brook Dupee
Bureau Chief

Coos County Family Health Services, Inc.

3/6/14
Date

Name: Adele D. Woods
Title: Chief Executive Officer

Acknowledgement:

State of New Hampshire, County of Coos on March 6, 2014 before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace
LINDA BLANCHETTE, Notary Public
My Commission Expires September 18, 2018

Name and Title of Notary or Justice of the Peace

Contractor Initials ADW
Date 3/6/14

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

OFFICE OF THE ATTORNEY GENERAL

4-2-14
Date

Name: Rosemary Wiant
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: ADW
Date 3/6/14

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

NH Division of Public Health Services

May 1, 2012

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

APPROVED BY _____
DATE _____
APPROVED G&C #130
DATE 6/20/12
NOT APPROVED _____

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with Coos County Family Health Services, Inc. (Vendor #155327-B001), 54 Willow Street, Berlin, New Hampshire 03570, in an amount not to exceed $243,106.00, to provide primary care services and breast and cervical cancer screening, to be effective July 1, 2012 or date of Governor and Executive Council approval, whichever is later, through June 30, 2014. Funds are available in the following accounts for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budgets.

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

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080000	$81,519
SFY 2014	102-500731	Contracts for Program Services	90080000	$81,519
			Sub-Total	$163,038

05-95-90-901010-5149 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90073001	$10,000
SFY 2014	102-500731	Contracts for Program Services	90073001	$10,000
			Sub-Total	$20,000

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080081	$30,034
SFY 2014	102-500731	Contracts for Program Services	90080081	$30,034
			Sub-Total	$60,068
			Total	$243,106

EXPLANATION

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

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

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

- 88% of eligible children served were enrolled in Medicaid/Healthy Kids Gold.
- 86% of children 24-35 months, served received the appropriate schedule of immunizations.
- 82% of infants born to women served received prenatal care beginning in the first trimester of pregnancy.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing,

receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, a minimum of 8,350 low-income individuals from the Coos area may not have access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Coos County Family Health Services, Inc. was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by three professionals, who work internal and external to the Department of Health and Human Services. All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services, and managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. In those instances where scores were less than ideal, agency specific remedial actions were recommended and completed. Some primary care agencies are being funded at levels higher than they requested. Agencies were instructed to develop budgets based on previous allocations. While some proposed budgets higher than what was available for funding, others proposed budgets lower than what was available. There was an increase in breast and cervical cancer screening that bidders were unaware of when they drafted budgets. Adjustments were made accordingly for those agencies that proposed budgets at levels lower than available funds. This is a contract where that situation occurred. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. These services were contracted previously with this agency in SFY 2011 and SFY 2012 in the amount of $360,016. This represents a decrease of $116,910. The decrease is due to budget reductions.

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

Area served: Berlin, Dummer, Errol, Gorham, Milan, Randolph and Shelburne.

Source of Funds: 39.72% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 60.28% General Funds.

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

Respectfully submitted,

José Thier Montero, MD
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/PMT/sc

Program Name DPHS, Maternal and Child Health
Contract Purpose Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Ammonoosuc Community Health Services, Inc., 25 Mount Eustis Rd., Littleton, NH 03561	Coos County Family Health Services, Inc., 54 Willow St., Berlin, NH 03570	Concord Hospital, Inc., 250 Pleasant St., Concord, NH 03301	Families First of the Greater Seacoast, 100 Campus Drive, Portsmouth, NH 03801	Goodwin Community Health, 311 Route 108, Somersworth, NH 03878	Health First Family Care Center, 841 Central St., Franklin, NH 03235	Manchester Community Health Center, 145 Hollis St., Manchester, NH 03101	Mid-State Health Center, 101 Boulder Point Dr., Plymouth, NH 03264
Agy Capacity	30	29.00	28.00	28.00	29.00	29.00	25.00	29.00	28.00
Program Structure	50	46.00	45.00	47.00	48.00	48.00	39.00	46.00	45.00
Budget & Justification	15	14.00	15.00	15.00	15.00	12.00	13.00	15.00	12.00
Format	5	4.00	5.00	5.00	5.00	4.00	4.00	5.00	5.00
Total	100	93.00	93.00	95.00	97.00	93.00	81.00	95.00	90.00

BUDGET REQUEST								
Year 01	$339,156.25	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 02	$347,976.97	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 03	$0.00	-	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET REQUEST	$687,133.22	237,918.00	$551,408.00	$327,586.00	$584,604.00	$398,254.00	$556,404.00	$234,350.00
BUDGET AWARDED								
Year 01	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 02	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 03	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET AWARDED	$370,854.00	$243,106.00	$551,408.00	$340,554.00	$600,396.00	$400,476.00	$572,396.00	$234,350.00

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal & child health, quality assurance & performance improvement; chronic and communicable diseases and public health infrastructure.
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	
7	Terry Ohlson-Martin	Co-Director	Family Voices	
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm	
11	Lisa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	

Program Name: DPHS, Maternal and Child Health
Contract Purpose: Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	The New London Hospital, Inc., 273 County Rd., New London, NH 03257	Weeks Medical Center, 170 Middle St., Lancaster, NH 03584	White Mountain Community Health Center, 298 White Mountain Hwy., Conway, NH 03818	Lamprey Health Care, Inc., 207 South Main St., Newmarket, NH 03857	Indian Stream Health Center, 141 Corliss Lane, Colebrook, NH 03576	0	0	0
Agy Capacity	30	27.00	28.00	21.00	29.00	23.00	0.00	0.00	0.00
Program Structure	50	40.00	43.00	38.00	45.00	35.00	0.00	0.00	0.00
Budget & Justification	15	9.00	15.00	15.00	13.00	9.00	0.00	0.00	0.00
Format	5	4.00	5.00	3.00	5.00	5.00	0.00	0.00	0.00
Total	100	80.00	91.00	77.00	92.00	72.00	0.00	0.00	0.00

BUDGET REQUEST									
Year 01		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 02		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET REQUEST		$312,900.00	$158,274.00	$313,346.00	$912,662.00	$272,712.00	-	-	-
BUDGET AWARDED									
Year 01		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 02		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET AWARDED		$323,264.00	$158,274.00	$315,568.00	$922,436.00	$140,718.00	-	-	-

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three to twenty years experience either in clinical settings providing community-based family support services and/or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal & child health, quality assurance & performance improvement, chronic and communicable diseases and public health infrastructure
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	
5	Alise Druzba	Administrator	NH DHHS, DPHS, RHPC	
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	
7	Terry Ohlson-Martin	Co-Director	Family Voices	
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm.	
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Prenatal (PN) Performance Measure #1

Measure: Percent of infants born to women receiving prenatal care beginning in the first trimester of pregnancy.

Primary Care Prenatal (PN) Performance Measure #2

Measure: Percent of pregnant women identified as cigarette smokers that are referred to QuitWorks-New Hampshire.

Primary Care Prenatal (PN) Performance Measure #3

Measure: Percent of pregnant women who were screened, using a formal valid screening tool, for alcohol and other drug use during every trimester the patient was enrolled.

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

Measure: Percent of eligible children enrolled in Medicaid

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

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

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

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

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

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

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

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

Primary Care Financial (PC) Performance Measure #1

Measure: Patient Payor Mix

Primary Care Financial (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Primary Care Financial (PC) Performance Measure #3

Measure: Current Ratio

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: Percent of adolescents aged 10-21 years who received annual health maintenance visits in the past 12 months.

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure: Percent of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid.

Subject: Primary Care Services

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Coos County Family Health Services, Inc.		1.4 Contractor Address 54 Willow Street Berlin, New Hampshire 03570	
1.5 Contractor Phone Number 603-752-3669	1.6 Account Number 010-090-5190-102-500731 010-090-5149-102-500731 010-090-5659-102-500731	1.7 Completion Date June 30, 2014	1.8 Price Limitation $243,106
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature Adele Woods		1.12 Name and Title of Contractor Signatory Adele Woods, Chief Executive Officer	

1.13 Acknowledgement: State of NH, County of Coos

On 3/26/12 before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

[Seal] Linda Blanchette

LINDA BLANCHETTE, Notary Public
My Commission Expires September 17, 2013

1.13.2 Name and Title of Notary or Justice of the Peace

Linda Blanchette, Notary Public

1.14 State Agency Signature	1.15 Name and Title of State Agency Signatory Joan H. Ascheim, Bureau Chief
1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:	Director, On:
1.17 Approval by the Attorney General (Form, Substance and Execution) By: Jeanne P. Herrick, Attorney	On: 8 May 2012
1.18 Approval by the Governor and Executive Council By:	On:

Exhibit C

SPECIAL PROVISIONS

1. **Contractors Obligations:** The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

2. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

3. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

4. **Documentation:** In addition to the determination forms, required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

5. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

6. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

7. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

8. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party fundors for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party fundors, the Department may elect to:

    8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

Contractor Initials MW
Date 3/26/17

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

9. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

9.1 **Fiscal Records:** Books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

9.2 **Statistical Records:** Statistical, enrollment, attendance, or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

10.1 **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

10.2 **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directed connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

Contractor Initials: [signature]
Date: 3/26/12

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

12. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department

    12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

    12.2 Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

13. **Completion of Services:** Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14. **Credits:** All documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

    14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. **Operation of Facilities:** Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the Contractor with respect to the operation of the facility or the provision of the services at such facility. If any government license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

Contractor Initials: [signature]
Date 5/26/12

16. **Insurance:** Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed $500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed $500,000, is comprehensive general liability insurance in amounts of not less than $1,000,000 per claim or occurrence and $2,000,000 in the aggregate. *These amounts may NOT be modified*

☐ (1) The contractor certifies that it IS a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does not exceed $500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $250,000 per claim and $2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

X (2) The contractor certifies it does NOT qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

17. **Renewal:**

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

Contractor Initials _____
Date 3/26/12

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

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

Contractor Initials AW
Date 3/26/12

State of New Hampshire
Department of Health and Human Services
Amendment #4 to the Primary Care Services Contract

This 4th Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #4") dated this, 1st day of May, 2017 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Families First of the Greater Seacoast (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 100 Campus Drive, Suite 12, Portsmouth, New Hampshire 03570.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #134) as amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34A), as amended by an agreement (Amendment #2 to the Contract) approved by the Governor and Executive Council on June 24, 2016 (Item #58); as amended by an agreement (Amendment #3 to the Contract) approved by the Department on December 21, 2016; the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement the State may amend the contract terms and conditions by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for nine (9) months, add services to Exhibit A, Scope of Services and increase the price limitation; and

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

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:

   March 31, 2018
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:

   $1,291,096
3. Add Exhibit A- Amendment #4, Scope of Services.
4. Add Exhibit A-1 – Amendment #4, Performance Measures
5. Add Exhibit B – Amendment #4, Method and Conditions Precedent to Payment.
6. Add Exhibit B-1 – Amendment #4 MCHS Budget.
7. Add Exhibit B-2 – Amendment #4, BCCP Budget.

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

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

State of New Hampshire
Department of Health and Human Services

5/25/17
Date

NAME: LISA MORRIS
TITLE: DIRECTOR, DPHS

Families First of the Greater Seacoast

5/10/17
Date

NAME Helen B. Taft
TITLE Executive Director

Acknowledgement:
State of New Hampshire County of Rockingham on May 10 2017, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace

Kimberlee A. Durkee
Notary Public
My Commission Expires
April 3, 2018

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

OFFICE OF THE ATTORNEY GENERAL

6/5/17
Date

Name: Erin McIntyre
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

_____
Date

Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.6.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.6.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.6.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than thirty (30) consecutive days or any sixty (60) non-consecutive days.

2.2. The Contractor shall assist individuals with completing a Medicaid/Expanded Medicaid or other health insurance application when income calculations indicate possible eligibility.

2.3. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.4. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.4.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.4.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Perinatal services, including but not limited to access to obstetrical services either on-site or by referral.

3.1.3. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.4. Integrated Behavioral Health Services.

3.1.5. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.6. Assessment of need and follow-up/referral as indicated for:

3.1.6.1. Tobacco cessation, including referral to QuitWorks-NH, www.QuitWorksNH.org.

3.1.6.2. Social services.

3.1.6.3. Chronic Disease management, including disease specific referral and self-management education, which may include, but is not limited to referral to Diabetes Self-

Management Education (DSME), as recommended by the American Diabetes Association.

3.1.6.4. Nutrition services, including WIC, as appropriate.

3.1.6.5. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.1.6.6. Screening, Brief Intervention and Referral to Treatment (SBIRT) services, including but not limited to contact with the Regional Public Health Network Continuum of Care Development Initiative.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which includes but is not limited to access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.3. The Contractor shall provide enabling services, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor shall facilitate enabling services that include, but are not limited to:

3.3.1. Case management, which may include but is not limited to, care facilitated by registries; information technology; health information exchanged; and other services that ensure patients receive necessary care when and where it is needed and wanted 8in a culturally and linguistically appropriate manner.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach, which may include but is not limited to the use of community health workers.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 – Amendment #3 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Quality Improvement

5.1. The Contractor shall conduct a minimum of two (2) quality improvement projects which consist of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall ensure:

5.1.1. One (1) quality improvement project focuses on the performance measure as designated by the Department.

5.1.2. One (1) quality improvement project is based on previous performance outcomes needing improvement, as selected by the Contractor.

5.2. The Contractor shall utilize Quality Improvement (QI) science to develop and implement a QI Workplan for each QI project, which shall include but not be limited to:

5.2.1. Specific goals and objectives for the project period.

5.2.2. Evaluation methods to demonstrate improvements in the quality, efficiency, and effectiveness of patient care.

5.3. The Contractor may utilize activities in QI projects that enhance clinical workflow and improve patient outcomes, which may include but are not limited to:

5.3.1. EMR prompts/alerts.

5.3.2. Protocols/Guidelines.

5.3.3. Diagnostic support.

5.3.4. Patient registries.

5.3.5. Collaborative learning sessions.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care services who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within thirty (30) days of hire.

6.4. The Contractor shall notify the MCHS, in writing, when:

6.4.1. Any critical position is vacant for more than thirty (30) days.

6.4.2. There is not adequate staffing to perform all required services for more than thirty (30) consecutive days or any sixty (60) nonconsecutive days.

6.5. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.5.1. A registered nurse who:

6.5.1.1. Is licensed with the NH Board of nursing; or

6.5.1.2. Has attained bachelor's degree from a recognized college or university.

6.5.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.5.1.

7. Coordination of Services

7.1. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.1.1. Community needs assessments.

7.1.2. Public health performance assessments.

7.1.3. The development of regional health improvement plans.

7.2. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

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Date 5/10/17

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit a Performance Measure Outcome Report, which details the plan for improvement when a performance measure targeted goal is not met.

9.4. The Contractor shall submit an annual Workplan for the two (2) quality improvement projects that demonstrate improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall submit at least one (1) annual Workplan that includes a detailed description of the enabling services funded by this contract. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.6. The Contractor shall collect and submit the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st of each contract year.

9.7. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Contractor's Initials: [illegible]

Date 5/10/17

Exhibit A-1 – Amendment #4

1. MATERNAL AND CHILD HEALTH SECTION (MCHS) PRIMARY CARE PERFORMANCE MEASURES

1.1. Definitions

1.1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1.1. The calendar year (January 1st through December 31st); or

1.1.1.2. The state fiscal year (July 1st through June 30th).

1.1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.1.4. **NQF** – National Quality Forum

1.1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.1.6. **UDS** – Uniform Data System

1.1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. **Percent of infants who are ever breastfed** (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Screening

2.2.1. **Percent of children 3 years of age who had two or more capillary or venous lead blood test for lead poisoning by their third birthday.** (NH MCHS).

2.2.1.1. Numerator: All patient children who received at least one capillary or venous lead screening test between nine (9) months to eighteen (18) months of age **AND** one (1) capillary or venous lead screening test between nineteen (19) to thirty (30) months of age.

2.2.1.2. Denominator: All patient children who turned three (3) years old during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. Preventive Health: Adolescent Well-Care Visit

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2.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (HEDIS,).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. **Maternal Depression Screening**

2.4.2.1. **Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative PLUS women who screened positive AND have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

2.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (NQF 0421, UDS).

2.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit OR within twenty-four (24) months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who delivered a live birth in the measurement year.

2.6.2.4. Definitions:

2.6.2.4.1. Tobacco Use: Includes any type of tobacco

2.6.2.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

2.7. **At Risk Population: Hypertension**

2.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHG) during the measurement year** (NQF 0018).

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

2.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension (must have been diagnosed with hypertension 6 or more months before the measurement date) who had at least one (1) medical visit during the measurement year. (Excludes pregnant women and patients with End Stage Renal Disease.)

2.8. **Patient Safety: Falls Screening**

2.8.1. **Percent of patients aged 65 years and older who were screened for fall risk at least once within 12 months** (NH MCHS).

2.8.1.1. Numerator: Patients who were screened for fall risk at least once within the measurement year.

2.8.1.2. Denominator: All patients aged 65 years and older seen by a health care provider within the measurement year.

2.9. **SBIRT**

2.9.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services (NH MCHS).

2.9.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention and/or referral to services.

2.9.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.1.3. Denominator: Number of patients aged 18 years and older seen for annual/preventive visit within the measurement year.

2.9.1.4. Definitions:

2.9.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.9.1.4.2. Brief Intervention: Includes guidance or counseling.

2.9.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.9.2. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services (NH MCHS)**.**

2.9.3. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

2.9.4. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.5. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.9.6. Definitions:

2.9.6.1. Substance Use: Includes any type of alcohol or drug.

2.9.6.2. Brief Intervention: Includes guidance or counseling.

2.9.6.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A – Amendment #4, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   2.1. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   2.2. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #4, Scope of Services, in accordance with Exhibit B-1 Amendment #4 through Exhibit B-2 Amendment #4.
4. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
5. Payment for said services shall be made as follows:
   5.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
   5.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   5.3. The invoice must be submitted by mail or e-mail to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

   E-mail: dphscontractbilling@dhhs.state.nh.us
6. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
8. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
9. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #4 through Exhibit B-2 Amendment #4 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: [illegible]
Date: 5/16/17

Exhibit B-1 Amendment #4 MCHS Budget

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

Bidder/Program Name: Families First of the Greater Seacoast

Budget Request for: Primary Care Services - Health Center

Budget Period: July 1, 2017-March 31, 2018

Line Item	Total Program Cost: Direct Incremental	Total Program Cost: Indirect Fixed	Total Program Cost: Total	Contractor Share / Match: Direct Incremental	Contractor Share / Match: Indirect Fixed	Contractor Share / Match: Total	Funded by DHHS contract share: Direct Incremental	Funded by DHHS contract share: Indirect Fixed	Funded by DHHS contract share: Total
1. Total Salary/Wages	$ 1,745,729.00	$ -	$ 1,745,729.00	$ 1,611,890.00	$ -	$ 1,611,890.00	$ 133,839.00	$ -	$ 133,839.00
2. Employee Benefits	$ 270,413.00	$ -	$ 270,413.00	$ 270,413.00	$ -	$ 270,413.00	$ -	$ -	$ -
3. Consultants	$ 58,532.00	$ -	$ 58,532.00	$ 58,532.00	$ -	$ 58,532.00	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ 15,000.00	$ -	$ 15,000.00	$ 15,000.00	$ -	$ 15,000.00	$ -	$ -	$ -
Purchase/Minor	$ 7,000.00	$ -	$ 7,000.00	$ 7,000.00	$ -	$ 7,000.00	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ 66,765.00	$ -	$ 66,765.00	$ 66,765.00	$ -	$ 66,765.00	$ -	$ -	$ -
Office	$ 15,090.00	$ -	$ 15,090.00	$ 15,090.00	$ -	$ 15,090.00	$ -	$ -	$ -
6. Travel	$ 5,216.00	$ -	$ 5,216.00	$ 5,216.00	$ -	$ 5,216.00	$ -	$ -	$ -
7. Occupancy	$ -	$ 63,515.00	$ 63,515.00	$ -	$ 63,515.00	$ 63,515.00	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 8,215.00	$ -	$ 8,215.00	$ 8,215.00	$ -	$ 8,215.00	$ -	$ -	$ -
Postage	$ 8,880.00	$ -	$ 8,880.00	$ 8,880.00	$ -	$ 8,880.00	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ 10,320.00	$ -	$ 10,320.00	$ 10,320.00	$ -	$ 10,320.00	$ -	$ -	$ -
Insurance	$ 12,262.00	$ -	$ 12,262.00	$ 12,262.00	$ -	$ 12,262.00	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ 16,250.00	$ -	$ 16,250.00	$ 16,250.00	$ -	$ 16,250.00	$ -	$ -	$ -
11. Staff Education and Training	$ 5,250.00	$ -	$ 5,250.00	$ 5,250.00	$ -	$ 5,250.00	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
a. Computer Operations	$ 49,950.00	$ -	$ 49,950.00	$ 49,950.00	$ -	$ 49,950.00	$ -	$ -	$ -
b. CHAN Membership	$ 11,250.00	$ -	$ 11,250.00	$ 11,250.00	$ -	$ 11,250.00	$ -	$ -	$ -
c. Bank Fees/Interest	$ 4,300.00	$ -	$ 4,300.00	$ 4,300.00	$ -	$ 4,300.00	$ -	$ -	$ -
d. Dues/Memberships/Licenses	$ 14,800.00	$ -	$ 14,800.00	$ 14,800.00	$ -	$ 14,800.00	$ -	$ -	$ -
e. Bad Debts	$ 35,250.00	$ -	$ 35,250.00	$ 35,250.00	$ -	$ 35,250.00	$ -	$ -	$ -
f. OB/GYN Services/Prenatal Clinics	$ 69,960.00	$ -	$ 69,960.00	$ 69,960.00	$ -	$ 69,960.00	$ -	$ -	$ -
g. Program/Department Expenses	$ 55,186.00	$ -	$ 55,186.00	$ 55,186.00	$ -	$ 55,186.00	$ -	$ -	$ -
h. Miscellaneous Expenses	$ 6,375.00	$ -	$ 6,375.00	$ 6,375.00	$ -	$ 6,375.00	$ -	$ -	$ -
j. Depreciation Expense	$ 12,000.00	$ -	$ 12,000.00	$ 12,000.00	$ -	$ 12,000.00	$ -	$ -	$ -
k. Indirect Costs @ 10@ of Direct Expenses	$ -	$ 250,399.00	$ 250,399.00	$ -	$ 250,399.00	$ 250,399.00	$ -	$ -	$ -
TOTAL	$ 2,503,993.00	$ 313,914.00	$ 2,817,907.00	$ 2,370,154.00	$ 313,914.00	$ 2,684,068.00	$ 133,839.00	$ -	$ 133,839.00
Indirect As A Percent of Direct		12.5%							

Contractor Initials: [illegible]

Date: 5/10/17

Exhibit B-2 Amendment #4 BCCP Budget

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

Bidder/Program Name: Families First of the Greater Seacoast

Budget Request for: Primary Care - BCCP

Budget Period: July 1, 2017- March 31, 2018

4/18/2017

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 22,625.00	$ -	$ 22,625.00	$ 7,142.00	$ -	$ 7,142.00	$ 15,483.00	$ -	$ 15,483.00
2. Employee Benefits	$ 3,507.00	$ -	$ 3,507.00	$ 3,507.00	$ -	$ 3,507.00	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ 1,052.00	$ -	$ 1,052.00	$ 1,052.00	$ -	$ 1,052.00	$ -	$ -	$ -
Office	$ 250.00	$ -	$ 250.00	$ 250.00	$ -	$ 250.00	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
a) Clinical Services	$ 9,443.00	$ -	$ 9,443.00	$ -	$ -	$ -	$ 9,443.00	$ -	$ 9,443.00
b) Transportation Expenses	$ 1,500.00	$ -	$ 1,500.00	$ -	$ -	$ -	$ 1,500.00	$ -	$ 1,500.00
c) Administration Overhead (10% of Direct Exp)	$ -	$ 3,838.00	$ 3,838.00	$ -	$ 3,838.00	$ 3,838.00		$ -	$ -
TOTAL	**$ 38,377.00**	**$ 3,838.00**	**$ 42,215.00**	**$ 11,951.00**	**$ 3,838.00**	**$ 15,789.00**	**$ 26,426.00**	**$ -**	**$ 26,426.00**
Indirect As A Percent of Direct		10.0%							

Contractor Initials: [illegible]
Date: 5/10/17

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that FAMILIES FIRST OF THE GREATER SEACOAST is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 28, 1986. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **101090**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 5th day of April A.D. 2017.

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

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

1. I am a duly elected Officer of Families First of the Greater Seacoast
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency duly held on 5/10/17:
(Date)

RESOLVED: That the Executive Director
(Title of Contract Signatory)

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

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 10th day of May, 2017.
(Date Contract Signed)

4. Helen B. Taft is the duly elected Executive Director of the Agency.
(Name of Contract Signatory) (Title of Contract Signatory)

Linda Sanborn
(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE

County of Rockingham

The forgoing instrument was acknowledged before me this 10th day of May, 2017,

By Linda Sanborn.
(Name of Elected Officer of the Agency)

Kimberlee A. Durkee
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: Kimberlee A. Durkee Notary Public My Commission Expires April 3, 2018

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/5/2017

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

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

PRODUCER	CONTACT NAME: Edward Jackson	
Tobey & Merrill Insurance 20 High Street Hampton NH 03842-2214	PHONE (A/C, No, Ext): (603) 926-7655	FAX (A/C, No): (603) 926-2135
	E-MAIL ADDRESS: edward@tobeymerrill.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Peerless Indemnity	18333
INSURED Families First of the Greater Seacoast 100 Campus Dr Ste 12 Suite 12 Portsmouth NH 03801	INSURER B : Peerless Insurance Company	24198
	INSURER C : Technology Insurance	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CL173804804 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			BOP8358757	12/29/2016	12/29/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Employee Benefits	$ 2,000,000 $ 50,000 $ 5,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS			BA5375202	12/29/2016	12/29/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
B	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			CU8353458	12/29/2016	12/29/2017	EACH OCCURRENCE AGGREGATE 	$ 1,000,000 $ 1,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TWC3602634	12/29/2016	12/29/2017	[ ] PER STATUTE [X] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

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

CERTIFICATE HOLDER

DHHS/DCYF
129 PLEASANT ST
CONCORD, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Edward Jackson/EJJ

Families First

support for families...health care for all

Mission Statement

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

Vision Statement

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

Guiding Principles

Families First will:

- offer a broad array of health and family services to meet evolving community needs;
- meet a standard of excellence in all services;
- ensure that no one is turned away due to inability to pay;
- treat clients respectfully and with concern for dignity;
- integrate services wherever possible;
- partner with other organizations to help realize our vision.

BerryDunn

Families First

support for families...health care for all

FINANCIAL STATEMENTS

June 30, 2016 and 2015

With Independent Auditor's Report

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Families First of the Greater Seacoast

We have audited the accompanying financial statements of Families First of the Greater Seacoast, which comprise the balance sheets as of June 30, 2016 and 2015, and the related statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Families First of the Greater Seacoast as of June 30, 2016 and 2015, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
November 9, 2016

FAMILIES FIRST OF THE GREATER SEACOAST

Balance Sheets

June 30, 2016 and 2015

ASSETS

	2016	2015
Current assets		
Cash and cash equivalents	**$ 726,265**	$ 350,670
Patient accounts receivable, less allowance for uncollectible accounts of $62,155 in 2016 and $54,489 in 2015	**337,248**	297,832
Grants receivable	**85,670**	72,622
Current portion of pledges receivable	**197,507**	275,467
Other current assets	**36,247**	26,601
Total current assets	**1,382,937**	1,023,192
Investments	**156,031**	99,769
Investment in limited liability company	**16,204**	-
Assets limited as to use	**1,450,076**	1,680,036
Property and equipment, net	**573,466**	418,783
Total assets	**$ 3,578,714**	$ 3,221,780

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	**$ 112,479**	$ 52,580
Accrued payroll and related expenses	**463,760**	313,185
Patient deposits	**58,215**	47,922
Deferred revenue	**35,501**	60,200
Total liabilities	**669,955**	473,887
Net assets		
Unrestricted	**1,238,753**	915,781
Temporarily restricted	**469,319**	631,425
Permanently restricted	**1,200,687**	1,200,687
Total net assets	**2,908,759**	2,747,893
Total liabilities and net assets	**$ 3,578,714**	$ 3,221,780

The accompanying notes are an integral part of these financial statements.

FAMILIES FIRST OF THE GREATER SEACOAST

Statements of Operations

Years Ended June 30, 2016 and 2015

	2016	2015
Operating revenue		
Patient service revenue	$ 2,627,125	$ 2,152,348
Provision for bad debts	(63,508)	(37,705)
Net patient service revenue	2,563,617	2,114,643
Grants and contracts	1,689,549	1,332,274
Contributions	1,003,671	1,348,525
Equity earnings of limited liability company	15,704	-
Other operating revenue	68,811	120,613
Net assets released from restrictions for operations	840,222	1,159,515
Total operating revenue	6,181,574	6,075,570
Operating expenses		
Salaries and benefits	4,389,821	4,121,046
Other operating expenses	1,507,681	1,211,689
Depreciation	83,306	80,984
Interest expense	-	6,666
Total operating expenses	5,980,808	5,420,385
Operating income	200,766	655,185
Non-operating revenue and gains		
Investment income	3,057	2,452
Gain on sale of capital asset	-	34,844
Change in fair value of investments	(5,851)	(3,756)
Total non-operating revenue and gains	(2,794)	33,540
Excess of revenue over expenses	197,972	688,725
Contributions received for capital acquisition	125,000	-
Net assets released for capital acquisition	-	234,118
Increase in unrestricted net assets	$ 322,972	$ 922,843

The accompanying notes are an integral part of these financial statements.

FAMILIES FIRST OF THE GREATER SEACOAST

Statements of Changes in Net Assets

Years Ended June 30, 2016 and 2015

	2016	2015
Unrestricted net assets		
Excess of revenue over expenses	**$ 197,972**	$ 688,725
Contributions received for capital acquisition	**125,000**	-
Net assets released for capital acquisition	**-**	234,118
Increase in unrestricted net assets	**322,972**	922,843
Temporarily restricted net assets		
Contributions	**698,982**	750,695
Investment income	**25,187**	23,575
Change in fair value of investments	**(46,053)**	(26,114)
Net assets released from restrictions for operations	**(840,222)**	(1,159,515)
Net assets released for capital acquisition	**-**	(234,118)
Decrease in temporarily restricted net assets	**(162,106)**	(645,477)
Change in net assets	**160,866**	277,366
Net assets, beginning of year	**2,747,893**	2,470,527
Net assets, end of year	**$ 2,908,759**	$ 2,747,893

The accompanying notes are an integral part of these financial statements.

FAMILIES FIRST OF THE GREATER SEACOAST

Statements of Cash Flows

Years Ended June 30, 2016 and 2015

	2016	2015
Cash flows from operating activities		
Change in net assets	$ 160,866	$ 277,366
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Provision for bad debts	63,508	37,705
Depreciation	83,306	80,984
Equity earnings of limited liability company	(15,704)	-
Gain on sale of capital asset		(34,844)
Restricted contributions for long-term purposes	(125,000)	-
Change in fair value of investments	51,904	29,870
(Increase) decrease in the following assets:		
Patient accounts receivable	(102,924)	(119,498)
Grants receivable	(13,048)	44,794
Pledges receivable	77,960	332,523
Other current assets	(9,646)	7,210
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	59,899	(64,571)
Accrued payroll and related expenses	150,575	921
Patient deposits	10,293	6,949
Deferred revenue	(24,699)	48,420
Net cash provided by operating activities	367,290	647,829
Cash flows from investing activities		
Capital acquisitions	(237,989)	(217,073)
Proceeds from sale of capital asset	-	35,000
Purchase of investments	(28,742)	(363,435)
Proceeds from the sale of investments	150,036	91,555
Net cash used by investing activities	(116,695)	(453,953)
Cash flows from financing activities		
Payments on line of credit	-	(243,849)
Restricted contributions for long-term purposes	125,000	-
Net cash provided (used) by financing activities	125,000	(243,849)
Net increase (decrease) in cash and cash equivalents	375,595	(49,973)
Cash and cash equivalents, beginning of year	350,670	400,643
Cash and cash equivalents, end of year	$ 726,265	$ 350,670
Supplemental disclosures of cash flow information		
Cash paid for interest	$ -	$ 6,666

The accompanying notes are an integral part of these financial statements.

1. Summary of Significant Accounting Policies

Organization

Families First of the Greater Seacoast (Organization) is a non-stock, not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) which provides comprehensive medical and family support services, including primary care, dental, well child care, substance abuse counseling, parenting education, and home visitation programs to residents of the Seacoast region (New Hampshire and Maine).

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds and exclude amounts whose use is limited by Board designation or donor-imposed restrictions.

Allowance for Uncollectible Accounts

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patient accounts receivable, the Organization analyzes its past history and identifies trends for each funding source. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts. The Organization has not changed its methodology for estimating the allowance for uncollectible accounts.

A reconciliation of the allowance for uncollectible accounts at June 30 is as follows:

	2016	2015
Balance, beginning of year	$ 54,489	$ 51,984
Provision	63,508	37,705
Write-offs	(55,842)	(35,200)
Balance, end of year	$ 62,155	$ 54,489

The increase in provision is primarily due to an increase in patient balances over 120 days old.

Grants Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

Investments

The Organization reports investments at fair value, and has elected to report all gains and losses in the excess (deficiency) of revenues over expenses to simplify the presentation of these amounts in the statement of operations. Investments include donor endowment funds and board-designated assets. Accordingly, investments have been classified as non-current assets on the accompanying balance sheet regardless of maturity or liquidity. The Organization has established policies governing long-term investments, which are held within several investment accounts, based on the purposes for those investment accounts and their earnings.

Investment income and the change in fair value are included in the excess of revenue over expenses, unless otherwise stipulated by the donor or State Law.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the balance sheets.

Investment in Limited Liability Company

The Organization is one of eight partners who have each made a capital contribution of $500 to Primary Health Care Partners, LLC (PHCP) during 2015. The Organization's investment in PHCP is reported using the equity method and the investment amounted to $16,204 and $- at June 30, 2016 and 2015, respectively.

Assets Limited As To Use

Assets limited as to use include assets designated by the Board of Directors for future use and donor-restricted contributions to be held in perpetuity.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted net assets and excluded from the excess of revenues over expenses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets include contributions and grants for which donor-imposed restrictions have not been met. Assets are released from restrictions as expenditures are made in line with restrictions called for under the terms of the donor.

Permanently restricted net assets have been restricted by donors to be maintained by the Organization in perpetuity, the income of which is primarily available for operations.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

Donated Goods and Services

Various program help and support for the daily operations of the Organization's programs were provided by the general public of the communities served by the Organization. Donated supplies and services are recorded at their estimated fair values on the date of receipt. Donated supplies and services amounted to $294,007 and $147,044 for the years ended June 30, 2016 and 2015, respectively.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of operations as "net assets released from restrictions." Donor-restricted contributions whose restrictions are met in the same year as received are reflected as unrestricted contributions in the accompanying financial statements.

Promises to Give

Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. Given the short term nature of the pledges, they are not discounted and no reserve for uncollectible pledges has been established. Conditional promises to give are not included as support until the conditions are substantially met.

Functional Expenses

The Organization provides various services to residents within its geographic location. Expenses related to providing these services are as follows:

	2016	2015
Program services	**$ 5,202,419**	$ 4,706,160
Administrative and general	**621,430**	574,957
Fundraising	**156,959**	139,268
Total	**$ 5,980,808**	$ 5,420,385

Excess of Revenue Over Expenses

The statements of operations reflect the excess of revenue over expenses. Changes in unrestricted net assets which are excluded from the excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through November 9, 2016, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Investments

Investments, stated at fair value, consisted of the following:

	2016	2015
Long-term investments	$ 156,031	$ 99,769
Assets limited as to use	1,450,076	1,541,850
Total investments	$ 1,606,107	$ 1,641,619

Fair Value of Financial Instruments

Financial Accounting Standards Board Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The fair value hierarchy within ASC Topic 820 distinguishes three levels of inputs that may be utilized when measuring fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The following table sets forth by level, within the fair value hierarchy, the Organization's investments at fair value:

	Investments at Fair Value as of June 30, 2016			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 6,504	-	-	6,504
Mutual funds	1,599,603	-	-	1,599,603
Total investments	$ 1,606,107	$ -	$ -	$ 1,606,107

	Investments at Fair Value as of June 30, 2015			
	Level 1	Level 2	Level 3	Total
Money market funds	18,248	-	-	18,248
Mutual funds	1,623,371	-	-	1,623,371
Total investments	$ 1,641,619	$ -	$ -	$ 1,641,619

Investment income and gains (losses) for cash equivalents and investments consist of the following:

	2016	2015
Unrestricted net assets		
Investment income	**$ 3,057**	$ 2,452
Change in fair value of investments	**(5,851)**	(3,756)
Restricted net assets		
Investment income	**25,187**	23,575
Change in fair value of investments	**(46,053)**	(26,114)
Total	**$ (23,660)**	$ (3,843)

3. Assets Limited as to Use

Assets limited as to use consist of the following:

	2016	2015
Designated by the governing board		
For future use	**$ 73,142**	$ 212,115
Donor-restricted endowment		
Temporarily restricted earnings	**176,247**	267,234
Permanently restricted principal	**1,200,687**	1,200,687
Total	**$ 1,450,076**	$ 1,680,036

Assets limited as to use consisted of the following:

	2016	2015
Cash and cash equivalents	**$ -**	$ 138,186
Investments	**1,450,076**	1,541,850
Total	**$ 1,450,076**	$ 1,680,036

4. Pledges Receivable

Pledges receivable consisted of the following:

	2016	2015
Scheduled amounts due in:		
Less than one year	$ 197,507	$ 275,467

Pledges receivable have not been discounted as the amount is not material to the financial statements as a whole. The Organization believes all pledges are fully collectible.

5. Property and Equipment

Property and equipment consisted of the following:

	2016	2015
Leasehold improvements	$ 179,031	$ 179,031
Furniture, fixtures, and equipment	1,037,550	799,559
Total cost	1,216,581	978,590
Less accumulated depreciation	(643,115)	(559,807)
Property and equipment, net	$ 573,466	$ 418,783

6. Line of Credit

The Organization has a $250,000 line of credit with a local bank through May 1, 2017. The line of credit is collateralized by accounts receivable. The interest rate at June 30, 2016 was 3.50%. There was no outstanding balance at June 30, 2016 and 2015.

7. Temporarily and Permanently Restricted Net Assets

Temporarily and permanently restricted net assets consisted of the following:

	2016	2015
Temporarily restricted		
Unrestricted pledges receivable	$ 213,711	$ 275,467
Program services	95,565	88,724
Endowment earnings	176,247	267,234
Total temporarily restricted	$ 485,523	$ 631,425
Permanently restricted		
Endowment	$ 1,200,687	$ 1,200,687

8. Endowments

Interpretation of Relevant Law

There were no board-designated endowments. The Organization's endowments primarily consist of an investment portfolio managed by the Investment Sub-Committee. As required by U.S. GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Organization has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as a donor-restricted endowment (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent donor-restricted endowment gifts and (c) accumulations to the donor-restricted endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund, if any, is classified as temporarily restricted net assets until those amounts are appropriated for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

(1) The duration and preservation of the fund;
(2) The purposes of the Organization and the donor-restricted endowment fund;
(3) General economic conditions;
(4) The possible effect of inflation and deflation;
(5) The expected total return from income and the appreciation of investments;
(6) Other resources of the Organization; and
(7) The investment policies of the Organization.

Spending Policy

The Organization has a policy of appropriating for expenditure an amount equal to 5% of the endowment fund's average fair market value over the prior 20 quarters. The earnings on the endowment fund are to be used for operations.

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Organization to retain as a fund of perpetual duration. There were no such deficiencies as of June 30, 2016 and 2015.

Return Objectives and Risk Parameters

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Organization must hold in perpetuity. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that exceed or meet designated benchmarks while incurring a reasonable and prudent level of investment risk.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation that places a balanced emphasis on equity-based and income-based investments to achieve its long-term return objectives within prudent risk constraints.

Endowment Net Asset Composition by Type of Fund

The endowment net asset composition by type of fund is as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
2016				
Donor-restricted endowment funds	$ -	$ 176,247	$ 1,200,687	$ 1,376,934
2015				
Donor-restricted endowment funds	$ -	$ 267,234	$ 1,200,687	$ 1,467,921

The Organization had the following endowment-related activities:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, June 30, 2015	$ -	$ 267,234	$ 1,200,687	$ 1,467,921
Investment return				
Investment income	-	25,187	-	25,187
Change in fair value of investments	-	(46,053)	-	(46,053)
Appropriation of endowment assets for expenditures	-	(70,121)	-	(70,121)
Endowment net assets, June 30, 2016	$ -	$ 176,247	$ 1,200,687	$ 1,376,934

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, June 30, 2014	$ -	$ 336,328	$ 1,200,687	$ 1,537,015
Investment return				
Investment income	-	23,575	-	23,575
Change in fair value of investments	-	(26,114)	-	(26,114)
Appropriation of endowment assets for expenditures	-	(66,555)	-	(66,555)
Endowment net assets, June 30, 2015	$ -	$ 267,234	$ 1,200,687	$ 1,467,921

9. Patient Service Revenue

Patient service revenue follows:

	2016	2015
Medicare	$ 267,336	$ 215,538
Medicaid	1,595,264	1,307,387
Third-party payers and private pay	764,525	629,423
Total patient service revenue	$ 2,627,125	$ 2,152,348

The Organization has agreements with the Centers for Medicare and Medicaid Services (Medicare and New Hampshire and Maine Medicaid). Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Organization believes that it is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

Medicare

Effective July 1, 2015, the Organization began to be reimbursed for the care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically-adjusted rate determined by federal guidelines. Prior to July 1, 2015, the Organization was reimbursed at specified interim contractual rates during the year. Differences between the Medicare interim contractual rate and the cost of care as defined by the Principles of Reimbursement governing the program were determined and settled on a retrospective basis. Overall, reimbursement was and continues to be subject to a maximum allowable rate per visit. The Organization's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, 2014.

Medicaid and Other Payers

The Organization also has entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively-determined rates per visit, discounts from established charges and capitated arrangements for primary care services on a per-member, per-month basis.

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization charity care policy amounted to approximately $1,222,000 and $1,661,100 for the years ended June 30, 2016 and 2015, respectively.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

10. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 401(k) that covers substantially all employees. Employer discretionary contributions are funded at a percentage of eligible employees' salaries. The Organization contributed $94,241 for the year ended June 30, 2016. The Organization did not incur expenses under the plan for the years ended June 30, 2015.

11. Concentration of Risk

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The mix of medical patient service revenue receivables from patients and third-party payers was as follows as of June 30:

	2016	2015
Medicare	15 %	11 %
Medicaid	45 %	42 %
Other	40 %	47 %
	100 %	100 %

12. Commitments and Contingencies

Medical Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of the year ended June 30, 2016, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

Leases

The Organization leases office space and certain other office equipment under noncancelable operating leases. Future minimum lease payments under these leases are as follows:

2017	$ 159,973
2018	86,659
2019	7,848
Total	$ 254,480

Rental expense amounted to $142,017 and $133,381 for the years ended June 30, 2016 and 2015, respectively. Rent expense includes a charge per square foot for utilities and housekeeping services.

	First	Name	Board Position	Address	Phone	Email Address
1	Linda	Sanborn, CPA	Chair	100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
2	Tom	Newbold	Vice Chair	100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
3	Kristen	Hanley	Secretary	100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
4	Mike	Burke, CPA	Treasurer	100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
5	Karin	Barndollar		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
6	Barbara	Henry		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
7	John	Jamison		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
8	Jo	Jordon		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
9	Josephine	Lamprey		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
10	Patricia	Locuratolo, MD		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
11	John	Pelletier		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
12	Kerri	Ruggiero		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
13	Mary	Schleyer		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
14	Kathy	Scheu		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
15	Dan	Schwarz, Esq.		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
16	Peter	Whitman		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org

HELEN B. TAFT
[redacted]

OBJECTIVE: A position as Administrator in the human services or health care fields.

PROFILE:

- Highly developed research and writing skills with emphasis on analysis and evaluation
- Excellent academic record
- Strong verbal communication and group discussion skills
- Experienced interpersonal skills
- Long-term commitment to community service

EDUCATION:

University of New Hampshire
Masters of Public Administration, 1989
Certificate of Paralegal Studies, 1982
Smith College
B.A. (Government) 1966

PROFESSIONAL EXPERIENCE:

FAMILIES FIRST OF THE GREATER SEACOAST, Portsmouth, NH
Executive Director Dec.1989 – Present
FOUNDATION FOR SEACOAST HEALTH, Portsmouth, N.H
Administrative Intern Jan. -June 1989
HARVEY AND MAHONEY LAW OFFICES, Manchester, NH
Paralegal 1982 -1988

VOLUNTEER LEADERSHIP EXPERIENCE:

CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE 1972 –1992
President; First Vice-President; Board of Directors; Chair, Long ,Range Planning Committee; Chair, Advocacy Committee; President, Manchester Regional Executive Committee
UNITED WAY OF MANCHESTER 1985 -1988
Board of Directors; Chair, Campaign Phonothon; Venture Grant Committee
MANCHESTER LEAGUE OF WOMEN VOTERS 1973 -1978
President; Board of Directors
GREATER SEACOAST UNITED WAY 1997 -1999
Board of Directors

REFERENCES: Furnished upon request.

David C. Choate
[redacted]

PROFESSIONAL OBJECTIVE

A position in **Senior Financial Management** providing the opportunity to make a strong contribution to organizational goals though continued development of professional management and financial skills.

QUALIFICATIONS PROFILE

Experience/ Skills:

Chief Financial Officer: Assure the financial integrity of the agency.

Related skills and practices include:

- Preparing and monitoring required financial statements and reports
- Developing and revising comprehensive annual agency budgets
- Developing and updating the Administrative and Fiscal Internal Control Policies and Procedures Manual
- Supervising support staff which includes: payroll, accounts payable, accounts receivable, finance clerk, network administrator, receptionist and building maintenance
- Advising agency management and the Board of Directors in regards to fiscal planning, cost analysis auditing systems and financial reporting requirements
- Acting as the lead administrative staff for banking and investment functions, grant management and auditing functions; i.e. external and funding sources
- Reviewing and analyzing plant and equipment needs and negotiating the purchase of major equipment and financing

Computers:

- Windows-based PC's with various accounting software including Microsoft Great Plains Solomon
- Equation Solvers: Microsoft Office: Word, Excel and Outlook

Administration:

- Ensuring compliance with all applicable laws, standards, and reporting requirements of funding sources
- Preparing grant financial reports and documentations

Education:

Master Degree in Business Administration, 1989
Southern New Hampshire University – Manchester, New Hampshire

Bachelor of Science Degree in Business Administration-Accounting, 1974
Thomas College – Waterville, Maine

Accomplishments/Strengths:

- Extensive accounting, auditing and management consulting skills
- Excellent troubleshooting and analytical skills
- Well organized and proficient with details
- Excellent interpersonal and team skills

PROFESSIONAL EXPERIENCE

January 2008 to present

FAMILIES FIRST OF THE GREATER SEACOAST, Portsmouth, NH

Finance Director

July 2000 to June 2007

INDEPENDENCE ASSOCIATION, INC, Brunswick, Maine

Director of Finance & Administration

An agency that provides residential housing and day programs to adults and children with disabilities.

Accomplishments:

- Streamlined and updated audit procedures to assure successful audits
- Responsible for smooth computer conversion to Great Plains Solomon accounting software
- Maintained and increased profits from services

November 1995 to July 2000

METHODIST CONFERENCE HOME, INC, Rockland, Maine

Finance Manager

A senior housing agency with programs such as housing services, housing management, senior citizen meals and regional transportation.

Accomplishments:

- Involved in obtaining finance and operating funds to build an upscale senior housing facility
- Instituted financial administrative policies
- Obtained line of credit for operations.
- Computerized the accounting systems

May 1988 to November 1995

PROFESSIONAL MANAGEMENT ASSOCIATES, Portland, Maine

Partner and Management Consultant

A business offering a wide range of management and accounting services to professionals and small to medium-sized business, both non-profit and for profit.

Clientele:

- Small to mid-size business, i.e. food industry and pharmacies
- Health care providers; i.e. physicians, dentists, chiropractors, hospitals and veterinarians.

Accomplishments:

- Increased profits for companies through new financial management policies and procedures.

— Excellent references are available upon request —

Susan Stewart Durkin, RN, AE-C
[redacted]

Education:

Rivier College--St. Joseph's School of Nursing 9/95—5/97
AD. Nursing: GPA 4.0

College of the Holy Cross 9/87—5/91
B.A. Sociology: GPA 3.2

Certifications:

Registered Nurse 5/97 - Present
Certified Asthma Educator 6/06 - Present

Experience:

Families First Health and Support Center
Healthcare for the Homeless Project Director 5/2011—Present
Provide overall organization, management and delivery of patient care services for the project. Oversees staff and participates on the Management Team. Oversees quality improvement, reporting and systems management.
Homeless Health Care Nurse 9/05—5/2011
Provide primary nursing care to homeless patients in a mobile health setting.
Quality Improvement Director 6/01—Present
Responsible for all quality assurance and improvement activities for the agency. Participates on the Quality Improvement Committee of the Board of Directors.
Clinical Operations Director 9/98—6/01
Provide oversight of clinical operations for community health center. Responsible for development and implementation of quality assurance plan. Assist in the development of grant proposals and assure health center compliance with requirements. Responsible for clinical staffing and supervision.

Wentworth-Douglas Hospital--Dunaway North/Pediatrics 6/97--4/99
Staff Nurse/Charge Nurse/Per Diem Nurse
Provided primary nursing care to pediatric, adolescent, and adult patients. Performed or assisted in outpatient procedures. Assumed Charge Nurse responsibilities as of 11/97.

Developmental Services of Strafford County 3/98--9/98
Infant —Toddler Program Nurse
Perform developmental assessments. Provide staff and families with education and consultation regarding medical issues. Provide developmental stimulation to children within a transdisciplinary model.

Partners in Health Project 9/94--3/98
Family Support Coordinator
Provided resource coordination, education, advocacy, and support to families of children with chronic illnesses. Coordinated activities of leadership council. Prepared and held community presentations. Organized community initiatives. Directed program development.

United Cerebral Palsy of Washington and Northern Virginia 12/92--8/94 *Coordinator of Family Support Services*
Provided the overall coordination and supervision of the Family Support Department, including seven separate programs. Directed quality assurance activities. Developed training curriculum and public education materials. Coordinated three-year research project. Maintained services within budgetary limits. Initiated and directed department expansion.

Center for Family and Youth--Project STRIVE 11/91--12/92
Family Social Worker
Provided in-home family counseling, client advocacy, and case management services to families. Conducted intake & diagnostic assessments. Designed individual treatment plans.

Families First of the Greater Seacoast

Key Personnel FY 2018 Primary Care (May 8, 2017)

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Helen B. Taft	Executive Director	$ 109,491	0%	$ 0
David C. Choate	Finance Director	$ 80,434	0%	$ 0
Susan Durkin	Clinical Director	$ 89,045	22.8%	$ 20,328

State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Primary Care Services Contract

This 3rd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #3") dated this, 20th day of October, 2016 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Families First of the Greater Seacoast. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 100 Campus Drive, Suite 12, Portsmouth, New Hampshire 03801.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #134), and amended on May 8, 2014 (Item #34A), and on June 24, 2015 (Item #58) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Exhibit B Amendment #2, paragraph 10, notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2, and within the Price Limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council, and

WHEREAS, the State and the Department agree to adjust budget amounts between State Fiscal Years 2016 and 2017, within the Price Limitation and within the Completion Date.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Except as specifically amended and modified by the terms and conditions in this Amendment #3, the obligations of the parties shall remain in full force and effect in accordance with the terms and conditions set forth in the Contract as referenced above.

2. Delete in its entirety Exhibit B-3 Amendment #2, and replace with Exhibit B-3 Amendment #3.

3. Delete in its entirety Exhibit B-6 Amendment #2, and replace with Exhibit B-6 Amendment #3.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/21/16
Date

NAME: LISA MORRIS
TITLE: Director

Families First of the Greater Seacoast

10/28/16
Date

NAME Helen B. Taft
TITLE Executive Director

Acknowledgement:

State of NH, County of Rockingham on 10/28/16, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Name and Title of Notary or ~~Justice of the Peace~~

My Commission Expires: 12/19/18

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date

Name:
Title:

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

EXHIBIT B-3 AMENDMENT #3

SBIRT BUDGET FORM

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Families First of the Greater Seacoast

Budget Request for: Health Care -Primary Care - SBIRT
(Name of RFP)

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16) (Revised 4/15/2015)

4/15/2015

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 23,294	$ -	$ 23,294	$ 1,768	$ -	$ 1,768	$ 21,526	$ -	$ 21,526
2. Employee Benefits	$ 3,411	$ -	$ 3,411	$ -	$ -	$ -	$ 3,411	$ -	$ 3,411
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Minor Equipment	$ 3,000	$ -	$ 3,000	$ -	$ -	$ -	$ 3,000	$ -	$ 3,000
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Software EMR License	$ 5,223	$ -	$ 5,223	$ -	$ -	$ -	$ 5,223	$ -	$ 5,223
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 1,620	$ -	$ 1,620	$ -	$ -	$ -	$ 1,620	$ -	$ 1,620
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b. CHAN Forms	$ 720	$ -	$ 720	$ -	$ -	$ -	$ 720	$ -	$ 720
b. SBIRT Services	$ 8,000	$ -	$ 8,000	$ -	$ -	$ -	$ 8,000	$ -	$ 8,000
SFY2016 Carry Fwd	$ (7,343.08)	$ -	$ (7,343.08)	$ -	$ -	$ -	$ (7,343.08)	$ -	$ (7,343.08)
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 37,925	$ -	$ 37,925	$ 1,768	$ -	$ 1,768	$ 36,157	$ -	$ 36,157
Indirect As A Percent of Direct		0.0%							

Contractor Initials: [illegible]
Date: 10/25/16

EXHIBIT B-6 AMENDMENT #3

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Families First of the Greater Seacoast

Budget Request for: Health Care -Primary Care - SBIRT
(Name of RFP)

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

4/15/2015

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Minor Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Software EMR License	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b. CHAN Forms	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b. SBIRT Services	$ 125	$ -	$ 125	$ -	$ -	$ -	$ 125	$ -	$ 125
SFY 2016 Carry Fwd	$ 7,343.08	$ -	$ 7,343.08	$ -	$ -	$ -	$ 7,343.08	$ -	$ 7,343.08
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 7,468	$ -	$ 7,468	$ -	$ -	$ -	$ 7,468	$ -	$ 7,468

Indirect As A Percent of Direct 0.0%

Contractor Initials [illegible]

Date 4/15/16

58

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

Marcella Jordan Bobinsky
Acting Director

G&C Approved
Date: 6/24/15
Item # 58

June 1, 2015

Her Excellency, Governor Margaret Wood Hassen
And the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **sole source** amendments with the vendors listed in the table below for the provision of primary care services, breast and cervical cancer screening services and screening, brief intervention and referral to treatment for alcohol and drug misuse by increasing the total price limitation by $8,986,056 from $10,143,156 to $19,129,212 and extending the completion date from June 30, 2015 to June 30, 2017 upon Governor and Executive Council approval. 75.2% General Funds / 24.8% Federal Funds

The original contract, approved in 2012, included a two (2) year renewal option. The Department exercised a one (1) year renewal in 2014. The Department is now seeking to extend the contracts for two (2) two additional years through these sole source amendments. The Governor and Executive Council approved the original contracts and subsequent amendments as follows:

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Ammonoosuc Community Health Services, Inc. (177755-R001)	North Grafton/ South Coos	6/20/12 (Item #128)	5/8/14 (Item #34A)	$667,687	$540,879	$1,208,566
Concord Hospital, Inc. (177653-B011)	Merrimack/ Hillsborough	6/20/12 (Item #133)	5/8/14 (Item #34A)	$992,198	$788,937	$1,781,135
Coos County Family Health Services (155327-B001)	Eastern Coos	6/20/12 (Item #130)	5/8/14 (Item #34A)	$427,142	$371,229	$798,371
Families First of the Greater Seacoast (166629-B001)	Seacoast Area	6/20/12 (Item #134)	5/8/14 (Item #34A)	$624,540	$506,291	$1,130,831

Families First of the Greater Seacoast (166629-B001)	Seacoast Area - Homeless	6/6/12 (Item #69)	5/8/14 (Item #34B)	$218,537	$240,101	$458,638
Goodwin Community Health Center (154703-B001)	Strafford County	6/20/12 (Item #135)	5/8/14 (Item #34A)	$1,095,268	$825,647	$1,920,915
Harbor Homes (155358-B001)	Southern Hillsborough County - Homeless	6/6/12 (Item #68)	5/8/14 (Item #34B)	$225,045	$209,393	$434,438
Health First Family Care Center (158221-B001)	Central/East ern Belknap	6/20/12 (#131)	5/8/14 (Item #34)	$748,658	$586,113	$1,334,771
Indian Stream Health Center (165274-B001)	Northern Coos	6/20/12 (Item #125)	5/8/14 (Item #34A)	$259,157	$239,237	$498,394
Lamprey Health Care (177677-B001)	Central Southern/ Eastern NH	6/20/12 (Item #136)	5/8/14 (Item #34A)	$1,696,513	$1,299,195	$2,995,708
Manchester Community Health Center (157274-B001)	Greater Manchester	6/20/12 (Item #132)	5/8/14 (Item #34A)	$1,051,425	$1,435.139	$2,486,564
Manchester Health Department (177433-B009)	Greater Manchester - Homeless	6/20/12 (Item #124)	5/8/14 (Item #34B)	$232,205	$250,169	$482,374
Mid-State Health Center (158055-B001)	Central Northern Belknap	6/20/12 (Item #126)	5/8/14 (Item #34A)	$444,862	$406,811	$851,673
New London Hospital Association, Inc. (177167-R005)	Sullivan County	6/20/12 (Item #129)	5/8/14 (Item #34A)	$587,923	$487,419	$1,075,342
Weeks Medical Center (177171-R001)	Western Coos	7/11/12 (Item #31)	5/8/14 (Item #34A)	$292,483	$306,707	$599,190
White Mountain Community Health Center (174170-R001)	Northern Carroll	6/20/12 (Item #127)	5/8/14 (Item #34A)	$579,513	$492,789	$1,072,302
			Total:	**$10,143,156**	**$8,986,056**	**$19,129.212**

Funds are anticipated to be available in the following accounts for State Fiscal Years 2016 and in State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budgets with the ability to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified without further approval from the Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

Please see attachment for fiscal details.

EXPLANATION

These amendments are **sole source** because the Department is renewing the contracts for two (2) additional years after exercising a one (1) year renewal option in 2014 as allowable in Exhibit C, Special Provisions, paragraph 17 of the contracts, and adding to the scope of services for community health centers that provide primary care services, statewide.

This package includes sixteen (16) of sixteen (16) contracts being amended.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

Breast and cervical cancer screening services are provided as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap smears and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or

diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will add infrastructure to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will use funding to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. This request includes three (3) vendors who provide primary care and universal screening services to homeless individuals, who otherwise would have no access to health care. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, low-income individuals statewide may not have adequate access to primary care services. Some women may not receive recommended breast and cervical cancer screenings, which would increase their risk of having an untreatable stage of cancer. Additionally, undetected alcohol and drug misuse could result in increases of alcohol and drug related accidents and deaths, which would negatively impact NH citizens.

Area Served: Statewide.

Source of Funds: 75.2% General Funds

24.8% Federal Funds (CFDA #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse. FAIN #T1010035-14; CFDA #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds. FAIN # U58DP003930; CFDA #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States. FAIN #B04MC28113.)

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

Marcella Bobinsky
Acting Director
Division of Public Health Services

for Diane Langley
Acting Director
Division of Community Based Care Services

Approved by:
Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services Contract

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") dated this, 30th day of April, 2015 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Families First of the Greater Seacoast. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 100 Campus Drive, Suite 12, Portsmouth, New Hampshire 03570.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #134) and amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34A), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, and Exhibit C, Special Provisions, Paragraph 17, the State may amend the contract terms and conditions and renew the contract for two (2) additional years by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for two additional years, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   June 30, 2017
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $1,130,831
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read:
   Eric D. Borrin
4. Form P-37, General Provisions, Item 1.10, State Agency Telephone Number, to read:
   (603) 271-9558
5. Delete Exhibit A, Scope of Services and Exhibit A-1 Amendment 1, Scope of Services and replace with Exhibit A – Amendment #2.
6. Delete Exhibit A-1 Amendment #1 - Performance Measures and replace with Exhibit A-1 Amendment #2 – Performance Measures.

7. Delete Exhibit B, Purchase of Services Contract Price and replace with Exhibit B – Amendment #2, Method and Conditions Precedent to Payment.
8. Add Exhibit B-1, Budget Form Primary Care through Exhibit B-6, Budget Form SBIRT.
9. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Period Covered by this Certification, to read:

   From 7/1/2012 to 6/30/2017
10. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read:

    July 1, 2012 through June 30, 2017
11. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

6/2/15
Date

NAME: Brook Dupee
TITLE: Bureau Chief

Families First of the Greater Seacoast

5/13/15
Date

NAME Helen B Taft
TITLE Executive Director

Acknowledgement:
State of NH, County of Rockingham on 5/13/15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Expires 12/19/18
Name and Title of Notary or ~~Justice of the Peace~~

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/8/15
Date

Name:
Title:

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. **Provisions Applicable to All Services**

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services shall be provided to all individuals who seek services described in Section 1.4 and Section 1.5, above.

1.7. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.7.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.7.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.7.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. **Eligibility Determination Services**

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than a one month period.

2.2. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

2.2.1. Family income.

2.2.2. Family size.

2.2.3. Income in relation to the Federal Poverty Guidelines.

2.3. The Contractor shall assist individuals with completing a Medicaid application when income calculations indicate possible Medicaid eligibility.

2.4. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.5. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.5.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.5.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. **Primary Care Services**

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.3. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.4. Assessment of need for:

3.1.4.1. Tobacco cessation, including referral to NH Quitworks, as appropriate.

3.1.4.2. Social services.

3.1.4.3. Nutrition services, including WIC, as appropriate.

3.1.4.4. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.2.2. Care facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health.

3.2.3.2. Oral health.

3.2.3.3. Use of navigators and case management.

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

3.3. The Contractor can choose to provide enabling services, if the budget allows, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor can facilitate enabling services that include, but are not limited to:

3.3.1. Case management.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

3.4. The Contractor must elect to do at least one (1) quality improvement project which consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall facilitate a minimum of one (1) quality improvement project that includes, but is not limited to:

3.4.1. Enhancing clinical workflow/improve patient outcomes by methods that may include, but are not limited to:

3.4.1.1. Alerts.

3.4.1.2. Guidelines.

3.4.1.3. Diagnostic support.

3.4.1.4. Patient registries.

3.4.1.5. Collaborative learning sessions, etc.)

3.4.2. Implementing projects that lead to measurable improvements on any of the performance measures and indicators identified in Exhibit A-1 Amendment #2

3.4.3. Utilizing defined improvement processes to coordinate quality improvement activities.

3.4.4. Identifying and defining specific goals and objectives to be achieved in the project period.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. **Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services**

5.1. The Contractor shall develop the infrastructure necessary to provide and record Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance use for all eligible individuals ages nineteen (19) to sixty-five (65) years and for all pregnant women, regardless of age, receiving services in Section 3 and/or Section 4. The Contractor shall:

5.1.1. Provide training to integrated primary care and behavioral health teams to ensure SBIRT activities are conducted with fidelity to the model in Section 5.1.

5.1.2. Modify and/or adapt current Electronic Health Records (EHR) systems in order to track SBIRT:

5.1.2.1. Activities

5.1.2.2. Completions.

5.1.2.3. Recommendations and referrals.

5.1.2.4. Follow-ups.

5.1.3. Utilize Substance Use Disorder (SUD) codes in the EHR for billing that shall:

5.1.3.1. Enable submission for payment through NH Managed Care/Medicaid and other insurance companies.

5.1.3.2. Allow the generation of reports.

5.2. The Contractor shall implement SBIRT services by ensuring sufficient qualified staff are available to conduct SBIRT services according to the SBIRT model described by the Centers for Disease Control (CDC), available on-line at http/www.dcd.gov/ncddd/fasd/documents/aloholsbiimplementationguide.pdf. The Contractor shall:

5.2.1. Implement SBIRT services by including SBIRT activities in daily operations.

5.2.2. Use one or more of the screening instruments listed in Appendix E of "Systems-Level Implementation of Screening, Brief Intervention and Referral to Treatment. TAP 33" (2013 edition) (http://www.integration.samhsa.gov/sbirt/TAP33.pdf) and document screening in the electronic health record (EHR).

5.2.3. Conduct brief interventions with patients who screen positive for potential substance use concerns and document activities in the EHR.

5.2.4. Refer patients to Substance Use Disorder (SUD) treatment services as necessary, and ensure each patient has connected with the specific service

provider by documenting in the EHR, which is audited to ensure appropriate follow up.

5.2.5. Conduct SBIRT with covered populations that include all adults on an annual basis and pregnant women on a trimester basis.

5.3. Coordinate care between community health center (CHC) services and external treatment providers by collaborating with entities that provide SUD treatment services not available at the CHC. The Contractor shall:

5.3.1. Obtain client consents to contact service providers in order to resolve any barriers to accessing services.

5.3.2. Refer patients for SUD services, as needed.

5.3.3. Follow up with patient and/or SUD service provider to ensure appropriate services are provided.

5.3.4. Work with Regional Public Health Networks (RPHNs) to identify new SUD referral resources as they become available.

5.4. The Contractor shall test SBIRT fidelity with a subset of the target population prior to full implementation for all adults ages nineteen (19) to sixty-five (65) annually and pregnant women at each trimester.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall ensure staff delivering SBIRT services have, at minimum, one of the following:

6.3.1. Masters prepared behavioral health practitioners. This includes individuals licensed under the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board.

6.3.2. Masters prepared and in the process of obtaining a license from the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board, while under the supervision of a licensed practitioner of the same profession.

6.3.3. Physicians or Advanced Practice Registered Nurses licensed to practice in NH.

6.3.4. Physician Assistants or other practitioners under the supervision of a Physician licensed to practice in NH.

6.4. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.4.1. A registered nurse who:

6.4.1.1. Is licensed with the NH Board of nursing; or

6.4.1.2. Has attained bachelor's degree from a recognized college or university.

6.4.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.4.1.

6.5. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within one month of hired.

6.6. The Contractor shall notify the MCHS, in writing, when:

6.6.1. Any critical position is vacant for more than one month.

6.6.2. There is not adequate staffing to perform all required services for more than one month.

7. Coordination of Services

7.1. The Contractor shall coordinate referrals for continued care of treatment, or breast or cervical healthcare, with other service providers within the community, where possible.

7.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.2.1. Community needs assessments.

7.2.2. Public health performance assessments.

7.2.3. The development of regional health improvement plans.

7.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

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8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit an annual Workplan and Workplan Outcome Report for the quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.4. If utilizing any portion of this contract for enabling services, the Contractor shall submit an annual Workplan and Workplan Outcome Report that includes at least one (1) performance measure for each type of enabling service provided. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st.

9.6. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.7. The Contractor shall submit monthly Outcome Reports for SBIRT services according to the schedule and instructions provided by the MCHS. The Contractor shall:

9.7.1. Collect information that includes, but is not limited to:

9.7.1.1. Description of the training provided, including but not limited to:

9.7.1.1.1. The content of the training provided.

9.7.1.1.2. The number of staff who received training.

9.7.1.2. The number of:

9.7.1.2.1. Qualified staff conducting SBIRT

9.7.1.2.2. SBIRT billing codes developed.

9.7.1.2.3. SBIRT services billed to insurance.

9.7.1.3. Updates on any changes, enhancements or adaptations to SBIRT procedures in:

9.7.1.3.1. Technology based systems.

9.7.1.3.2. Staffing.

9.7.1.3.3. Coding and billing.

9.7.1.4. The total number of clients receiving SBIRT delineated by:

9.7.1.4.1. Percentage of clients receiving only screening.

9.7.1.4.2. Percentage of clients receiving brief interventions.

9.7.1.4.3. Percentage of clients referred for more intensive services who initiated services.

9.7.1.4.4. Percentage of clients referred for more intensive services who had problems connecting to services.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

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10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.2.3. SBIRT documentation, which includes but is not limited to:

10.2.3.1. SBIRT policies and procedures.

10.2.3.2. Staff credentials for all staff delivering SBIRT services

10.2.3.3. SBIRT procedures utilized and documented in patient records.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Exhibit A-1 – Amendment #2

1. PRIMARY CARE PERFORMANCE MEASURES

1.1. Breastfeeding

1.1.1. **Percent of infants who are ever breastfed** (Title V PM #10).

1.1.1.1. Numerator: Infants who were ever breastfed or received breast milk

1.1.1.2. Denominator: All infants born in a state fiscal year

1.2. Preventive Health: Lead Screening

1.2.1. **Percent of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.** (CMS, Hedis).

1.2.1.1. Numerator: At least one capillary or venous blood test on or before the child's second birthday.

1.2.1.2. Denominator: Children who turn 2 years old during the state fiscal year.

1.3. Preventive Health: Adolescent Well-Care Visit

1.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (Hedis, Title V PM #7).

1.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

1.3.1.2. Denominator: Number of adolescents, ages 12 through 21 years of age.

1.4. Preventive Health: Depression Screening

1.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (ACO 18, NQF 0418).

1.4.1.1. Numerator: Patients who are screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan documented.

1.4.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.1.3. Denominator: All patients 12 years and older.

1.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

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1.4.2. **Maternal Depression Screening** (Developmental: not required for FY 16)

1.4.2.1. **Percentage of women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.**

1.4.2.1.1. Numerator: Women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool and screen negative.

AND

Women who are screened for depression during the post-partum visit using an appropriate standardized depression screening tool, screen positive, AND have a follow-up plan documented.

1.4.2.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.2.1.3. Denominator: All women who are at least 6 weeks post-partum in a state fiscal year.

1.4.2.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

1.5. **Preventive Health: Obesity Screening**

1.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (ACO 16, NQF 0421, HRSA UDS).

1.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

1.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters.

1.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist,

occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

1.5.1.4. Denominator: All patients aged 18 years and older who had at least one medical visit during the state fiscal year.

1.5.2. Percent of patients aged 2 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (HRSA UDS).

1.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

1.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

1.6. Preventive Health: Tobacco Screening

1.6.1. Percent of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user (ACO 17, NQF 0028, HRSA UDS).

1.6.1.1. Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.1.2. Definitions:

1.6.1.2.1. Tobacco Use: Includes any type of tobacco

1.6.1.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.1.3. Denominator: All patients aged 18 years and older seen for at least two visits ever

1.6.2. Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user (Title V, PM #15).

1.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.2.2. Definitions:

1.6.2.2.1. Tobacco Use: Includes any type of tobacco

1.6.2.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.2.3. Denominator: All women who delivered a live birth in a state fiscal year

1.7. **At Risk Population: Hypertension**

1.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year** (ACO 28, NQF 0018).

1.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm Hg at the time of their last measurement.

1.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)

1.8. **Patient Safety: Falls Screening**

1.8.1. **Percent of patients aged 65 years and older who were screened for future fall risk at least once within 12 months** (ACO 13, NQF0101).

1.8.1.1. Numerator: Patients who were screened for future fall risk at least once within 12 months.

1.8.1.2. Definition of Fall: a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force.

1.8.1.3. Numerator note: Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year.

1.8.1.4. Denominator: All patients aged 65 years and older

1.8.1.5. Excluded from denominator population: (Exclusion only applied if patient was not screened for future fall risk) Documentation of medical reason(s) for not screening for future fall risk (e.g. patient is not ambulatory)

2. BCCP PERFORMANCE MEASURES

2.1. BCCP Performance Measure #1

2.1.1. **Measure:*** 78% of female patients age 24 through 64 years of age screened for cervical cancer per USPSTF guidelines.

2.1.2. **Numerator** – Number of female patients 24 through 29 years of age who have had a documented pap in the past 3 years AND female patients 30-64 who have either had a pap in the past 3 years OR an HPV test and a pap in the past 5 years

2.1.3. **Denominator** – Number of female patients 24 through 64 years of age who have had a visit in the past year and do not have evidence of having had a total hysterectomy.

2.1.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.1.5. *Measure based on the UDS measure

2.1.6. **Healthy People 2020 National Target is 93%

2.2. BCCP Performance Measure #2

2.2.1. **Measure:*** 75% of female patients age 52 through 74 years of age screened for breast cancer per USPSTF guidelines.

2.2.2. **Numerator** – Number of female patients 52 through 74 years of age who have had a documented mammogram in the past 24 months.

2.2.3. **Denominator** – Number of female patients 52 through 74 years of age who have had a visit in the past year and do not have evidence of having had a bilateral mastectomy.

2.2.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.2.5. *Measure based on the USPSTF Guidelines

2.2.6. ** Healthy People 2020 National Target is 81.1%

3. SBIRT PERFORMANCE MEASURES

3.1. **Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services**

3.1.1. **Numerator:** Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention or referral to services.

3.1.2. Definitions

3.1.2.1. Substance Use: Includes any type of alcohol or drug.

3.1.2.2. Brief Intervention: Includes guidance or counseling.

3.1.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.1.3. Denominator: Number of patients aged 18 years and older seen for annual visit within 12 months.

3.2. **Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services**

3.2.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

3.2.2. Definitions:

3.2.2.1. Substance Use: Includes any type of alcohol or drug.

3.2.2.2. Brief Intervention: Includes guidance or counseling.

3.2.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the state fiscal year.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   - 2.1. #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse.
   - 2.2. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   - 2.3. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #2, Scope of Services, in accordance with Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2.
4. The Contractor shall use and apply the amount in the SBIRT line item in Exhibit B-3 and Exhibit B-6 on actual SBIRT services provided.
5. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
6. Payment for said services shall be made as follows:
   - 6.1. The Contractor will submit an invoice by the tenth (10th) working day of each month, which identifies and requests reimbursement for:
     - 6.1.1. Authorized expenses incurred in the prior month.
     - 6.1.2. The units of SBIRT services provided, in accordance with Exhibit A – Amendment #2, Section 5.2.2 through Section 5.2.5 and Section 5.3.1 through Section 5.3.3, which shall be paid on a fee-for-service basis at the following rates:
       - 6.1.2.1. $29.86 for each unit of service that is 15-30 minutes.
       - 6.1.2.2. $57.31 for each unit of service that is more than 30 minutes.
   - 6.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   - 6.3. The invoice must be submitted by mail or e-mail to:

     Financial Manager
     Department of Health and Human Services
     129 Pleasant Street
     Concord, NH 03301

     E-mail: dphscontractbilling@dhhs.state.nh.us

Contractor Initials: [illegible]
Date: 5/13/15

7. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
8. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
9. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
10. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: _____
Date 5/13/15

EXHIBIT B-3 AMENDMENT #2

SBIRT BUDGET FORM

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Families First of the Greater Seacoast

Budget Request for: Health Care - Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16) (Revised 4/16/2015)

4/15/2015

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1 Total Salary/Wages	$ 23,294	$ -	$ 23,294	$ 1,768	$ -	$ 1,768	$ 21,526	$ -	$ 21,526
2 Employee Benefits	$ 3,411	$ -	$ 3,411	$ -	$ -	$ -	$ 3,411	$ -	$ 3,411
3 Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4 Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Minor Equipment	$ 3,000	$ -	$ 3,000	$ -	$ -	$ -	$ 3,000	$ -	$ 3,000
5 Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Software EMR License	$ 5,223	$ -	$ 5,223	$ -	$ -	$ -	$ 5,223	$ -	$ 5,223
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6 Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7 Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8 Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9 Software	$ 1,620	$ -	$ 1,620	$ -	$ -	$ -	$ 1,620	$ -	$ 1,620
10 Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11 Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12 Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13 Other ([illegible])	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
a CHAN Forms	$ 720	$ -	$ 720	$ -	$ -	$ -	$ 720	$ -	$ 720
b SBIRT Services	$ 8,000	$ -	$ 8,000	$ -	$ -	$ -	$ 8,000	$ -	$ 8,000
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 45,268	$ -	$ 45,268	$ 1,768	$ -	$ 1,768	$ 43,500	$ -	$ 43,500

Indirect As A Percent of Direct 0.0%

Contractor Initials LLPT

Date 5/12/15

EXHIBIT B-6 AMENDMENT #2

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Families First of the Greater Seacoast

Budget Request for: Health Care -Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

4/15/2015

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Minor Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Software EMR License	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specify)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b. CHAN Forms	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b. SBIRT Services	$ 125	$ -	$ 125	$ -	$ -	$ -	$ 125	$ -	$ 125
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 125	$ -	$ 125	$ -	$ -	$ -	$ 125	$ -	$ 125
Indirect As A Percent of Direct		0.0%							

Contractor Initials LHT

Date 5/12/15

5/8/14
34A MJ

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

G+C Approved
Date 5/8/14
Item #34A

March 28, 2014

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Retroactive
Sole Source
13% Federal Funds
87% General Funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend agreements with 13 vendors by increasing the total price limitation by $4,293,569 from $5,173,800 to $9,467,369 to provide primary care services. This amount includes a request to **retroactively** enter into **sole-source** amendments in an amount of $648,347, effective **retroactive** to July, 1, 2013 through June 30, 2014 and to exercise a one-year renewal option with the same 13 vendors in an amount of $3,645,222, extending the completion date from June 30, 2014 to June 30, 2015, effective upon Governor and Council approval. Twelve of these agreements were originally approved by Governor and Council on June 20, 2012, Item numbers 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, and one agreement was originally approved by Governor and Council on July 11, 2012, Item number 31.

Summary of contracted amounts by vendor:

Vendor	Location	SFY 2014 Amount	SFY 2015 Amount	Total Increase
Ammonoosuc Community Health	North Grafton/ South Coos	$42,661	$254,172	$296,833
Concord Hospital, Inc.	Merrimack/ Hillsborough	$64,413	$376,377	$440,790
Coos County Family Health	Eastern Coos	$24,351	$159,685	$184,036
Families First of the Greater Seacoast	Seacoast Area	$41,892	$242,094	$283,986
Goodwin Community Health	Strafford County	$74,293	$420,579	$494,872
Health First Family Care Center	Central/Eastern Belknap	$55,968	$292,214	$348,182
Indian Stream Health Center	Northern Coos & Colebrook	$18,030	$100,409	$118,439
Lamprey Health Care, Inc.	Central Southern/Eastern NH	$119,828	$654,249	$774,077
Manchester Community Health Center	Greater Manchester Area	$71,392	$407,637	$479,029
Mid-State Health Center	Central Northern Belknap	$35,001	$175,511	$210,512
The New London Hospital, Inc.	Sullivan County	$39,566	$225,093	$264,659
Weeks Medical Center	Western Coos	$20,652	$113,557	$134,209
White Mountain Community Health	Northern Carroll	$40,300	$223,645	$263,945
TOTAL		**$648,347**	**$3,645,222**	**$4,293,569**

Funds to support this request are available in the following accounts for SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

See attachment for financial details

EXPLANATION

Approval is requested **retroactive** to July 1, 2013. The services provided by these contracts are consistent with prior contracts and were included in the operating budget for SFY 2014 and SFY 2015. Contracts were delayed, however, since the exact amount of funding available was only recently determined. The SFY 2014 amendments are **sole source** because they exceed more than 10% of the original contract amount.

This requested action seeks approval of 13 amendments that represents $4,293,569 total anticipated to be spent statewide to continue breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services, and because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program

provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, low-income individuals statewide may not have adequate access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Contracts were awarded to Primary Care agencies through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by teams of three professionals. All reviewers have between three to 20 years' experience managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, these competitively procured Agreements have the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Department is exercising one year of this renewal option.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. All Primary Care vendors are making adequate progress in meeting clinical performance measures and the Departments wishes to continue working with the vendors for another year.

The performance measures as described in the contract amendment Exhibit A – Amendment 1 – Performance Measures, will be used to continue to measure the effectiveness of the agreement.

Area to be served is statewide.

Source of Funds: 13.09% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau; Centers for Disease Control and Prevention and 86.91% 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,

Brook Dupee for

José Thier Montero, MD, MHCDS
Director

Approved by:

Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Families First of the Greater Seacoast

This 1st Amendment to the Families First of the Greater Seacoast, contract (hereinafter referred to as "Amendment One") dated this 6th day of March, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Families First of the Greater Seacoast, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 100 Campus Drive, Suite 12, Portsmouth, New Hampshire 03801.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the Department desires to provide additional primary health care services for preventive and episodic health care for acute and chronic health conditions for people of all ages.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $624,540

- Exhibit A, Scope of Services to add:
  Exhibit A – Amendment 1

- Exhibit B, Purchase of Services, Contract Price, to add:

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $41,892 for SFY 2014 and $242,094 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $41,892 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $210,063 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

Contractor Initials
Date 3/6/14

- $32,031 from 05-95-90-902010-5659-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.283;

  Add Paragraph 8
  8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

- Budget, to add:
  Exhibit B-1 (2014) - Amendment 1,
  Exhibit B-1 (2015) - Amendment 1

This amendment shall be in effect July 1, 2013, effective upon the date of Governor and Executive Council approval.

Contractor Initials
Date 3/6/14

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

3/28/14
Date

Brook Dupee
Bureau Chief

Families First of the Greater Seacoast

3/6/14
Date

Name: Helen B. Taft
Title: Executive Director / President

Acknowledgement:

State of NH, County of Rockingham on March 6, 2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Nancy Casko
Signature of Notary Public or Justice of the Peace

Nancy Casko Notary
Name and Title of Notary or Justice of the Peace

My Commission Expires March 7, 2017

Contractor Initials: HBT
Date 3/6/14

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4-2-14
Date

Name: Rosemary Wiant
Title: Assistant Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: [illegible]
Date: 3/6/14

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

May 1, 2012

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

APPROVED G&C # 134
DATE 6/6/2012

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with Families First of the Greater Seacoast (Vendor #166629-B001), 100 Campus Drive, Suite 12, Portsmouth, New Hampshire 03801, in an amount not to exceed $340,554.00, to provide primary care services and breast and cervical cancer screening, to be effective July 1, 2012 or date of Governor and Executive Council approval, whichever is later, through June 30, 2014. Funds are available in the following accounts for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budgets.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080000	$140,243
SFY 2014	102-500731	Contracts for Program Services	90080000	$140,243
			Sub-Total	$280,486

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080081	$30,034
SFY 2014	102-500731	Contracts for Program Services	90080081	$30,034
			Sub-Total	$60,068
			Total	$340,554

EXPLANATION

Funds in this agreement will be used to provide breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. This agreement provides funds for services as a last resort; contractor is required to make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. For example, in State Fiscal Year 2011:

- 88% of eligible children served were enrolled in Medicaid/Healthy Kids Gold.
- 86% of children 24-35 months, served received the appropriate schedule of immunizations.
- 82% of infants born to women served received prenatal care beginning in the first trimester of pregnancy.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, a minimum of 8,907 low-income individuals from the Seacoast area may not have access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Families First of the Greater Seacoast was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by three professionals, who work internal and external to the Department of Health and Human Services. All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services, and managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. In those instances where scores were less than ideal, agency specific remedial actions were recommended and completed. Some primary care agencies are being funded at levels higher than they requested. Agencies were instructed to develop budgets based on previous allocations. While some proposed budgets higher than what was available for funding, others proposed budgets lower than what was available. There was an increase in breast and cervical cancer screening funds that bidders were unaware of when they drafted budgets. Adjustments were made accordingly for those agencies that proposed budgets at levels lower than available funds. This is a contract where that situation occurred. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. These services were contracted previously with this agency in SFY 2011 and SFY 2012 in the amount of $535,658. This represents a decrease of $195,104. The decrease is due to budget reductions.

The performance measures used to measure the effectiveness of the agreement are attached.

Area served: Seacoast.

Source of Funds: 34.07% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 65.93% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

José Thier Montero, MD
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/PMT/sc

Program Name DPHS, Maternal and Child Health
Contract Purpose Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Ammonoosuc Community Health Services, Inc., 25 Mount Eustis Rd., Littleton, NH 03561	Coos County Family Health Services, Inc., 54 Willow St., Berlin, NH 03570	Concord Hospital, Inc., 250 Pleasant St., Concord, NH 03301	Families First of the Greater Seacoast, 100 Campus Drive, Portsmouth, NH 03801	Goodwin Community Health, 311 Route 108, Somersworth, NH 03878	Health First Family Care Center, 841 Central St., Franklin, NH 03235	Manchester Community Health Center, 145 Hollis St., Manchester, NH 03101	Mid-State Health Center, 101 Boulder Point Dr., Plymouth, NH 03264
Agy Capacity	30	29.00	28.00	28.00	29.00	29.00	25.00	29.00	28.00
Program Structure	50	46.00	45.00	47.00	48.00	48.00	39.00	46.00	45.00
Budget & Justification	15	14.00	15.00	15.00	15.00	12.00	13.00	15.00	12.00
Format	5	4.00	5.00	5.00	5.00	4.00	4.00	5.00	5.00
Total	100	93.00	93.00	95.00	97.00	93.00	81.00	95.00	90.00

BUDGET REQUEST								
Year 01	$339,156.25	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 02	$347,976.97	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 03	$0.00	-	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET REQUEST	$687,133.22	237,918.00	$551,408.00	$327,586.00	$584,604.00	$398,254.00	$556,404.00	$234,350.00
BUDGET AWARDED								
Year 01	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 02	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 03	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET AWARDED	$370,854.00	$243,106.00	$551,408.00	$340,554.00	$600,396.00	$400,476.00	$572,396.00	$234,350.00

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal & child health; quality assurance & performance improvement; chronic and communicable diseases and public health infrastructure
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	
7	Terry Ohlson-Martin	Co-Director	Family Voices	
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm	
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	

Program Name: DPHS, Maternal and Child Health
Contract Purpose: Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	The New London Hospital, Inc., 273 County Rd., New London, NH 03257	Weeks Medical Center, 170 Middle St., Lancaster, NH 03584	White Mountain Community Health Center, 298 White Mountain Hwy., Conway, NH 03818	Lamprey Health Care, Inc., 207 South Main St., Newmarket, NH 03857	Indian Stream Health Center, 141 Corliss Lane, Colebrook, NH 03576	0	0	0
Agy Capacity	30	27.00	28.00	21.00	29.00	23.00	0.00	0.00	0.00
Program Structure	50	40.00	43.00	38.00	45.00	35.00	0.00	0.00	0.00
Budget & Justification	15	9.00	15.00	15.00	13.00	9.00	0.00	0.00	0.00
Format	5	4.00	5.00	3.00	5.00	5.00	0.00	0.00	0.00
Total	100	80.00	91.00	77.00	92.00	72.00	0.00	0.00	0.00

BUDGET REQUEST									
Year 01		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 02		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET REQUEST		$312,900.00	$158,274.00	$313,346.00	$912,662.00	$272,712.00	-	-	-
BUDGET AWARDED									
Year 01		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 02		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET AWARDED		$323,264.00	$158,274.00	$315,568.00	$922,436.00	$140,718.00	-	-	-

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	to twenty years experience
3	Lu Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	either in clinical settings
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	providing community-based
5	Alise Druzba	Administrator	NH DHHS, DPHS, RHPC	family support services and or
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	managing agreements with
7	Terry Ohlson-Martin	Co-Director	Family Voices	vendors for various public
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	health programs. Areas of
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	specific expertise include
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm.	maternal & child health
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	quality assurance & performance
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	improvement, chronic and
				communicable diseases and
				public health infrastructure

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Prenatal (PN) Performance Measure #1

Measure: Percent of infants born to women receiving prenatal care beginning in the first trimester of pregnancy.

Primary Care Prenatal (PN) Performance Measure #2

Measure: Percent of pregnant women identified as cigarette smokers that are referred to QuitWorks-New Hampshire.

Primary Care Prenatal (PN) Performance Measure #3

Measure: Percent of pregnant women who were screened, using a formal valid screening tool, for alcohol and other drug use during every trimester the patient was enrolled.

Primary Care Child Health Direct (CH – D) Performance Measure #1

Measure: Percent of eligible children enrolled in Medicaid

Primary Care Child Health Direct (CH – D) Performance Measure #2

Measure: Percent of at-risk children who were screened for blood lead between 18 and 30 months of age

Primary Care Child Health Direct (CH – D) Performance Measure #3

Measure: Percent of children age two to nineteen years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85th percentile with documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Primary Care Child Health Direct (CH – D) Performance Measure #4

Measure: Percent of eligible infants and children with client record documentation of enrollment in Women Infant Children Program.

Primary Care Child Health Direct (CH – D) Performance Measure #5

Measure: Percent of infants who were exclusively breastfed for the first three months, at their four month well baby visit.

Primary Care Financial (PC) Performance Measure #1

Measure: Patient Payor Mix

Primary Care Financial (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Primary Care Financial (PC) Performance Measure #3

Measure: Current Ratio

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: Percent of adolescents aged 10-21 years who received annual health maintenance visits in the past 12 months.

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure: Percent of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid.

Subject: Primary Care Services

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Families First of the Greater Seacoast		1.4 Contractor Address 100 Campus Drive, Suite 12 Portsmouth, New Hampshire 03801	
1.5 Contractor Phone Number 603-422-8208	1.6 Account Number 010-090-5190-102-500731 010-090-5659-102-500731	1.7 Completion Date June 30, 2014	1.8 Price Limitation $340,554
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature Helen B. Taft		1.12 Name and Title of Contractor Signatory Helen B. Taft, Executive Director/President	

1.13 Acknowledgement: State of NH, County of Rockingham

On 3/27/12 before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

[Seal] Nancy Casko My Commission Expires March 7, 2017

1.13.2 Name and Title of Notary or Justice of the Peace

NANCY CASKO, NOTARY

1.14 State Agency Signature	1.15 Name and Title of State Agency Signatory Joan H. Ascheim, Bureau Chief

1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)*

By: Director, On:

1.17 Approval by the Attorney General (Form, Substance and Execution)

By: Jesse P. Herrick
Jesse P. Herrick, Attorney On: 10 May 2012

1.18 Approval by the Governor and Executive Council

By: On:

Exhibit C

SPECIAL PROVISIONS

1. **Contractors Obligations:** The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

2. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

3. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

4. **Documentation:** In addition to the determination forms, required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

5. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

6. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

7. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

8. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party fundors for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party fundors, the Department may elect to:

   8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

Contractor Initials: [illegible]
Date 3/27/12

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

9. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

9.1 **Fiscal Records:** Books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

9.2 **Statistical Records:** Statistical, enrollment, attendance, or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

10.1 **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

10.2 **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directed connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

Contractor Initials [illegible]
Date: 3/21/19

Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

12. **Reports: Fiscal and Statistical**: The Contractor agrees to submit the following reports at the following times if requested by the Department

12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

12.2 Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

13. **Completion of Services:** Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14. **Credits:** All documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. **Operation of Facilities:** Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the Contractor with respect to the operation of the facility or the provision of the services at such facility. If any government license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

Contractor Initials: _____
Date: _____

16. **Insurance:** Select either (1) or (2) below.

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed $500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed $500,000, is comprehensive general liability insurance in amounts of not less than $1,000,000 per claim or occurrence and $2,000,000 in the aggregate. *These amounts may NOT be modified.*

X (1) The contractor certifies that it IS a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does not exceed $500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $250,000 per claim and $2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

☐ (2) The contractor certifies it does NOT qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

18. **Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:**

4. CONDITIONAL NATURE OF AGREEMENT.
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

Contractor Initials _____
Date 3/27/14

19. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

Contractor Initials: 11/05

Date 3/27/12

State of New Hampshire
Department of Health and Human Services
Amendment #4 to the Primary Care Services for the Homeless Contract

This 4th Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #4") dated this, 1st day of May, 2017 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Families First of the Greater Seacoast (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 100 Campus Drive, Suite 12, Portsmouth, New Hampshire 03570.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 6, 2012 (Item #68); as amended by an agreement (Amendment #1 to the Contract) approved by the Governor and Executive Council on May 8, 2014 (Item #34B); as amended by an agreement (Amendment #2 to the Contract) approved by the Governor and Executive Council on June 24, 2015 (Item #58); as amended by an agreement (Amendment #3 to the Contract) approved by the Department on December 21, 2016; the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 the State may amend the contract terms and conditions and by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for nine (9) months, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:

   March 31, 2018
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:

   $513,571
3. Add Exhibit A- Amendment #4, Scope of Services.
4. Add Exhibit A-1 – Amendment #4, Performance Measures
5. Add Exhibit B – Amendment #4, Method and Conditions Precedent to Payment.
6. Add Exhibit B-1 – Amendment #4 MCHS Budget.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

5/25/17
Date

NAME LISA MORRIS
TITLE DIRECTOR, DPHS

Families First of the Greater Seacoast

5/10/17
Date

NAME Helen B. Taft
TITLE Executive Director

Acknowledgement:

State of New Hampshire County of Rockingham on May 10 2017, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace

Kimberlee A. Durkee
Notary Public
My Commission Expires
April 3, 2018

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/5/17
Date

Name: Evin McIntyre
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. The Contractor shall utilize flexible hours and minimal use of appointment systems to provide **primary care and enabling** services to homeless individuals and families through the use of permanent office based locations and/or mobile or temporary delivery locations.

1.5. The Contractor shall serve target populations that include individuals who:

1.5.1. Are uninsured;

1.5.2. Are underinsured;

1.5.3. Are low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines;

1.5.4. Lack housing including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations;

1.5.5. Are residents in transitional housing;

1.5.6. Are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members, hence are considered homeless;

1.5.7. Are to be released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

1.6. The Contractor shall continue to provide primary care and enabling services to individuals described in Section 1.5.4 through Section 1.5.7 above for three

hundred sixty-four (364) calendar days following the individual's placement in permanent housing.

1.7. The Contractor shall provide **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services to all individuals described in Section 1.4 through Section 1.6, above.

1.8. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.8.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases;

1.8.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control;

1.8.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care, Enabling or SBIRT Services for new patients is limited or closed for more than a one month period.

2.2. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

2.2.1. Family income;

2.2.2. Family size;

2.2.3. Income in relation to the Federal Poverty Guidelines.

2.3. The Contractor shall assist individuals with completing a Medicaid/Expanded Medicaid or other health insurance application when income calculations indicate possible Medicaid eligibility.

2.4. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.5. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.5.1. Update the sliding fee scale on an annual basis every when new Federal Poverty Guidelines are released;

2.5.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. These services can be designed to meet the unique and identified needs of

the homeless populations within the contracted service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services;

3.1.2. Behavioral health services;

3.1.3. Preventive services, screenings and health education in accordance with established, documented state or national guidelines;

3.1.4. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral;

3.1.5. Assessment of need and follow-up/referral as indicated for:

3.1.5.1. Tobacco cessation, including referral to QuitWorks-NH, www.QuitWorksNH.org;

3.1.5.2. Social services;

3.1.5.3. Chronic Disease management, including disease specific referral and self-management education such as referral to Diabetes Self-Management education (DSME) as recommended by American Diabetes Association;

3.1.5.4. Nutrition services, including WIC, as appropriate;

3.1.5.5. SBIRT services, including a connection with the Regional Public Health Network Continuum of Care Development Initiative;

3.1.5.6. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract;

3.2.2. Care coordination facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health;

3.2.3.2. Oral health;

3.2.3.3. Use of navigators and case management;

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

4. Enabling Services

4.1. The Contractor shall provide enabling services, which are non-clinical services that support the delivery of basic primary care services and facilitate access to comprehensive patient care as well as social services. The Contractor can facilitate enabling services that include, but are not limited to:

4.1.1. Case management;

4.1.2. Benefit counseling;

4.1.3. Eligibility assistance;

4.1.4. Health education and supportive counseling;

4.1.5. Interpretation/Translation;

4.1.6. Outreach which can include the use of community health workers;

4.1.7. Transportation;

4.1.8. Education of patients and the community regarding the availability and appropriate use of health services.

5. Quality Improvement

5.1. The Contractor shall conduct a minimum of two (2) quality improvement projects which consist of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall ensure:

5.1.1. One (1) quality improvement project focuses on the performance measure as designated by the Department.

5.1.2. One (1) quality improvement project is based on previous performance outcomes needing improvement, as selected by the Contractor.

5.2. The Contractor shall utilize Quality Improvement (QI) science to develop and implement a QI Workplan for each QI project, which shall include but not be limited to:

5.2.1. Specific goals and objectives for the project period.

5.2.2. Evaluation methods to demonstrate improvements in the quality, efficiency, and effectiveness of patient care.

5.3. The Contractor may utilize activities in QI projects that enhance clinical workflow and improve patient outcomes, which may include but are not limited to:

5.3.1. EMR prompts/alerts.

5.3.2. Protocols/Guidelines.

5.3.3. Diagnostic support.

5.3.4. Patient registries.

5.3.5. Collaborative learning sessions.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within one month of hired.

6.4. The Contractor shall notify the MCHS, in writing, when:

6.4.1. Any critical position is vacant for more than thirty (30) consecutive days;

6.4.2. There is not adequate staffing to perform all required services for more than thirty (30) consecutive days.

7. Coordination of Services

7.1. The Contractor shall coordinate with other service providers within the community, where possible, including but not limited to collaboration with interagency referrals and to deliver coordination of care.

7.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.2.1. Community needs assessments;

7.2.2. Public health performance assessments;

7.2.3. The development of regional health improvement plans.

7.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings;

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year, which may require attendance by agency quality improvement staff;

8.1.3. MCHS Agency Medical Services Directors' meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a Performance Measure Outcome Report (plan for improvement) per directions from MCHS.

9.2. The Contractor shall submit an annual Workplan for the two quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.3. The Contractor shall submit at least one (1) annual Workplan that includes a detailed description of the enabling services funded by this contract. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.4. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st of each contract year.

9.5. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.6. The Contractor shall submit the following per contract period:

9.6.1. DPHS Budget Form;

9.6.2. Budget Justification;

9.6.3. Sources of Revenue;

9.6.4. Program Staff List, which includes staff titles.

9.7. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.8. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.8.1. Survey template;

9.8.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance;

10.1.2. Administration;

10.1.3. Data collection and submission;

10.1.4. Clinical and financial management;

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records;

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Date: 5/10/17

Contractor Initials: HRT

Exhibit A-1 – Amendment #4

1. MATERNAL AND CHILD HEALTH SECTION (MCHS) PRIMARY CARE HOMELESS PERFORMANCE MEASURES

1.1. Definitions

1.1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1.1. The calendar year (January 1st through December 31st); or

1.1.1.2. The state fiscal year (July 1st through June 30th).

1.1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.1.4. **NQF** – National Quality Forum

1.1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.1.6. **UDS** – Uniform Data System

1.1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. MCHS PRIMARY CARE HOMELESS PERFORMANCE MEASURES

2.1. Preventive Health: Depression Screening

2.1.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NQF 0418, UDS).

2.1.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.1.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.1.1.3. Denominator: All patients 12 years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.1.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.1.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.2. Preventive Health: Obesity Screening

Contractor Initials: [illegible]
Date: 5/10/17

2.2.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (NQF 0421, UDS).

2.2.1.1. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.2.1.2. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

2.2.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.2.1.4. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

2.3. **Preventive Health: Tobacco Screening**

2.3.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.3.1.1. Numerator: number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit OR within twenty-four (24) months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.3.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.3.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.3.1.4. Definitions:

2.3.1.4.1. Tobacco Use: Includes any type of tobacco

2.3.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

2.4. **At Risk Population: Hypertension**

2.4.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHG) during the measurement year** (NQF 0018).

2.4.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm HG at the time of their last measurement.

2.4.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension (must have been diagnosed with hypertension 6 or more months before the measurement date) who had at least one (1) medical visit during the measurement year. (Excludes pregnant women and patients with End Stage Renal Disease.)

2.5. **Patient Safety: Falls Screening**

2.5.1. **Percent of patients aged 65 years and older who were screened for fall risk at least once within 12 months** (NH MCHS).

2.5.1.1. Numerator: Patients who were screened for fall risk at least once within the measurement year.

2.5.1.2. Denominator: All patients aged 65 years and older seen by a health care provider within the measurement year.

2.6. **SBIRT**

2.6.1. Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services (NH MCHS).

2.6.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention and/or referral to services.

2.6.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.6.1.3. Denominator: Number of patients aged 18 years and older seen for annual/preventive visit within the measurement year.

2.6.1.4. Definitions:

2.6.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.6.1.4.2. Brief Intervention: Includes guidance or counseling.

2.6.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

Contractor Initials: HRT
Date: 5/10/17

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A – Amendment #4, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov) #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #4, Scope of Services, in accordance with Exhibit B-1 Amendment #4.
4. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
5. Payment for said services shall be made as follows:
   5.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for Authorized expenses incurred in the prior month.
   5.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   5.3. The invoice must be submitted by mail or e-mail to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

   E-mail: dphscontractbilling@dhhs.state.nh.us
6. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
8. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
9. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budget in Exhibit B-1 - Budget Amendment #4 that is within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: [illegible]
Date: 5/10/17

Exhibit B-1 Amendment #4 MCHS Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Families First of the Greater Seacoast, Inc.

Budget Request for: Primary Care Services for the Homeless

Budget Period: July 1, 2017 - March 31, 2018

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 427,978.00	$ -	$ 427,978.00	$ 373,045.00	$ -	$ 373,045.00	$ 54,933.00	$ -	$ 54,933.00
2. Employee Benefits	$ 73,612.00	$ -	$ 73,612.00	$ 73,612.00	$ -	$ 73,612.00	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ 6,375.00	$ -	$ 6,375.00	$ 6,375.00	$ -	$ 6,375.00	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Equipment Minor	$ 1,125.00	$ -	$ 1,125.00	$ 1,125.00	$ -	$ 1,125.00	$ -	$ -	$ -
Van Repairs	$ 14,250.00	$ -	$ 14,250.00	$ 14,250.00	$ -	$ 14,250.00	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ 9,550.00	$ -	$ 9,550.00	$ 9,550.00	$ -	$ 9,550.00	$ -	$ -	$ -
Office	$ 1,960.00	$ -	$ 1,960.00	$ 1,960.00	$ -	$ 1,960.00	$ -	$ -	$ -
6. Travel	$ 14,950.00	$ -	$ 14,950.00	$ 14,950.00	$ -	$ 14,950.00	$ -	$ -	$ -
7. Occupancy	$ 5,475.00	$ -	$ 5,475.00	$ 5,475.00	$ -	$ 5,475.00	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 4,950.00	$ -	$ 4,950.00	$ 4,950.00	$ -	$ 4,950.00	$ -	$ -	$ -
Postage	$ -	$ 3,750.00	$ 3,750.00	$ -	$ 3,750.00	$ 3,750.00	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ 5,625.00	$ 5,625.00	$ -	$ 5,625.00	$ 5,625.00	$ -	$ -	$ -
Insurance	$ 5,940.00	$ -	$ 5,940.00	$ 5,940.00	$ -	$ 5,940.00	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ 6,200.00	$ -	$ 6,200.00	$ 6,200.00	$ -	$ 6,200.00	$ -	$ -	$ -
11. Staff Education and Training	$ 3,750.00	$ -	$ 3,750.00	$ 3,750.00	$ -	$ 3,750.00	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):									
a. Computer Operations	$ 12,737.00	$ -	$ 12,737.00	$ 12,737.00	$ -	$ 12,737.00	$ -	$ -	$ -
b. CHAN Membership	$ 1,089.00	$ -	$ 1,089.00	$ 1,089.00	$ -	$ 1,089.00	$ -	$ -	$ -
c. Bank Fees/Interest	$ 990.00	$ -	$ 990.00	$ 990.00	$ -	$ 990.00	$ -	$ -	$ -
d. Dues/Memberships/Licenses	$ 1,840.00	$ -	$ 1,840.00	$ 1,840.00	$ -	$ 1,840.00	$ -	$ -	$ -
e. Contracted Services (General)	$ 1,500.00	$ -	$ 1,500.00	$ 1,500.00	$ -	$ 1,500.00	$ -	$ -	$ -
f. Program/Department Expenses	$ 5,456.00	$ -	$ 5,456.00	$ 5,456.00	$ -	$ 5,456.00	$ -	$ -	$ -
g. Bad Debts	$ 15,410.00	$ -	$ 15,410.00	$ 15,410.00	$ -	$ 15,410.00	$ -	$ -	$ -
h. Contracted Services (Physicians Services)	$ 45,000.00	$ -	$ 45,000.00	$ 45,000.00	$ -	$ 45,000.00	$ -	$ -	$ -
i. Administrative Costs @ 10% of Direct Exp.	$ -	$ 67,449.00	$ 67,449.00	$ -	$ 67,449.00	$ 67,449.00	$ -	$ -	$ -
j. Depreciation Expense	$ 13,390.00	$ -	$ 13,390.00	$ 13,390.00		$ 13,390.00	$ -	$ -	$ -
k. Miscellaneous	$ 965.00	$ -	$ 965.00	$ 965.00	$ -	$ 965.00	$ -	$ -	$ -
TOTAL	$ 674,492.00	$ 76,824.00	$ 751,316.00	$ 619,559.00	$ 76,824.00	$ 696,383.00	$ 54,933.00	$ -	$ 54,933.00
Indirect As A Percent of Direct		11.4%							

Contractor Initals: [illegible]
Date: 5/10/17

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that FAMILIES FIRST OF THE GREATER SEACOAST is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 28, 1986. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **101090**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 5th day of April A.D. 2017.

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Linda Sanborn, do hereby certify that:
(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of Familia First of the Greater Seacoast.
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency duly held on 5/10/17:
(Date)

RESOLVED: That the Executive Director
(Title of Contract Signatory)

is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 10th day of May, 2017.
(Date Contract Signed)

4. Helen B. Taft is the duly elected Executive Director of the Agency.
(Name of Contract Signatory) (Title of Contract Signatory)

Linda Sanborn
(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE

County of Rockingham

The forgoing instrument was acknowledged before me this 10th day of May, 2017

By Linda Sanborn.
(Name of Elected Officer of the Agency)

Kimberlee A. Durkee
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Kimberlee A. Durkee
Notary Public
My Commission Expires
April 3, 2018

Commission Expires:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/5/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Edward Jackson
Tobey & Merrill Insurance 20 High Street Hampton NH 03842-2214	PHONE (A/C, No, Ext): (603) 926-7655 FAX (A/C, No): (603) 926-2135 E-MAIL ADDRESS: edward@tobeymerrill.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Peerless Indemnity	18333
INSURER B : Peerless Insurance Company	24198
INSURER C : Technology Insurance	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Families First of the Greater Seacoast 100 Campus Dr Ste 12 Suite 12 Portsmouth NH 03801

COVERAGES **CERTIFICATE NUMBER:** CL173804804 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			BOP8358757	12/29/2016	12/29/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Employee Benefits	$ 2,000,000 $ 50,000 $ 5,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			BA5375202	12/29/2016	12/29/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Underinsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
B	X UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION $ 10,000			CU8353458	12/29/2016	12/29/2017	EACH OCCURRENCE AGGREGATE 	$ 1,000,000 $ 1,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TWC3602634	12/29/2016	12/29/2017	PER STATUTE [X] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

DHHS/DCYF
129 PLEASANT ST
CONCORD, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Edward Jackson/EJJ

Families First

support for families...health care for all

Mission Statement

Families First Health and Support Center contributes to the health and well-being of the Seacoast community by providing a broad range of health and family services to all, regardless of ability to pay.

Vision Statement

We envision a strong community that provides fully for the health and well-being of all its members.

Guiding Principles

Families First will:

- offer a broad array of health and family services to meet evolving community needs;
- meet a standard of excellence in all services;
- ensure that no one is turned away due to inability to pay;
- treat clients respectfully and with concern for dignity;
- integrate services wherever possible;
- partner with other organizations to help realize our vision.

BerryDunn

Families First

support for families...health care for all

FINANCIAL STATEMENTS

June 30, 2016 and 2015

With Independent Auditor's Report

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Families First of the Greater Seacoast

We have audited the accompanying financial statements of Families First of the Greater Seacoast, which comprise the balance sheets as of June 30, 2016 and 2015, and the related statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Families First of the Greater Seacoast as of June 30, 2016 and 2015, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
November 9, 2016

FAMILIES FIRST OF THE GREATER SEACOAST

Balance Sheets

June 30, 2016 and 2015

ASSETS

	2016	2015
Current assets		
Cash and cash equivalents	**$ 726,265**	$ 350,670
Patient accounts receivable, less allowance for uncollectible accounts of $62,155 in 2016 and $54,489 in 2015	**337,248**	297,832
Grants receivable	**85,670**	72,622
Current portion of pledges receivable	**197,507**	275,467
Other current assets	**36,247**	26,601
Total current assets	**1,382,937**	1,023,192
Investments	**156,031**	99,769
Investment in limited liability company	**16,204**	-
Assets limited as to use	**1,450,076**	1,680,036
Property and equipment, net	**573,466**	418,783
Total assets	**$ 3,578,714**	$ 3,221,780

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	**$ 112,479**	$ 52,580
Accrued payroll and related expenses	**463,760**	313,185
Patient deposits	**58,215**	47,922
Deferred revenue	**35,501**	60,200
Total liabilities	**669,955**	473,887
Net assets		
Unrestricted	**1,238,753**	915,781
Temporarily restricted	**469,319**	631,425
Permanently restricted	**1,200,687**	1,200,687
Total net assets	**2,908,759**	2,747,893
Total liabilities and net assets	**$ 3,578,714**	$ 3,221,780

The accompanying notes are an integral part of these financial statements.

FAMILIES FIRST OF THE GREATER SEACOAST

Statements of Operations

Years Ended June 30, 2016 and 2015

	2016	2015
Operating revenue		
Patient service revenue	$ 2,627,125	$ 2,152,348
Provision for bad debts	(63,508)	(37,705)
Net patient service revenue	2,563,617	2,114,643
Grants and contracts	1,689,549	1,332,274
Contributions	1,003,671	1,348,525
Equity earnings of limited liability company	15,704	-
Other operating revenue	68,811	120,613
Net assets released from restrictions for operations	840,222	1,159,515
Total operating revenue	6,181,574	6,075,570
Operating expenses		
Salaries and benefits	4,389,821	4,121,046
Other operating expenses	1,507,681	1,211,689
Depreciation	83,306	80,984
Interest expense	-	6,666
Total operating expenses	5,980,808	5,420,385
Operating income	200,766	655,185
Non-operating revenue and gains		
Investment income	3,057	2,452
Gain on sale of capital asset	-	34,844
Change in fair value of investments	(5,851)	(3,756)
Total non-operating revenue and gains	(2,794)	33,540
Excess of revenue over expenses	197,972	688,725
Contributions received for capital acquisition	125,000	-
Net assets released for capital acquisition	-	234,118
Increase in unrestricted net assets	$ 322,972	$ 922,843

The accompanying notes are an integral part of these financial statements.

FAMILIES FIRST OF THE GREATER SEACOAST

Statements of Changes in Net Assets

Years Ended June 30, 2016 and 2015

	2016	2015
Unrestricted net assets		
Excess of revenue over expenses	**$ 197,972**	$ 688,725
Contributions received for capital acquisition	**125,000**	-
Net assets released for capital acquisition	**-**	234,118
Increase in unrestricted net assets	**322,972**	922,843
Temporarily restricted net assets		
Contributions	**698,982**	750,695
Investment income	**25,187**	23,575
Change in fair value of investments	**(46,053)**	(26,114)
Net assets released from restrictions for operations	**(840,222)**	(1,159,515)
Net assets released for capital acquisition	**-**	(234,118)
Decrease in temporarily restricted net assets	**(162,106)**	(645,477)
Change in net assets	**160,866**	277,366
Net assets, beginning of year	**2,747,893**	2,470,527
Net assets, end of year	**$ 2,908,759**	$ 2,747,893

The accompanying notes are an integral part of these financial statements.

FAMILIES FIRST OF THE GREATER SEACOAST

Statements of Cash Flows

Years Ended June 30, 2016 and 2015

	2016	2015
Cash flows from operating activities		
Change in net assets	$ 160,866	$ 277,366
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Provision for bad debts	63,508	37,705
Depreciation	83,306	80,984
Equity earnings of limited liability company	(15,704)	-
Gain on sale of capital asset		(34,844)
Restricted contributions for long-term purposes	(125,000)	-
Change in fair value of investments	51,904	29,870
(Increase) decrease in the following assets:		
Patient accounts receivable	(102,924)	(119,498)
Grants receivable	(13,048)	44,794
Pledges receivable	77,960	332,523
Other current assets	(9,646)	7,210
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	59,899	(64,571)
Accrued payroll and related expenses	150,575	921
Patient deposits	10,293	6,949
Deferred revenue	(24,699)	48,420
Net cash provided by operating activities	367,290	647,829
Cash flows from investing activities		
Capital acquisitions	(237,989)	(217,073)
Proceeds from sale of capital asset	-	35,000
Purchase of investments	(28,742)	(363,435)
Proceeds from the sale of investments	150,036	91,555
Net cash used by investing activities	(116,695)	(453,953)
Cash flows from financing activities		
Payments on line of credit	-	(243,849)
Restricted contributions for long-term purposes	125,000	-
Net cash provided (used) by financing activities	125,000	(243,849)
Net increase (decrease) in cash and cash equivalents	375,595	(49,973)
Cash and cash equivalents, beginning of year	350,670	400,643
Cash and cash equivalents, end of year	$ 726,265	$ 350,670
Supplemental disclosures of cash flow information		
Cash paid for interest	$ -	$ 6,666

The accompanying notes are an integral part of these financial statements.

1. Summary of Significant Accounting Policies

Organization

Families First of the Greater Seacoast (Organization) is a non-stock, not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) which provides comprehensive medical and family support services, including primary care, dental, well child care, substance abuse counseling, parenting education, and home visitation programs to residents of the Seacoast region (New Hampshire and Maine).

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds and exclude amounts whose use is limited by Board designation or donor-imposed restrictions.

Allowance for Uncollectible Accounts

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patient accounts receivable, the Organization analyzes its past history and identifies trends for each funding source. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts. The Organization has not changed its methodology for estimating the allowance for uncollectible accounts.

A reconciliation of the allowance for uncollectible accounts at June 30 is as follows:

	2016	2015
Balance, beginning of year	$ 54,489	$ 51,984
Provision	63,508	37,705
Write-offs	(55,842)	(35,200)
Balance, end of year	$ 62,155	$ 54,489

The increase in provision is primarily due to an increase in patient balances over 120 days old.

Grants Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

Investments

The Organization reports investments at fair value, and has elected to report all gains and losses in the excess (deficiency) of revenues over expenses to simplify the presentation of these amounts in the statement of operations. Investments include donor endowment funds and board-designated assets. Accordingly, investments have been classified as non-current assets on the accompanying balance sheet regardless of maturity or liquidity. The Organization has established policies governing long-term investments, which are held within several investment accounts, based on the purposes for those investment accounts and their earnings.

Investment income and the change in fair value are included in the excess of revenue over expenses, unless otherwise stipulated by the donor or State Law.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the balance sheets.

Investment in Limited Liability Company

The Organization is one of eight partners who have each made a capital contribution of $500 to Primary Health Care Partners, LLC (PHCP) during 2015. The Organization's investment in PHCP is reported using the equity method and the investment amounted to $16,204 and $- at June 30, 2016 and 2015, respectively.

Assets Limited As To Use

Assets limited as to use include assets designated by the Board of Directors for future use and donor-restricted contributions to be held in perpetuity.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted net assets and excluded from the excess of revenues over expenses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets include contributions and grants for which donor-imposed restrictions have not been met. Assets are released from restrictions as expenditures are made in line with restrictions called for under the terms of the donor.

Permanently restricted net assets have been restricted by donors to be maintained by the Organization in perpetuity, the income of which is primarily available for operations.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

Donated Goods and Services

Various program help and support for the daily operations of the Organization's programs were provided by the general public of the communities served by the Organization. Donated supplies and services are recorded at their estimated fair values on the date of receipt. Donated supplies and services amounted to $294,007 and $147,044 for the years ended June 30, 2016 and 2015, respectively.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of operations as "net assets released from restrictions." Donor-restricted contributions whose restrictions are met in the same year as received are reflected as unrestricted contributions in the accompanying financial statements.

Promises to Give

Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. Given the short term nature of the pledges, they are not discounted and no reserve for uncollectible pledges has been established. Conditional promises to give are not included as support until the conditions are substantially met.

Functional Expenses

The Organization provides various services to residents within its geographic location. Expenses related to providing these services are as follows:

	2016	2015
Program services	**$ 5,202,419**	$ 4,706,160
Administrative and general	**621,430**	574,957
Fundraising	**156,959**	139,268
Total	**$ 5,980,808**	$ 5,420,385

Excess of Revenue Over Expenses

The statements of operations reflect the excess of revenue over expenses. Changes in unrestricted net assets which are excluded from the excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through November 9, 2016, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Investments

Investments, stated at fair value, consisted of the following:

	2016	2015
Long-term investments	$ 156,031	$ 99,769
Assets limited as to use	1,450,076	1,541,850
Total investments	$ 1,606,107	$ 1,641,619

Fair Value of Financial Instruments

Financial Accounting Standards Board Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The fair value hierarchy within ASC Topic 820 distinguishes three levels of inputs that may be utilized when measuring fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The following table sets forth by level, within the fair value hierarchy, the Organization's investments at fair value:

	Investments at Fair Value as of June 30, 2016			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 6,504	-	-	6,504
Mutual funds	1,599,603	-	-	1,599,603
Total investments	$ 1,606,107	$ -	$ -	$ 1,606,107

	Investments at Fair Value as of June 30, 2015			
	Level 1	Level 2	Level 3	Total
Money market funds	18,248	-	-	18,248
Mutual funds	1,623,371	-	-	1,623,371
Total investments	$ 1,641,619	$ -	$ -	$ 1,641,619

Investment income and gains (losses) for cash equivalents and investments consist of the following:

	2016	2015
Unrestricted net assets		
Investment income	$ 3,057	$ 2,452
Change in fair value of investments	(5,851)	(3,756)
Restricted net assets		
Investment income	25,187	23,575
Change in fair value of investments	(46,053)	(26,114)
Total	$ (23,660)	$ (3,843)

3. Assets Limited as to Use

Assets limited as to use consist of the following:

	2016	2015
Designated by the governing board		
For future use	$ 73,142	$ 212,115
Donor-restricted endowment		
Temporarily restricted earnings	176,247	267,234
Permanently restricted principal	1,200,687	1,200,687
Total	$ 1,450,076	$ 1,680,036

Assets limited as to use consisted of the following:

	2016	2015
Cash and cash equivalents	$ -	$ 138,186
Investments	1,450,076	1,541,850
Total	$ 1,450,076	$ 1,680,036

4. Pledges Receivable

Pledges receivable consisted of the following:

	2016	2015
Scheduled amounts due in:		
Less than one year	$ 197,507	$ 275,467

Pledges receivable have not been discounted as the amount is not material to the financial statements as a whole. The Organization believes all pledges are fully collectible.

5. Property and Equipment

Property and equipment consisted of the following:

	2016	2015
Leasehold improvements	$ 179,031	$ 179,031
Furniture, fixtures, and equipment	1,037,550	799,559
Total cost	1,216,581	978,590
Less accumulated depreciation	(643,115)	(559,807)
Property and equipment, net	$ 573,466	$ 418,783

6. Line of Credit

The Organization has a $250,000 line of credit with a local bank through May 1, 2017. The line of credit is collateralized by accounts receivable. The interest rate at June 30, 2016 was 3.50%. There was no outstanding balance at June 30, 2016 and 2015.

7. Temporarily and Permanently Restricted Net Assets

Temporarily and permanently restricted net assets consisted of the following:

	2016	2015
Temporarily restricted		
Unrestricted pledges receivable	$ 213,711	$ 275,467
Program services	95,565	88,724
Endowment earnings	176,247	267,234
Total temporarily restricted	$ 485,523	$ 631,425
Permanently restricted		
Endowment	$ 1,200,687	$ 1,200,687

8. Endowments

Interpretation of Relevant Law

There were no board-designated endowments. The Organization's endowments primarily consist of an investment portfolio managed by the Investment Sub-Committee. As required by U.S. GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Organization has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as a donor-restricted endowment (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent donor-restricted endowment gifts and (c) accumulations to the donor-restricted endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund, if any, is classified as temporarily restricted net assets until those amounts are appropriated for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

(1) The duration and preservation of the fund;
(2) The purposes of the Organization and the donor-restricted endowment fund;
(3) General economic conditions;
(4) The possible effect of inflation and deflation;
(5) The expected total return from income and the appreciation of investments;
(6) Other resources of the Organization; and
(7) The investment policies of the Organization.

Spending Policy

The Organization has a policy of appropriating for expenditure an amount equal to 5% of the endowment fund's average fair market value over the prior 20 quarters. The earnings on the endowment fund are to be used for operations.

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Organization to retain as a fund of perpetual duration. There were no such deficiencies as of June 30, 2016 and 2015.

Return Objectives and Risk Parameters

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Organization must hold in perpetuity. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that exceed or meet designated benchmarks while incurring a reasonable and prudent level of investment risk.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation that places a balanced emphasis on equity-based and income-based investments to achieve its long-term return objectives within prudent risk constraints.

Endowment Net Asset Composition by Type of Fund

The endowment net asset composition by type of fund is as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
2016				
Donor-restricted endowment funds	$ -	$ 176,247	$ 1,200,687	$ 1,376,934
2015				
Donor-restricted endowment funds	$ -	$ 267,234	$ 1,200,687	$ 1,467,921

The Organization had the following endowment-related activities:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, June 30, 2015	$ -	$ 267,234	$ 1,200,687	$ 1,467,921
Investment return				
Investment income	-	25,187	-	25,187
Change in fair value of investments	-	(46,053)	-	(46,053)
Appropriation of endowment assets for expenditures	-	(70,121)	-	(70,121)
Endowment net assets, June 30, 2016	$ -	$ 176,247	$ 1,200,687	$ 1,376,934

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, June 30, 2014	$ -	$ 336,328	$ 1,200,687	$ 1,537,015
Investment return				
Investment income	-	23,575	-	23,575
Change in fair value of investments	-	(26,114)	-	(26,114)
Appropriation of endowment assets for expenditures	-	(66,555)	-	(66,555)
Endowment net assets, June 30, 2015	$ -	$ 267,234	$ 1,200,687	$ 1,467,921

9. Patient Service Revenue

Patient service revenue follows:

	2016	2015
Medicare	$ 267,336	$ 215,538
Medicaid	1,595,264	1,307,387
Third-party payers and private pay	764,525	629,423
Total patient service revenue	$ 2,627,125	$ 2,152,348

The Organization has agreements with the Centers for Medicare and Medicaid Services (Medicare and New Hampshire and Maine Medicaid). Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Organization believes that it is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

Medicare

Effective July 1, 2015, the Organization began to be reimbursed for the care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically-adjusted rate determined by federal guidelines. Prior to July 1, 2015, the Organization was reimbursed at specified interim contractual rates during the year. Differences between the Medicare interim contractual rate and the cost of care as defined by the Principles of Reimbursement governing the program were determined and settled on a retrospective basis. Overall, reimbursement was and continues to be subject to a maximum allowable rate per visit. The Organization's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, 2014.

Medicaid and Other Payers

The Organization also has entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively-determined rates per visit, discounts from established charges and capitated arrangements for primary care services on a per-member, per-month basis.

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization charity care policy amounted to approximately $1,222,000 and $1,661,100 for the years ended June 30, 2016 and 2015, respectively.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

10. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 401(k) that covers substantially all employees. Employer discretionary contributions are funded at a percentage of eligible employees' salaries. The Organization contributed $94,241 for the year ended June 30, 2016. The Organization did not incur expenses under the plan for the years ended June 30, 2015.

11. Concentration of Risk

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The mix of medical patient service revenue receivables from patients and third-party payers was as follows as of June 30:

	2016	2015
Medicare	**15 %**	11 %
Medicaid	**45 %**	42 %
Other	**40 %**	47 %
	100 %	100 %

12. Commitments and Contingencies

Medical Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of the year ended June 30, 2016, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

Leases

The Organization leases office space and certain other office equipment under noncancelable operating leases. Future minimum lease payments under these leases are as follows:

2017	$ 159,973
2018	86,659
2019	7,848
Total	$ 254,480

Rental expense amounted to $142,017 and $133,381 for the years ended June 30, 2016 and 2015, respectively. Rent expense includes a charge per square foot for utilities and housekeeping services.

	First	Name	Board Position	Address	Phone	Email Address
1	Linda	Sanborn, CPA	Chair	100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
2	Tom	Newbold	Vice Chair	100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
3	Kristen	Hanley	Secretary	100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
4	Mike	Burke, CPA	Treasurer	100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
5	Karin	Barndollar		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
6	Barbara	Henry		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
7	John	Jamison		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
8	Jo	Jordon		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
9	Josephine	Lamprey		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
10	Patricia	Locuratolo, MD		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
11	John	Pelletier		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
12	Kerri	Ruggiero		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
13	Mary	Schleyer		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
14	Kathy	Scheu		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
15	Dan	Schwarz, Esq.		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org
16	Peter	Whitman		100 Campus Dr. Suite 12 Portsmouth, NH 03801	603-422-8208	htaft@familiesfirstseacoast.org

HELEN B. TAFT
[redacted]

OBJECTIVE: A position as Administrator in the human services or health care fields.

PROFILE:

- Highly developed research and writing skills with emphasis on analysis and evaluation
- Excellent academic record
- Strong verbal communication and group discussion skills
- Experienced interpersonal skills
- Long-term commitment to community service

EDUCATION:

University of New Hampshire
Masters of Public Administration, 1989
Certificate of Paralegal Studies, 1982
Smith College
B.A. (Government) 1966

PROFESSIONAL EXPERIENCE:

FAMILIES FIRST OF THE GREATER SEACOAST, Portsmouth, NH
Executive Director Dec.1989 – Present
FOUNDATION FOR SEACOAST HEALTH, Portsmouth, N.H
Administrative Intern Jan. -June 1989
HARVEY AND MAHONEY LAW OFFICES, Manchester, NH
Paralegal 1982 -1988

VOLUNTEER LEADERSHIP EXPERIENCE:

CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE 1972 –1992
President; First Vice-President; Board of Directors; Chair, Long ,Range Planning Committee; Chair, Advocacy Committee; President, Manchester Regional Executive Committee
UNITED WAY OF MANCHESTER 1985 -1988
Board of Directors; Chair, Campaign Phonothon; Venture Grant Committee
MANCHESTER LEAGUE OF WOMEN VOTERS 1973 -1978
President; Board of Directors
GREATER SEACOAST UNITED WAY 1997 -1999
Board of Directors

REFERENCES: Furnished upon request.

David C. Choate
[redacted]

PROFESSIONAL OBJECTIVE

A position in **Senior Financial Management** providing the opportunity to make a strong contribution to organizational goals though continued development of professional management and financial skills.

QUALIFICATIONS PROFILE

Experience/ Skills:

Chief Financial Officer: Assure the financial integrity of the agency.

Related skills and practices include:

- Preparing and monitoring required financial statements and reports
- Developing and revising comprehensive annual agency budgets
- Developing and updating the Administrative and Fiscal Internal Control Policies and Procedures Manual
- Supervising support staff which includes: payroll, accounts payable, accounts receivable, finance clerk, network administrator, receptionist and building maintenance
- Advising agency management and the Board of Directors in regards to fiscal planning, cost analysis auditing systems and financial reporting requirements
- Acting as the lead administrative staff for banking and investment functions, grant management and auditing functions; i.e. external and funding sources
- Reviewing and analyzing plant and equipment needs and negotiating the purchase of major equipment and financing

Computers:

- Windows-based PC's with various accounting software including Microsoft Great Plains Solomon
- Equation Solvers: Microsoft Office: Word, Excel and Outlook

Administration:

- Ensuring compliance with all applicable laws, standards, and reporting requirements of funding sources
- Preparing grant financial reports and documentations

Education:

Master Degree in Business Administration, 1989
Southern New Hampshire University – Manchester, New Hampshire

Bachelor of Science Degree in Business Administration-Accounting, 1974
Thomas College – Waterville, Maine

Accomplishments/Strengths:

- Extensive accounting, auditing and management consulting skills
- Excellent troubleshooting and analytical skills
- Well organized and proficient with details
- Excellent interpersonal and team skills

PROFESSIONAL EXPERIENCE

January 2008 to present — FAMILIES FIRST OF THE GREATER SEACOAST, Portsmouth, NH

Finance Director

July 2000 to June 2007 — INDEPENDENCE ASSOCIATION, INC, Brunswick, Maine

Director of Finance & Administration

An agency that provides residential housing and day programs to adults and children with disabilities.

Accomplishments:

- Streamlined and updated audit procedures to assure successful audits
- Responsible for smooth computer conversion to Great Plains Solomon accounting software
- Maintained and increased profits from services

November 1995 to July 2000 — METHODIST CONFERENCE HOME, INC, Rockland, Maine

Finance Manager

A senior housing agency with programs such as housing services, housing management, senior citizen meals and regional transportation.

Accomplishments:

- Involved in obtaining finance and operating funds to build an upscale senior housing facility
- Instituted financial administrative policies
- Obtained line of credit for operations.
- Computerized the accounting systems

May 1988 to November 1995 — PROFESSIONAL MANAGEMENT ASSOCIATES, Portland, Maine

Partner and Management Consultant

A business offering a wide range of management and accounting services to professionals and small to medium-sized business, both non-profit and for profit.

Clientele:

- Small to mid-size business, i.e. food industry and pharmacies
- Health care providers; i.e. physicians, dentists, chiropractors, hospitals and veterinarians.

Accomplishments:

- Increased profits for companies through new financial management policies and procedures.

— Excellent references are available upon request —

Susan Stewart Durkin, RN, AE-C
[redacted]

Education:

Rivier College--St. Joseph's School of Nursing 9/95—5/97
AD. Nursing: GPA 4.0

College of the Holy Cross 9/87—5/91
B.A. Sociology: GPA 3.2

Certifications:

Registered Nurse 5/97 - Present
Certified Asthma Educator 6/06 - Present

Experience:

Families First Health and Support Center
Healthcare for the Homeless Project Director 5/2011—Present
Provide overall organization, management and delivery of patient care services for the project. Oversees staff and participates on the Management Team. Oversees quality improvement, reporting and systems management.
Homeless Health Care Nurse 9/05—5/2011
Provide primary nursing care to homeless patients in a mobile health setting.
Quality Improvement Director 6/01—Present
Responsible for all quality assurance and improvement activities for the agency. Participates on the Quality Improvement Committee of the Board of Directors.
Clinical Operations Director 9/98—6/01
Provide oversight of clinical operations for community health center. Responsible for development and implementation of quality assurance plan. Assist in the development of grant proposals and assure health center compliance with requirements. Responsible for clinical staffing and supervision.

Wentworth-Douglas Hospital--Dunaway North/Pediatrics 6/97--4/99
Staff Nurse/Charge Nurse/Per Diem Nurse
Provided primary nursing care to pediatric, adolescent, and adult patients. Performed or assisted in outpatient procedures. Assumed Charge Nurse responsibilities as of 11/97.

Developmental Services of Strafford County 3/98--9/98
Infant —Toddler Program Nurse
Perform developmental assessments. Provide staff and families with education and consultation regarding medical issues. Provide developmental stimulation to children within a transdisciplinary model.

Partners in Health Project 9/94--3/98
Family Support Coordinator
Provided resource coordination, education, advocacy, and support to families of children with chronic illnesses. Coordinated activities of leadership council. Prepared and held community presentations. Organized community initiatives. Directed program development.

United Cerebral Palsy of Washington and Northern Virginia 12/92--8/94 *Coordinator of Family Support Services*
Provided the overall coordination and supervision of the Family Support Department, including seven separate programs. Directed quality assurance activities. Developed training curriculum and public education materials. Coordinated three-year research project. Maintained services within budgetary limits. Initiated and directed department expansion.

Center for Family and Youth--Project STRIVE 11/91--12/92
Family Social Worker
Provided in-home family counseling, client advocacy, and case management services to families. Conducted intake & diagnostic assessments. Designed individual treatment plans.

Families First of the Greater Seacoast

Key Personnel FY 2018 Homeless Primary Care (May 8, 2017)

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Helen B. Taft	Executive Director	$ 109,491	0%	$ 0
David C. Choate	Finance Director	$ 80,434	0%	$ 0
Susan Durkin	Clinical Director	$ 89,045	22.8%	$ 20,328

State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Primary Care Services for the Homeless Contract

This 3rd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #3") dated this, 20th day of October, 2016 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Families First of the Greater Seacoast. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 100 Campus Drive, Suite 12, Portsmouth, New Hampshire 03801.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 6, 2012 (Item #69), and amended on May 8, 2014 (Item #34B), and on June 24, 2015 (Item #58) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Exhibit B Amendment #2, paragraph 10, notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2, and within the Price Limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council, and

WHEREAS, the State and the Department agree to adjust budget amounts between State Fiscal Years 2016 and 2017, within the Price Limitation and within the Completion Date.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Except as specifically amended and modified by the terms and conditions in this Amendment #3, the obligations of the parties shall remain in full force and effect in accordance with the terms and conditions set forth in the Contract as referenced above.

2. Delete in its entirety Exhibit B-2 Amendment #2, and replace with Exhibit B-2 Amendment #3.

3. Delete in its entirety Exhibit B-4 Amendment #2, and replace with Exhibit B-4 Amendment #3.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/21/16
Date

NAME: LISA MORRIS
TITLE: Director

Families First of the Greater Seacoast

10/28/16
Date

NAME Helen B. Taft
TITLE Executive Director

Acknowledgement:

State of NH, County of Rockingham on 10/28/16, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace

My Commission Expires: 12/19/18

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date

Name:
Title:

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

EXHIBIT B-2 AMENDMENT #3

SBIRT HOMELESS BUDGET FORM

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Families First of the Greater Seacoast

Budget Request for: Homeless -Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

4/15/2015

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 58,603	$ -	$ 58,603	$ 2,080	$ -	$ 2,080	$ 56,723	$ -	$ 56,723
2. Employee Benefits	$ 7,723	$ -	$ 7,723	$ 268	$ -	$ 268	$ 7,454	$ -	$ 7,454
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Minor Equipment	$ 1,600	$ -	$ 1,600	$ -	$ -	$ -	$ 1,600	$ -	$ 1,600
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Software EMR & PM Licenses	$ 5,223	$ -	$ 5,223	$ -	$ -	$ -	$ 5,223	$ -	$ 5,223
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b. CHAN Forms	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b. SBIRT Services	$ 8,000	$ -	$ 8,000	$ -	$ -	$ -	$ 8,000	$ -	$ 8,000
Carry Fwd Amount SFY 2016	$ (7,871.54)	$ -	$ (7,871.54)	$ -	$ -	$ -	$ (7,871.54)	$ -	$ (7,871.54)
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 73,677	$ -	$ 73,677	$ 2,348	$ -	$ 2,348	$ 71,329	$ -	$ 71,329

Contractor Initials: MRT

Date: 10/28/16

EXHIBIT B-4 AMENDMENT #3

SBIRT HOMELESS BUDGET FORM

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Families First of the Greater Seacoast

Budget Request for: Homeless -Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

4/15/2015

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Minor Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Software EMR & PM Licenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b. CHAN Forms	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b. SBIRT Services	$ 125	$ -	$ 125	$ -	$ -	$ -	$ 125	$ -	$ 125
Carry Fwd SFY 2016 Amount	$ 7,671.54	$ -	$ 7,671.54	$ -	$ -	$ -	$ 7,671.54	$ -	$ 7,671.54
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 7,797	$ -	$ 7,797	$ -	$ -	$ -	$ 7,797	$ -	$ 7,797

Contractor Initials: IHT

Date: 10/28/16

Item # 58
G+C approved 6/24/15

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

Marcella Jordan Bobinsky
Acting Director

June 1, 2015

Her Excellency, Governor Margaret Wood Hassen
And the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **sole source** amendments with the vendors listed in the table below for the provision of primary care services, breast and cervical cancer screening services and screening, brief intervention and referral to treatment for alcohol and drug misuse by increasing the total price limitation by $8,986,056 from $10,143,156 to $19,129,212 and extending the completion date from June 30, 2015 to June 30, 2017 upon Governor and Executive Council approval. 75.2% General Funds / 24.8% Federal Funds

The original contract, approved in 2012, included a two (2) year renewal option. The Department exercised a one (1) year renewal in 2014. The Department is now seeking to extend the contracts for two (2) two additional years through these sole source amendments. The Governor and Executive Council approved the original contracts and subsequent amendments as follows:

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Ammonoosuc Community Health Services, Inc. (177755-R001)	North Grafton/ South Coos	6/20/12 (Item #128)	5/8/14 (Item #34A)	$667,687	$540,879	$1,208,566
Concord Hospital, Inc. (177653-B011)	Merrimack/ Hillsborough	6/20/12 (Item #133)	5/8/14 (Item #34A)	$992,198	$788,937	$1,781,135
Coos County Family Health Services (155327-B001)	Eastern Coos	6/20/12 (Item #130)	5/8/14 (Item #34A)	$427,142	$371,229	$798,371
Families First of the Greater Seacoast (166629-B001)	Seacoast Area	6/20/12 (Item #134)	5/8/14 (Item #34A)	$624,540	$506,291	$1,130,831

Families First of the Greater Seacoast (166629-B001)	Seacoast Area - Homeless	6/6/12 (Item #69)	5/8/14 (Item #34B)	$218,537	$240,101	$458,638
Goodwin Community Health Center (154703-B001)	Strafford County	6/20/12 (Item #135)	5/8/14 (Item #34A)	$1,095,268	$825,647	$1,920,915
Harbor Homes (155358-B001)	Southern Hillsborough County - Homeless	6/6/12 (Item #68)	5/8/14 (Item #34B)	$225,045	$209,393	$434,438
Health First Family Care Center (158221-B001)	Central/Eastern Belknap	6/20/12 (#131)	5/8/14 (Item #34)	$748,658	$586,113	$1,334,771
Indian Stream Health Center (165274-B001)	Northern Coos	6/20/12 (Item #125)	5/8/14 (Item #34A)	$259,157	$239,237	$498,394
Lamprey Health Care (177677-B001)	Central Southern/ Eastern NH	6/20/12 (Item #136)	5/8/14 (Item #34A)	$1,696,513	$1,299,195	$2,995,708
Manchester Community Health Center (157274-B001)	Greater Manchester	6/20/12 (Item #132)	5/8/14 (Item #34A)	$1,051,425	$1,435.139	$2,486,564
Manchester Health Department (177433-B009)	Greater Manchester - Homeless	6/20/12 (Item #124)	5/8/14 (Item #34B)	$232,205	$250,169	$482,374
Mid-State Health Center (158055-B001)	Central Northern Belknap	6/20/12 (Item #126)	5/8/14 (Item #34A)	$444,862	$406,811	$851,673
New London Hospital Association, Inc. (177167-R005)	Sullivan County	6/20/12 (Item #129)	5/8/14 (Item #34A)	$587,923	$487,419	$1,075,342
Weeks Medical Center (177171-R001)	Western Coos	7/11/12 (Item #31)	5/8/14 (Item #34A)	$292,483	$306,707	$599,190
White Mountain Community Health Center (174170-R001)	Northern Carroll	6/20/12 (Item #127)	5/8/14 (Item #34A)	$579,513	$492,789	$1,072,302
			Total:	**$10,143,156**	**$8,986,056**	**$19,129.212**

Funds are anticipated to be available in the following accounts for State Fiscal Years 2016 and in State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budgets with the ability to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified without further approval from the Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

Please see attachment for fiscal details.

EXPLANATION

These amendments are **sole source** because the Department is renewing the contracts for two (2) additional years after exercising a one (1) year renewal option in 2014 as allowable in Exhibit C, Special Provisions, paragraph 17 of the contracts, and adding to the scope of services for community health centers that provide primary care services, statewide.

This package includes sixteen (16) of sixteen (16) contracts being amended.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

Breast and cervical cancer screening services are provided as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap smears and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or

diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will add infrastructure to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will use funding to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. This request includes three (3) vendors who provide primary care and universal screening services to homeless individuals, who otherwise would have no access to health care. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, low-income individuals statewide may not have adequate access to primary care services. Some women may not receive recommended breast and cervical cancer screenings, which would increase their risk of having an untreatable stage of cancer. Additionally, undetected alcohol and drug misuse could result in increases of alcohol and drug related accidents and deaths, which would negatively impact NH citizens.

Area Served: Statewide.

Source of Funds: 75.2% General Funds

24.8% Federal Funds (CFDA #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse. FAIN #T1010035-14; CFDA #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds. FAIN # U58DP003930; CFDA #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States. FAIN #B04MC28113.)

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

Marcella Bobinsky
Acting Director
Division of Public Health Services

for Diane Langley
Acting Director
Division of Community Based Care Services

Approved by:
Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services for the Homeless Contract

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") dated this, 30th day of April, 2015 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Families First of the Greater Seacoast (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 100 Campus Drive, Suite 12, Portsmouth, New Hampshire 03570.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 6, 2012 (Item #68) and amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34B), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, and Exhibit C, Special Provisions, Paragraph 17, the State may amend the contract terms and conditions and renew the contract for two (2) additional years by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for two additional years, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   June 30, 2017
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $458,638
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read:
   Eric D. Borrin
4. Form P-37, General Provisions, Item 1.10, State Agency Telephone Number, to read:
   (603) 271-9558
5. Delete Exhibit A, Scope of Services and Exhibit A-1 Amendment 1, Scope of Services and replace with Exhibit A – Amendment #2.
6. Delete Exhibit A-1 Amendment #1 - Performance Measures and replace with Exhibit A-1 Amendment #2 – Performance Measures.

7. Delete Exhibit B, Purchase of Services Contract Price and replace with Exhibit B – Amendment #2, Method and Conditions Precedent to Payment.
8. Add Exhibit B-1, Primary Care Budget Form through Exhibit B-4, SBIRT Budget Form.
9. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Period Covered by this Certification, to read:

   From 7/1/2012 to 6/30/2017

10. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read:

    July 1, 2012 through June 30, 2017

11. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

6/3/15
Date

NAME Brook Dupee
TITLE Bureau Chief

Families First of the Greater Seacoast

5/13/15
Date

NAME Helen B. Taft
TITLE Executive Director

Acknowledgement:

State of NH, County of Rockingham on 5/13/15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Suzanne Coombs Expires 12/19/18

Name and Title of Notary or ~~Justice of the Peace~~

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/8/15
Date

Name:
Title:

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. **Provisions Applicable to All Services**

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. The Contractor shall utilize flexible hours and minimal use of appointment systems to provide primary care and enabling services to homeless individuals and families through the use of permanent office based locations and/or mobile or temporary delivery locations.

1.5. The Contractor shall serve target populations that include individuals who:

1.5.1. Are uninsured.

1.5.2. Are underinsured.

1.5.3. Are low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5.4. Lack housing including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations.

1.5.5. Are residents in transitional housing.

1.5.6. Are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members may be considered homeless. \

1.5.7. Are to be released from a prison or a hospital who may also be considered homeless if they do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

1.6. The Contractor shall continue to provide primary care and enabling services to individuals described in Section 1.5.4 through Section 1.5.7 above for three hundred sixty-four (364) calendar days following the individual's placement in permanent housing.

1.7. The Contractor shall provide **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services to all individuals described in Section 1.4 through Section 1.6, above.

1.8. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.8.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.8.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.8.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or SBIRT Services for new patients is limited or closed for more than a one month period.

2.2. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

2.2.1. Family income.

2.2.2. Family size.

2.2.3. Income in relation to the Federal Poverty Guidelines.

2.3. The Contractor shall assist individuals with completing a Medicaid application when income calculations indicate possible Medicaid eligibility.

2.4. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.5. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.5.1. Update the sliding fee scale on an annual basis every when new Federal Poverty Guidelines are released.

2.5.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. These services can be

designed to meet the unique and identified needs of the homeless populations within the contracted service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.3. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.4. Assessment of need for:

3.1.4.1. Tobacco cessation, including referral to NH Quitworks, as appropriate.

3.1.4.2. Social services.

3.1.4.3. Nutrition services, including WIC, as appropriate.

3.1.4.4. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.2.2. Care facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health

3.2.3.2. Oral health.

3.2.3.3. Use of navigators and case management.

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

3.3. The Contractor may provide enabling services, if the budget allows, which are non-clinical services that support the delivery of basic primary care services and facilitate access to comprehensive patient care as well as social services. The Contractor can facilitate enabling services that include, but are not limited to:

3.3.1. Case management.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

3.4. The Contractor must elect to do at least one (1) quality improvement project which consists of systematic and continuous actions that lead to measurable improvements in health care services and the health status of targeted patient groups. The Contractor shall facilitate a minimum of one (1) quality improvement project that includes, but is not limited to:

3.4.1. Enhancing clinical workflow/improve patient outcomes by methods that may include, but are not limited to:

3.4.1.1. Alerts.

3.4.1.2. Guidelines.

3.4.1.3. Diagnostic support.

3.4.1.4. Patient registries.

3.4.1.5. Collaborative learning sessions, etc.)

3.4.2. Implementing projects that lead to measurable improvements on any of the performance measures and indicators identified in Exhibit A-1 Amendment #2

3.4.3. Utilizing defined improvement processes to coordinate quality improvement activities.

3.4.4. Identifying and defining specific goals and objectives to be achieved in the project period.

4. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

4.1. The Contractor shall develop the infrastructure necessary to provide and record Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance use for all eligible individuals ages nineteen (19) to sixty-five (65) years and for all pregnant women, regardless of age, receiving services in Section 3 and/or Section 4. The Contractor shall:

4.1.1. Provide training to integrated primary care and behavioral health teams to ensure SBIRT activities are conducted with fidelity to the model in Section 5.1.

4.1.2. Modify and/or adapt current Electronic Health Records (EHR) systems in order to track SBIRT:

4.1.2.1. Activities

4.1.2.2. Completions.

4.1.2.3. Recommendations and referrals.

4.1.2.4. Follow-ups.

4.1.3. Utilize Substance Use Disorder (SUD) codes in the EHR for billing that shall:

4.1.3.1. Enable submission for payment through NH Managed Care/Medicaid and other insurance companies.

4.1.3.2. Allow the generation of reports.

4.2. The Contractor shall implement SBIRT services by ensuring sufficient qualified staff are available to conduct SBIRT services according to the SBIRT model described by the Centers for Disease Control (CDC), available on-line at http/www.dcd.gov/ncddd/fasd/documents/aloholsbiimplementationguide.pdf. The Contractor shall:

4.2.1. Implement SBIRT services by including SBIRT activities in daily operations.

4.2.2. Use one or more of the screening instruments listed in Appendix E of "Systems-Level Implementation of Screening, Brief Intervention and Referral to Treatment. TAP 33" (2013 edition) (http://www.integration.samhsa.gov/sbirt/TAP33.pdf) and document screening in the electronic health record (EHR).

4.2.3. Conduct brief interventions with patients who screen positive for potential substance use concerns and document activities in the EHR.

4.2.4. Refer patients to Substance Use Disorder (SUD) treatment services as necessary, and ensure each patient has connected with the specific service provider by documenting in the EHR, which is audited to ensure appropriate follow up.

4.2.5. Conduct SBIRT with covered populations that include all adults on an annual basis and pregnant women on a trimester basis.

4.3. Coordinate care between community health center (CHC) services and external treatment providers by collaborating with entities that provide SUD treatment services not available at the CHC. The Contractor shall:

4.3.1. Obtain client consents to contact service providers in order to resolve any barriers to accessing services.

4.3.2. Refer patients for SUD services, as needed.

4.3.3. Follow up with patient and/or SUD service provider to ensure appropriate services are provided.

4.3.4. Work with Regional Public Health Networks (RPHNs) to identify new SUD referral resources as they become available.

4.4. The Contractor shall test SBIRT fidelity with a subset of the target population prior to full implementation for all adults ages nineteen (19) to sixty-five (65) annually and pregnant women at each trimester.

5. Staffing

5.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

5.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

5.3. The Contractor shall ensure staff delivering SBIRT services have, at minimum, one of the following:

5.3.1. Masters prepared behavioral health practitioners. This includes individuals licensed under the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board.

5.3.2. Masters prepared and in the process of obtaining a license from the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board, while under the supervision of a licensed practitioner of the same profession.

5.3.3. Physicians or Advanced Practice Registered Nurses licensed to practice in NH.

5.3.4. Physician Assistants or other practitioners under the supervision of a Physician licensed to practice in NH.

5.4. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within one month of hired.

5.5. The Contractor shall notify the MCHS, in writing, when:

5.5.1. Any critical position is vacant for more than one month.

5.5.2. There is not adequate staffing to perform all required services for more than one month.

6. Coordination of Services

6.1. The Contractor shall coordinate with other service providers within the community, where possible, including but not limited to collaboration with interagency referrals and to deliver coordination of care.

6.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

6.2.1. Community needs assessments.

6.2.2. Public health performance assessments.

6.2.3. The development of regional health improvement plans.

6.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

7. Required Meetings & Trainings

7.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

7.1.1. MCHS Agency Directors' meetings.

7.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

7.1.3. MCHS Agency Medical Services Directors' meetings.

8. Workplans, Outcome Reports & Additional Reporting Requirements

8.1. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

8.2. The Contractor shall submit an annual Workplan and Workplan Outcome Report for the quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

8.3. If utilizing any portion of this contract for enabling services, the Contractor shall submit an annual Workplan and Workplan Outcome Report that includes at least one (1) performance measure for each type of enabling service provided. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

8.4. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st.

8.5. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

8.6. The Contractor shall submit quarterly Outcome Reports for SBIRT services according to the schedule and instructions provided by the MCHS. The Contractor shall:

8.6.1. Collect information that includes, but is not limited to:

8.6.1.1. Description of staff training, including but not limited to:

8.6.1.1.1. Content of training.

8.6.1.1.2. Number of staff trained.

8.6.1.2. The number of:

8.6.1.2.1. Qualified staff conducting SBIRT

8.6.1.2.2. SBIRT billing codes developed.

8.6.1.2.3. SBIRT services billed to insurance.

8.6.1.3. Updates on any changes, enhancements or adaptations to SBIRT procedures in:

8.6.1.3.1. Technology based systems.

8.6.1.3.2. Staffing.

8.6.1.3.3. Coding and billing.

8.6.1.4. The total number of clients receiving SBIRT delineated by:

8.6.1.4.1. Percentage of clients receiving only screening.

8.6.1.4.2. Percentage of clients receiving brief interventions.

8.6.1.4.3. Percentage of clients referred for more intensive services who initiated services.

8.6.1.4.4. Percentage of clients referred for more intensive services who had problems connecting to services.

8.7. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

8.7.1. DPHS Budget Form.

8.7.2. Budget Justification.

8.7.3. Sources of Revenue.

8.7.4. Program Staff List, which includes staff titles

8.8. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

8.9. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

8.9.1. Survey template.

8.9.2. Method by which the results were obtained.

9. On-Site Reviews

9.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

9.1.1. Systems of governance.

9.1.2. Administration.

9.1.3. Data collection and submission.

9.1.4. Clinical and financial management.

9.1.5. Delivery of education services.

9.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

9.2.1. Client records.

9.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

9.2.3. SBIRT documentation, which includes but is not limited to:

9.2.3.1. SBIRT policies and procedures.

9.2.3.2. Staff credentials for all staff delivering SBIRT services

9.2.3.3. SBIRT procedures utilized and documented in patient records.

9.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Exhibit A-1 – Amendment #2

1. PRIMARY CARE PERFORMANCE MEASURES

1.1. Breastfeeding

1.1.1. **Percent of infants who are ever breastfed** (Title V PM #10).

1.1.1.1. Numerator: Infants who were ever breastfed or received breast milk

1.1.1.2. Denominator: All infants born in a state fiscal year

1.2. Preventive Health: Lead Screening

1.2.1. **Percent of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.** (CMS, Hedis).

1.2.1.1. Numerator: At least one capillary or venous blood test on or before the child's second birthday.

1.2.1.2. Denominator: Children who turn 2 years old during the state fiscal year.

1.3. Preventive Health: Adolescent Well-Care Visit

1.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (Hedis, Title V PM #7).

1.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

1.3.1.2. Denominator: Number of adolescents, ages 12 through 21 years of age.

1.4. Preventive Health: Depression Screening

1.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (ACO 18, NQF 0418).

1.4.1.1. Numerator: Patients who are screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan documented.

1.4.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.1.3. Denominator: All patients 12 years and older.

1.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

Contractor Initials _____
Date 5/13/15

1.4.2. **Maternal Depression Screening** (Developmental: not required for FY 16)

1.4.2.1. **Percentage of women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.**

1.4.2.1.1. Numerator: Women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool and screen negative.

AND

Women who are screened for depression during the post-partum visit using an appropriate standardized depression screening tool, screen positive, AND have a follow-up plan documented.

1.4.2.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.2.1.3. Denominator: All women who are at least 6 weeks post-partum in a state fiscal year.

1.4.2.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

1.5. **Preventive Health: Obesity Screening**

1.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (ACO 16, NQF 0421, HRSA UDS).

1.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

1.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters.

1.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist,

occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

1.5.1.4. Denominator: All patients aged 18 years and older who had at least one medical visit during the state fiscal year.

1.5.2. Percent of patients aged 2 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (HRSA UDS).

1.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

1.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

1.6. **Preventive Health: Tobacco Screening**

1.6.1. Percent of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user (ACO 17, NQF 0028, HRSA UDS).

1.6.1.1. Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.1.2. Definitions:

1.6.1.2.1. Tobacco Use: Includes any type of tobacco

1.6.1.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.1.3. Denominator: All patients aged 18 years and older seen for at least two visits ever

1.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (Title V, PM #15).

1.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.2.2. Definitions:

1.6.2.2.1. Tobacco Use: Includes any type of tobacco

1.6.2.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.2.3. Denominator: All women who delivered a live birth in a state fiscal year

1.7. **At Risk Population: Hypertension**

1.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year** (ACO 28, NQF 0018).

1.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm Hg at the time of their last measurement.

1.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)

1.8. **Patient Safety: Falls Screening**

1.8.1. **Percent of patients aged 65 years and older who were screened for future fall risk at least once within 12 months** (ACO 13, NQF0101).

1.8.1.1. Numerator: Patients who were screened for future fall risk at least once within 12 months.

1.8.1.2. Definition of Fall: a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force.

1.8.1.3. Numerator note: Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year.

1.8.1.4. Denominator: All patients aged 65 years and older

1.8.1.5. Excluded from denominator population: (Exclusion only applied if patient was not screened for future fall risk) Documentation of medical reason(s) for not screening for future fall risk (e.g. patient is not ambulatory)

2. SBIRT PERFORMANCE MEASURES

2.1. **Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services**

2.1.1. **Numerator:** Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention or referral to services.

2.1.2. Definitions

2.1.2.1. Substance Use: Includes any type of alcohol or drug.

2.1.2.2. Brief Intervention: Includes guidance or counseling.

2.1.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

2.1.3. Denominator: Number of patients aged 18 years and older seen for annual visit within 12 months.

2.2. **Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services**

2.2.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

2.2.2. Definitions:

2.2.2.1. Substance Use: Includes any type of alcohol or drug.

2.2.2.2. Brief Intervention: Includes guidance or counseling.

2.2.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

2.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the state fiscal year.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   2.1. #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse.
   2.2. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #2, Scope of Services, in accordance with Exhibit B-1 Amendment #2 through Exhibit B-4 Amendment #2.
4. The Contractor shall use and apply the amount in the SBIRT line item in Exhibit B-2 and Exhibit B-4 on actual SBIRT services provided.
5. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
6. Payment for said services shall be made as follows:
   6.1. The Contractor will submit an invoice by the tenth (10th) working day of each month, which identifies and requests reimbursement for:
      6.1.1. Authorized expenses incurred in the prior month.
      6.1.2. The units of SBIRT services provided, in accordance with Exhibit A – Amendment #2, Section 4.2.2 through Section 4.2.5 and Section 4.3.1 through Section 4.3.3, which shall be paid on a fee-for-service basis at the following rates:
         6.1.2.1. $29.86 for each unit of service that is 15-30 minutes.
         6.1.2.2. $57.31 for each unit of service that is more than 30 minutes.
   6.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   6.3. The invoice must be submitted by mail or e-mail to:

      Financial Manager
      Department of Health and Human Services
      129 Pleasant Street
      Concord, NH 03301

      E-mail: dphscontractbilling@dhhs.state.nh.us
7. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.

Contractor Initials: [illegible]
Date: 5/13/15

8. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
9. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
10. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-4 Amendment #2 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials [illegible]
Date 5/12/15

EXHIBIT B-2 AMENDMENT #2

SBIRT HOMELESS BUDGET FORM

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Families First of the Greater Seacoast

Budget Request for: Homeless -Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

4/15/2015

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 58,603	$ -	$ 58,603	$ 2,080	$ -	$ 2,080	$ 56,723	$ -	$ 56,723
2. Employee Benefits	$ 7,723	$ -	$ 7,723	$ 269	$ -	$ 269	$ 7,454	$ -	$ 7,454
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Minor Equipment	$ 1,600	$ -	$ 1,600	$ -	$ -	$ -	$ 1,600	$ -	$ 1,600
5. Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Software EMR & PM Licenses	$ 5,223	$ -	$ 5,223	$ -	$ -	$ -	$ 5,223	$ -	$ 5,223
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other ([illegible])	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
a. CHAN Forms	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b. SBIRT Services	$ 8,000	$ -	$ 8,000	$ -	$ -	$ -	$ 8,000	$ -	$ 8,000
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 81,349	$ -	$ 81,349	$ 2,349	$ -	$ 2,349	$ 79,000	$ -	$ 79,000
Indirect As A Percent of Direct		0.0%							

Contractor Initials KMT

Date 5/13/15

EXHIBIT B-4 AMENDMENT #2

SBIRT HOMELESS BUDGET FORM

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Families First of the Greater Seacoast

Budget Request for: Homeless - Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

4/15/2015

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1 Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2 Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3 Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4 Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Minor Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5 Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Software EMR & PM Licenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6 Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7 Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8 Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9 Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10 Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11 Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12 Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13 Other (specify)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b CHAN Forms	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b SBIRT Services	$ 125	$ -	$ 125	$ -	$ -	$ -	$ 125	$ -	$ 125
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 125	$ -	$ 125	$ -	$ -	$ -	$ 125	$ -	$ 125
Indirect As A Percent of Direct		0.0%							

Contractor Initials 1/15

Date 5/13/15

(1a)

MJ7
G&C # 34B
dated 5/8/14

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

April 3, 2014

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Retroactive
50% State
GF Revolving Funds
50% General Funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend agreements with 3 vendors by increasing the total price limitation by $319,787 from $356,000 to $675,787 to provide primary care services for individuals experiencing homelessness. This amount includes a request to **retroactively** enter into **sole-source** amendments in an amount of $53,170, effective **retroactive** to July, 1, 2013 through June 30, 2014 and to exercise a one-year renewal option with the same 3 vendors in an amount of $266,617, extending the completion date from June 30, 2014 to June 30, 2015, effective upon Governor and Council approval. Two of these agreements were originally approved by Governor and Council on June 6, 2012, Item numbers 68 and 69, and one agreement was originally approved by Governor and Council on June 20, 2012, Item number 124.

Summary of contracted amounts by vendor:

Vendor	Location	SFY 2014 Amount	SFY 2015 Amount	Total Increase
Families First of Greater Seacoast	Rockingham County	17,194	86,219	103,413
Harbor Homes	Southern Hillsborough	17,706	88,787	106,493
Manchester Health Dept.	Greater Manchester	18,270	91,611	109,881
TOTAL		**53,170**	**266,617**	**319,787**

Funds to support this request are available in the following accounts for SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

See attachment for financial details

EXPLANATION

Approval is requested **retroactive** to July 1, 2013. The services provided by these contracts are consistent with prior contracts and were included in the operating budget for SFY 2014 and SFY 2015. Contracts were delayed, however, since the exact amount of funding available was only recently

determined. The SFY 2014 amendments are **sole source** because they exceed more than 10% of the original contract amount.

This requested action seeks approval of 3 amendments to continue office-based and mobile primary care services for individuals experiencing homelessness. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services, and because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

Primary health care services for the homeless include preventive and episodic health care for acute and chronic health conditions for adults. Community health agencies provide primary health care, substance abuse referral, intervention and counseling and social services at locations accessible to people who are homeless. They provide emergency care with referrals to hospitals for inpatient services and/or other needed services. Community health agencies engage in outreach activities to assist difficult-to-reach homeless persons in accessing care and provide assistance in establishing eligibility for entitlement programs and housing.

Community health agencies that receive support through the Division of Public Health Services deliver primary health care services for the homeless specialize in serving people who face barriers to accessing health care, due to issues such as extreme poverty, a lack of insurance, language barriers, behavioral and mental health diagnoses, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. Racial and ethnic minorities and immigrants experience homelessness at a rate far disproportionate to that of the general population. Community health agencies demonstrate competencies in engaging these individuals by not only addressing their specific linguistic and cultural needs, but also their unique vulnerabilities and situations. The services provided help individuals overcome barriers to getting the care they need and achieving their optimal health.

Should Governor and Executive Council not authorize this Request, homeless individuals in Rockingham and Hillsborough counties may not have adequate access to primary care services. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities.

Contracts were awarded to Community Health Agencies through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from February 3, 2012 through March 8, 2012 soliciting proposals to cover all of Rockingham and Hillsborough counties. In addition, a bidder's conference, conference call, and web conference were held on February 9, 2012 to alert agencies to this bid.

Three proposals were received in response to the posting. There were no competing applications for the Rockingham and Hillsborough counties solicited in the Requests for Proposals. Three professionals, who work internal and external to the Department of Health and Human Services, scored each proposal. All reviewers have experience either in clinical settings, providing community-based family support services, and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health homeless services; quality assurance and performance improvement; chronic and communicable diseases; and public health

infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, these competitively procured Agreements have the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Department is exercising one year of this renewal option.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. All Primary Health Care for the Homeless vendors are making adequate progress in meeting clinical performance measures and the Department wishes to continue working with the vendors for another year.

The performance measures as described in the contract amendment Exhibit A – Amendment 1 – Performance Measures, will be used to continue to measure the effectiveness of the agreement.

Area to be served is Hillsborough and Rockingham counties.

Source of Funds: 5.59% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 94.41% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

José Thier Montero, MD, MHCDS
Director

Approved by
Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Families First of the Greater Seacoast

This 1st Amendment to the Families First of the Greater Seacoast contract (hereinafter referred to as "Amendment One") dated this 17th day of March, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Families First of the Greater Seacoast (hereinafter referred to as "the Contractor"), a corporation with a place of business at 100 Campus Drive, Suite 12, Portsmouth, New Hampshire 03801.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 6, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the Department desires to provide additional primary health care services for the homeless, preventive and episodic health care for acute and chronic health conditions for people of all ages.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $218,537

- Exhibit A, Scope of Services to add:
  Exhibit A – Amendment 1

- Exhibit B, Purchase of Services, Contract Price, to add:

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $17,194 for SFY 2014 and $86,219 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $17,194 from 05-95-90-902010-5190-102-500731, 100% General Funds;

Contractor Initials: [illegible]
Date: 3/17/14

- $86,219 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

  Add Paragraph 8
  8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

- Budget, to add:
  Exhibit B-1 (2014) - Amendment 1,
  Exhibit B-1 (2015) - Amendment 1

This amendment shall be in effect July 1, 2013, effective upon the date of Governor and Executive Council approval.

Contractor Initials: [illegible]
Date: 3/17/14

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

3/19/14
Date

Brook Dupee
Bureau Chief

Families First of the Greater Seacoast

3/17/14
Date

Name: Helen B. Taft
Title: Executive Director / President

Acknowledgement:

State of NH, County of Rockingham on 3/17/14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Nancy Casko
Signature of Notary Public or Justice of the Peace

Nancy Casko Notary
Name and Title of Notary or Justice of the Peace

My Commission Expires March 7, 2017

Contractor Initials: HBT
Date: 3/17/14

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4/17/14
Date

Name: Amanda C. Goodwin
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

DIVISION OF Public Health Services

May 8, 2012

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

APPROVED G&C #69
DATE 6/6/12

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section to enter into an agreement with Families First of the Greater Seacoast (Vendor #166629-B001), 100 Campus Drive, Suite 12, Portsmouth, New Hampshire 03801, in an amount not to exceed $115,124.00, to provide primary care services for individuals experiencing homelessness, to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2014. Funds are available in the following account for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budget.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080000	$57,562
SFY 2014	102-500731	Contracts for Program Services	90080000	$57,562
			Sub-Total	$115,124

EXPLANATION

Funds in this agreement will be used to provide outreach and case management services, primary medical and dental care, 24-hour emergency services, mental health and substance abuse counseling and treatment to people who are experiencing homelessness.

Community health agencies deliver primary and preventive health care services to underserved people who face barriers to accessing health care, such as a lack of insurance, inability to pay, cultural and ethnic issues, and geographic isolation. However, there are people whose needs have not been fully met in traditional office-based health care centers. In particular, the needs of homeless individuals and families are far more complex than the general population. People who are homeless suffer from health care problems at more than double the rate of individuals with stable housing. Homeless individuals also experience barriers trying to access mainstream health care often due to a lack of transportation and the limited hours of service available at most community health agencies.

In New Hampshire, 4,942 individuals were sheltered in one of the State-Funded Shelters across the state in State Fiscal Year 2011.[1] Of those who received services, 3,311 were single adults, 691 adults were in 528 families with 940 children; 634 were victims of domestic violence.[2] An additional 728 individuals were the "hidden homeless," those persons who are temporarily doubled up, "couch surfing," or living precariously in overcrowded or unsafe conditions.[3]

Homeless individuals are burdened with additional needs including mental illness, substance abuse and chronic health conditions such as HIV/AIDS. Nationally, health conditions such as hypertension, diabetes, depression and alcohol and substance abuse rank among the highest diagnoses.[4]

This funding will support a multidisciplinary approach to delivering care to individuals experiencing homelessness, combining aggressive street outreach with an integrated system of primary care, mental health and substance abuse services, case management, and client advocacy. Particular emphasis is placed on coordinating efforts with other community providers and social service agencies.

Should Governor and Executive Council not authorize this Request, a minimum of 1,540 low-income homeless individuals from the Rockingham area may not have access to primary care services. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities.

Families First of the Greater Seacoast was selected for this project to serve the Rockingham area through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from February 3, 2012 through March 8, 2012 soliciting proposals to cover all of Rockingham and Hillsborough counties. In addition, a bidder's conference, conference call, and web conference were held on February 9, 2012 to alert agencies to this bid.

Three proposals were received in response to the posting. There were no competing applications for the Rockingham and Hillsborough counties solicited in the Requests for Proposals. Three professionals, who work internal and external to the Department of Health and Human Services, scored each proposal. All reviewers have experience either in clinical settings, providing community-based family support services, and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health homeless services; quality assurance and performance improvement; chronic and communicable diseases; and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding,

[1] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012

[2] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012

[3] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012

[4] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012.

agreement of the parties and approval of the Governor and Executive Council. These services were contracted previously with this agency in SFY 2011 and SFY 2012 in the amount of $204,880. This represents a decrease of $89,756. The decrease is due to budget reductions.

The performance measures used to measure the effectiveness of the agreement are attached.

Area served: Rockingham County.

Source of Funds: 19.95% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 80.05% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted.

José Thier Montero, MD
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/JF/PT/sc

Program Name DPHS MCH Primary Care
Contract Purpose Primary Care for the Homeless Services
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Manchester Health Department, 1528 Elm St., Manchester, NH 03101	Families First of the Greater Seacoast, 100 Campus Dr., Suite 12, Portsmouth, NH 03801	Harbor Homes, Inc., 45 High St., Nashua, NH 03060	0	0	0	0	0
Agy Capacity	30	28.00	29.00	29.00	0.00	0.00	0.00	0.00	0.00
Program Structure	50	49.00	49.00	49.00	0.00	0.00	0.00	0.00	0.00
Budget & Justification	15	15.00	15.00	15.00	0.00	0.00	0.00	0.00	0.00
Format	5	4.00	5.00	5.00	0.00	0.00	0.00	0.00	0.00
Total	100	96.00	98.00	98.00	0.00	0.00	0.00	0.00	0.00

BUDGET REQUEST									
Year 01		$61,162.00	$57,562.00	$60,000.00	-	-	-	-	-
Year 02		$61,162.00	$57,562.00	$60,000.00	-	-	-	-	-
Year 03		$0.00	$0.00	$0.00	-	-	-	-	-
TOTAL BUDGET REQUEST		$122,324.00	$115,124.00	$120,000.00	-	-	-	-	-
BUDGET AWARDED									
Year 01		$61,162.00	$57,562.00	$59,276.00	-	-	-	-	-
Year 02		$61,162.00	$57,562.00	$59,276.00	-	-	-	-	-
Year 03		$0.00	$0.00	$0.00	-	-	-	-	-
TOTAL BUDGET AWARDED		$122,324.00	$115,124.00	$118,552.00	-	-	-	-	-

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Tom Tellez	Director	Office of Minority Health	All reviewers have experience either in clinical settings, providing community-based family support services, and or managing agreements with vendors for various public health programs Areas of specific expertise include maternal and child health homeless sevcies, quality assurance and performance improvement, chronic and communicable diseases, and public health infrastructure
2	Michael Lawless	Program Specialist	Bureau of Drug & Alcohol Services	
3	Bobbie Bagley	Chief Public Health Nurse	Rivier College, Nursing	

Primary Care for the Homeless Performance Measures

Primary Care for the Homeless Performance Measure #1

Patient Payor Mix

Primary Care for the Homeless Performance Measure #2

Percent of clients who received at least one formal, validated depression screening annually while enrolled in the program.

Primary Care for the Homeless Performance Measure #3

Percent of clients identified that received further evaluation for depression.

Primary Care for the Homeless Performance Measure #4

Percent of adult client encounters with blood pressure recorded.

Primary Care for the Homeless Performance Measure #5

Percent of adult client encounters where either the systolic blood pressure $\geq$ 140mmHg or diastolic blood pressure is $\geq$ 90mmHg, with a documented plan of care for hypertension.

Primary Care for the Homeless Performance Measure #6

Percent of adult clients with a documented formal, validated screening for alcohol or other substance abuse annually while enrolled in the program.

Primary Care for the Homeless Performance Measure #7

Percent of adult clients identified that received treatment for alcohol or substance abuse.

Subject: Primary Care Services for the Homeless

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services	**1.2 State Agency Address** 29 Hazen Drive Concord, NH 03301-6504
1.3 Contractor Name Families First of the Greater Seacoast	**1.4 Contractor Address** 100 Campus Drive, Suite 12 Portsmouth, New Hampshire 03801

1.5 Contractor Phone Number 603-422-8208	**1.6 Account Number** 010-090-5190-102-500731	**1.7 Completion Date** June 30, 2014	**1.8 Price Limitation** $115,124

1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief	**1.10 State Agency Telephone Number** 603-271-4501
1.11 Contractor Signature Helen B. Taft	**1.12 Name and Title of Contractor Signatory** Helen B. Taft, Executive Director / President

1.13 Acknowledgement: State of NH, County of Rockingham

On 4/4/12 before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

My Commission Expires March 7, 2017

[Seal] Nancy Casko

1.13.2 Name and Title of Notary or Justice of the Peace

NANCY CASKO, NOTARY

1.14 State Agency Signature	**1.15 Name and Title of State Agency Signatory** Joan H. Ascheim, Bureau Chief

1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)*

By: Director, On:

1.17 Approval by the Attorney General (Form, Substance and Execution)

By: Jeanne P. Herrick, Attorney On: 15 May 2012

1.18 Approval by the Governor and Executive Council

By: On:

Exhibit C

SPECIAL PROVISIONS

1. **Contractors Obligations:** The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

2. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

3. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

4. **Documentation:** In addition to the determination forms, required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

5. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

6. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

7. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

8. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party fundors for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party fundors, the Department may elect to:

    8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

Contractor Initials: [illegible]
Date 3/27/12

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

9. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

   9.1 **Fiscal Records:** Books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

   9.2 **Statistical Records:** Statistical, enrollment, attendance, or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

   9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

    10.1 **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

    10.2 **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directed connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

Contractor Initials: [illegible]
Date: 3/21/12

Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

12. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department

    12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

    12.2 Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

13. **Completion of Services:** Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14. **Credits:** All documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

    14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. **Operation of Facilities:** Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the Contractor with respect to the operation of the facility or the provision of the services at such facility. If any government license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

Contractor Initials: _____
Date: _____

16. **Insurance:** Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed $500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed $500,000, is comprehensive general liability insurance in amounts of not less than $1,000,000 per claim or occurrence and $2,000,000 in the aggregate. *These amounts may NOT be modified.*

X (1) The contractor certifies that it IS a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does not exceed $500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $250,000 per claim and $2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

☐ (2) The contractor certifies it does NOT qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

18. **Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:**

4. CONDITIONAL NATURE OF AGREEMENT.
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

Contractor Initials _____
Date: 2/27/15

19. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

Contractor Initials: 1105

Date: 3/27/12

State of New Hampshire
Department of Health and Human Services
Amendment #4 to the Primary Care Services Contract

This 4th Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #4") dated this, 1st day of May, 2017 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Goodwin Community Health (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 311 Route 108, Somersworth, New Hampshire 03878.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #135) as amended by an agreement (Amendment #1 to the Contract) approved by the Governor and Executive Council on May 8, 2014 (Item #34A), as amended by an agreement (Amendment #2 to the Contract) approved by the Governor and Executive Council on June 24, 2015 (Item #58), as amended by an agreement (Amendment #3 to the Contract) approved by the Department on December 21, 2016; the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement the State may amend the contract terms and conditions by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for nine (9) months, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   March 31, 2018
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $2,190,701
3. Add Exhibit A- Amendment #4, Scope of Services.
4. Add Exhibit A-1 – Amendment #4, Performance Measures
5. Add Exhibit B – Amendment #4, Method and Conditions Precedent to Payment.
6. Add Exhibit B-1 – Amendment #4 MCHS Budget.
7. Add Exhibit B-2 – Amendment #4, BCCP Budget.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

5/31/17
Date

NAME: LISA MORRIS
TITLE: DIRECTOR, DPHS

Goodwin Community Health

5-23-17
Date

NAME
TITLE CEO

Acknowledgement:
State of New Hampshire, County of Strafford on May 23, 2017, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace

ELIZABETH A. CLEMENCE
Notary Public, State of New Hampshire
My Commission Expires April 6, 2021

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/5/17
Date

Name:
Title:

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.6.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.6.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.6.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

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2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than thirty (30) consecutive days or any sixty (60) non-consecutive days.

2.2. The Contractor shall assist individuals with completing a Medicaid/Expanded Medicaid or other health insurance application when income calculations indicate possible eligibility.

2.3. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.4. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.4.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.4.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Perinatal services, including but not limited to access to obstetrical services either on-site or by referral.

3.1.3. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.4. Integrated Behavioral Health Services.

3.1.5. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.6. Assessment of need and follow-up/referral as indicated for:

3.1.6.1. Tobacco cessation, including referral to QuitWorks-NH, www.QuitWorksNH.org.

3.1.6.2. Social services.

3.1.6.3. Chronic Disease management, including disease specific referral and self-management education, which may include, but is not limited to referral to Diabetes Self-

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Management Education (DSME), as recommended by the American Diabetes Association.

3.1.6.4. Nutrition services, including WIC, as appropriate.

3.1.6.5. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.1.6.6. Screening, Brief Intervention and Referral to Treatment (SBIRT) services, including but not limited to contact with the Regional Public Health Network Continuum of Care Development Initiative.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which includes but is not limited to access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.3. The Contractor shall provide enabling services, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor shall facilitate enabling services that include, but are not limited to:

3.3.1. Case management, which may include but is not limited to, care facilitated by registries; information technology; health information exchanged; and other services that ensure patients receive necessary care when and where it is needed and wanted 8in a culturally and linguistically appropriate manner.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach, which may include but is not limited to the use of community health workers.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 – Amendment #3 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Quality Improvement

5.1. The Contractor shall conduct a minimum of two (2) quality improvement projects which consist of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall ensure:

5.1.1. One (1) quality improvement project focuses on the performance measure as designated by the Department.

5.1.2. One (1) quality improvement project is based on previous performance outcomes needing improvement, as selected by the Contractor.

5.2. The Contractor shall utilize Quality Improvement (QI) science to develop and implement a QI Workplan for each QI project, which shall include but not be limited to:

5.2.1. Specific goals and objectives for the project period.

5.2.2. Evaluation methods to demonstrate improvements in the quality, efficiency, and effectiveness of patient care.

5.3. The Contractor may utilize activities in QI projects that enhance clinical workflow and improve patient outcomes, which may include but are not limited to:

5.3.1. EMR prompts/alerts.

5.3.2. Protocols/Guidelines.

5.3.3. Diagnostic support.

5.3.4. Patient registries.

5.3.5. Collaborative learning sessions.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care services who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within thirty (30) days of hire.

6.4. The Contractor shall notify the MCHS, in writing, when:

6.4.1. Any critical position is vacant for more than thirty (30) days.

6.4.2. There is not adequate staffing to perform all required services for more than thirty (30) consecutive days or any sixty (60) nonconsecutive days.

6.5. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.5.1. A registered nurse who:

6.5.1.1. Is licensed with the NH Board of nursing; or

6.5.1.2. Has attained bachelor's degree from a recognized college or university.

6.5.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.5.1.

7. Coordination of Services

7.1. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.1.1. Community needs assessments.

7.1.2. Public health performance assessments.

7.1.3. The development of regional health improvement plans.

7.2. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

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9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit a Performance Measure Outcome Report, which details the plan for improvement when a performance measure targeted goal is not met.

9.4. The Contractor shall submit an annual Workplan for the two (2) quality improvement projects that demonstrate improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall submit at least one (1) annual Workplan that includes a detailed description of the enabling services funded by this contract. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.6. The Contractor shall collect and submit the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st of each contract year.

9.7. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

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9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

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Exhibit A-1 – Amendment #4

1. MATERNAL AND CHILD HEALTH SECTION (MCHS) PRIMARY CARE PERFORMANCE MEASURES

1.1. Definitions

1.1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1.1. The calendar year (January 1st through December 31st); or

1.1.1.2. The state fiscal year (July 1st through June 30th).

1.1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.1.4. **NQF** – National Quality Forum

1.1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.1.6. **UDS** – Uniform Data System

1.1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. **Percent of infants who are ever breastfed** (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Screening

2.2.1. **Percent of children 3 years of age who had two or more capillary or venous lead blood test for lead poisoning by their third birthday.** (NH MCHS).

2.2.1.1. Numerator: All patient children who received at least one capillary or venous lead screening test between nine (9) months to eighteen (18) months of age **AND** one (1) capillary or venous lead screening test between nineteen (19) to thirty (30) months of age.

2.2.1.2. Denominator: All patient children who turned three (3) years old during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. Preventive Health: Adolescent Well-Care Visit

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2.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (HEDIS,).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. **Maternal Depression Screening**

2.4.2.1. **Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen (**NH MCHS**).**

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative PLUS women who screened positive AND have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

2.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (NQF 0421, UDS).

2.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit OR within twenty-four (24) months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who delivered a live birth in the measurement year.

2.6.2.4. Definitions:

2.6.2.4.1. Tobacco Use: Includes any type of tobacco

2.6.2.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

2.7. **At Risk Population: Hypertension**

2.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHG) during the measurement year** (NQF 0018).

2.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm HG at the time of their last measurement.

2.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension (must have been diagnosed with hypertension 6 or more months before the measurement date) who had at least one (1) medical visit during the measurement year. (Excludes pregnant women and patients with End Stage Renal Disease.)

2.8. **Patient Safety: Falls Screening**

2.8.1. **Percent of patients aged 65 years and older who were screened for fall risk at least once within 12 months** (NH MCHS).

2.8.1.1. Numerator: Patients who were screened for fall risk at least once within the measurement year.

2.8.1.2. Denominator: All patients aged 65 years and older seen by a health care provider within the measurement year.

2.9. **SBIRT**

2.9.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services (NHMCHS).

2.9.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention and/or referral to services.

2.9.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.1.3. Denominator: Number of patients aged 18 years and older seen for annual/preventive visit within the measurement year.

2.9.1.4. Definitions:

2.9.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.9.1.4.2. Brief Intervention: Includes guidance or counseling.

2.9.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.9.2. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services (NH MCHS)**.**

2.9.3. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

2.9.4. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.5. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.9.6. Definitions:

2.9.6.1. Substance Use: Includes any type of alcohol or drug.

2.9.6.2. Brief Intervention: Includes guidance or counseling.

2.9.6.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A – Amendment #4, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   2.1. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   2.2. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #4, Scope of Services, in accordance with Exhibit B-1 Amendment #4 through Exhibit B-2 Amendment #4.
4. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
5. Payment for said services shall be made as follows:
   5.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
   5.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   5.3. The invoice must be submitted by mail or e-mail to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

   E-mail: dphscontractbilling@dhhs.state.nh.us
6. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
8. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
9. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #4 through Exhibit B-2 Amendment #4 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: _____
Date: 5-23-17

Exhibit B-1 Amendment #4 MCHS Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Goodwin Communnity Health

Budget Request for: Primary Care Services

Budget Period: July 1, 2017 through March 31, 2018

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 185,135.00	$ 5,208.46	$ 190,343.46	$ -	$ 5,208.46	$ 5,208.46	$ 185,135.00	$ -	$ 185,135.00
2. Employee Benefits	$ 52,219.00	$ 885.44	$ 53,104.44	$ -	$ 885.44	$ 885.44	$ 52,219.00	$ -	$ 52,219.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 237,354.00	$ 6,093.90	$ 243,447.90	$ -	$ 6,093.90	$ 6,093.90	$ 237,354.00	$ -	$ 237,354.00
Indirect As A Percent of Direct		2.6%							

Contractor Initials: RC

Date: 5-23-17

Exhibit B-2 Amendment #4 BCCP Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Goodwin Community Health

Budget Request for: Primary Care - BCCP

Budget Period: July 1, 2017 - March 31, 2018

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 25,431.12	$ -	$ 25,431.12	$ -	$ -	$ -	$ 25,431.12	$ -	$ 25,431.12
2. Employee Benefits	$ 2,793.11	$ 3,149.37	$ 5,942.48	$ -	$ 3,149.37	$ 3,149.37	$ 2,793.11	$ -	$ 2,793.11
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ 750.00	$ -	$ 750.00	$ -	$ -	$ -	$ 750.00	$ -	$ 750.00
7. Occupancy	$ -	$ 1,500.00	$ 1,500.00	$ -	$ 1,500.00	$ 1,500.00	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ 150.00	$ 150.00	$ -	$ 150.00	$ 150.00	$ -	$ -	$ -
Postage	$ -	$ 131.25	$ 131.25	$ -	$ 131.25	$ 131.25	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ 750.00	$ -	$ 750.00	$ -	$ -	$ -	$ 750.00	$ -	$ 750.00
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Client Services	$ 2,698.77	$ -	$ 2,698.77	$ -	$ -	$ -	$ 2,698.77	$ -	$ 2,698.77
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 32,423.00**	**$ 4,930.62**	**$ 37,353.62**	**$ -**	**$ 4,930.62**	**$ 4,930.62**	**$ 32,423.00**	**$ -**	**$ 32,423.00**
Indirect As A Percent of Direct		15.2%							

Contractor Initials: [illegible]
Date: 5-22-17

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 GOODWIN COMMUNITY HEALTH is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 18, 1971. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 65587

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 3rd day of April A.D. 2017.

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, David B. Staples, of Goodwin Community Health, do hereby certify that:

1. I am the duly elected Board Chair of Goodwin Community Health;

2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of Goodwin Community Health, duly held on January 17, 2017;

   Resolved: That this corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services for the provision of Public Health Services.

   Resolved: That the Chief Executive Officer, Janet Laatsch, is hereby authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of May 23, 2017.

IN WITNESS WHEREOF, I have hereunto set my hand as the Board Chair of Goodwin Community Health this 23rd day of May, 2017.

David B. Staples, DDS, Board Chair

STATE OF NH

COUNTY OF STRAFFORD

The foregoing instrument was acknowledged before me this 23rd day of May, 2017 by David B. Staples, DDS.

Notary Public/Justice of the Peace

My Commission Expires:

ELIZABETH A. CLEMENCE
Notary Public, State of New Hampshire
My Commission Expires April 6, 2021

GOODCOM-01 LMICHALS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/5/2016

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 License # AGR8150 Clark Insurance One Sundial Ave Suite 302N Manchester, NH 03102	CONTACT NAME: Lorraine Michals, CIC PHONE (A/C, No, Ext): (603) 716-2362 FAX (A/C, No): (603) 622-2854 E-MAIL ADDRESS: lmichals@clarkinsurance.com
INSURED Goodwin Community Health 311 Route 108 Somersworth, NH 03878	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Acadia 31325 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			ADV5212020-11	07/31/2016	07/31/2017	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			ADV5212020-11	07/31/2016	07/31/2017	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			CUA5214125-11	07/31/2016	07/31/2017	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 0							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WCA5212021-11	07/31/2016	07/31/2017	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A					E.L. EACH ACCIDENT	$ 500,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

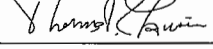
CERTIFICATE HOLDER

State of New Hampshire
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Goodwin
Community Health

Mission

To provide exceptional health care that is accessible to all people in the community.

Board Approved on 6-11-2015

BerryDunn

[redacted]

Goodwin
Community Health

CONSOLIDATED FINANCIAL STATEMENTS

and

REPORTS IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS AND THE UNIFORM GUIDANCE

June 30, 2016 and 2015

With Independent Auditor's Report

[redacted]

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Goodwin Community Health and Subsidiary

Report on Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Goodwin Community Health and Subsidiary (the Organization), which comprise the consolidated balance sheets as of June 30, 2016 and 2015, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Goodwin Community Health and Subsidiary as of June 30, 2016 and 2015, and the results of their operaitons, changes in their net assets and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated December 13, 2016 on our consideration of Goodwin Community Health and Subsidiary's internal control over financial reporting and on our tests of their compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Goodwin Community Health and Subsidiary's internal control over financial reporting and compliance.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
December 13, 2016

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Consolidated Balance Sheets

June 30, 2016 and 2015

ASSETS

	2016	2015
Continuing operations		
Current assets		
Cash and cash equivalents	**$ 2,603,347**	$ 1,632,421
Patient accounts receivable, less allowance for uncollectible accounts of $128,995 in 2016 and $79,554 in 2015	**824,547**	553,922
Grants receivable	**615,693**	472,843
Inventory	**57,751**	-
Other current assets	**27,459**	23,594
Total current assets	**4,128,797**	2,682,780
Investments	**202,194**	200,125
Investment in limited liability company	**16,203**	-
Property and equipment, net	**6,063,645**	6,145,032
Total assets, continuing operations	**10,410,839**	9,027,937
Discontinued operations		
Current assets		
Cash and cash equivalents	**34,054**	37,467
Patient accounts receivable, less allowance for uncollectible accounts of $- in 2016 and $1,824 in 2015	**-**	103,801
Other current assets	**-**	1,878
Total current assets	**34,054**	143,146
Property and equipment, net	**-**	2,651
Goodwill	**-**	17,582
Total assets, discontinued operations	**34,054**	163,379
Total assets	**$10,444,893**	$ 9,191,316

The accompanying notes are an integral part of these consolidated financial statements.

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Consolidated Balance Sheets (Concluded)

June 30, 2016 and 2015

LIABILITIES AND NET ASSETS (DEFICIT)

	2016	2015
Continuing operations		
Current liabilities		
Line of credit	$ -	$ 56,500
Accounts payable and accrued expenses	**115,852**	181,271
Accrued payroll and related expenses	**483,582**	358,224
Current maturities of long-term debt	**27,490**	155,389
Total current liabilities	**626,924**	751,384
Long-term debt, less current maturities	**501,789**	701,676
Total liabilities	**1,128,713**	1,453,060
Net assets		
Unrestricted	**9,282,126**	7,574,877
Total liabilities and net assets, continuing operations	**10,410,839**	9,027,937
Discontinued operations		
Current liabilities		
Accounts payable and accrued expenses	-	124,973
Accrued payroll and related expenses	-	75,256
Current maturities of long-term debt	-	6,351
Total current liabilities	-	206,580
Long-term debt, less current maturities	-	6,605
Total liabilities	-	213,185
Net assets (deficit)		
Unrestricted	**34,054**	(49,806)
Total liabilities and net assets (deficit), discontinued operations	**34,054**	163,379
Total liabilities	**1,128,713**	1,666,245
Total net assets	**9,316,180**	7,525,071
Total liabilities and net assets	**$ 10,444,893**	$ 9,191,316

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Consolidated Statements of Operations and Changes in Net Assets

Years Ended June 30, 2016 and 2015

	2016	2015
Continuing operations		
Operating revenue and support		
Patient service revenue	$ 6,317,240	$ 5,322,573
Provision for bad debts	(312,321)	(256,074)
Net patient service revenue	6,004,919	5,066,499
Grants, contracts, and contributions	3,737,779	3,219,481
Equity in earnings of limited liability company	16,203	-
Other operating revenue	103,065	172,078
Total operating revenue and support	9,861,966	8,458,058
Operating expenses		
Salaries and benefits	6,221,917	5,182,403
Other operating expenses	1,789,611	1,365,911
Depreciation	232,752	252,522
Interest expense	33,276	45,167
Total operating expenses	8,277,556	6,846,003
Excess of revenue over expenses	1,584,410	1,612,055
Grants for capital acquisition	122,839	125,397
Increase in unrestricted net assets, continuing operations	1,707,249	1,737,452

The accompanying notes are an integral part of these consolidated financial statements.

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Consolidated Statements of Operations and Changes in Net Assets (Concluded)

Years Ended June 30, 2016 and 2015

	2016	2015
Discontinued operations		
Operating revenue and support		
Patient service revenue	$ 279,763	$ 823,473
(Provision for) reduction in allowance for bad debts	(19,466)	1,030
Net patient service revenue	260,297	824,503
Grants, contracts, and contributions	1,522	1,207
Gain on disposal of discontinued operations	147,156	-
Other operating revenue	572	91,358
Total operating revenue and support	409,547	917,068
Operating expenses		
Salaries and benefits	257,382	732,415
Other operating expenses	65,523	139,200
Depreciation	2,651	1,221
Interest expense	131	258
Total operating expenses	325,687	873,094
Excess of revenue over expenses and increase in unrestricted net assets, discontinued operations	83,860	43,974
Increase in unrestricted net assets	1,791,109	1,781,426
Unrestricted net assets, beginning of year	7,525,071	5,743,645
Unrestricted net assets, end of year	$ 9,316,180	$ 7,525,071

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Consolidated Statements of Cash Flows

Years Ended June 30, 2016 and 2015

	2016	2015
Cash flows from operating activities		
Change in net assets	**$ 1,791,109**	$ 1,781,426
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Unrestricted gain from discontinued operations	**(83,860)**	(43,974)
Provision for bad debts	**312,321**	256,074
Depreciation	**232,752**	252,522
Equity in earnings of limited liability company	**(16,203)**	-
Grants for capital acquisition	**(122,839)**	(125,397)
Debt forgiveness	**(52,000)**	(25,000)
Increase in		
Patient accounts receivable	**(582,946)**	(379,401)
Grants receivable	**(142,850)**	(310,233)
Other assets	**(3,865)**	(237)
Inventory	**(57,751)**	-
Increase (decrease) in		
Accounts payable and accrued expenses	**(65,419)**	818
Accrued salaries and related amounts	**125,358**	52,002
Net cash provided by operating activities from continuing operations	**1,333,807**	1,458,600
Net cash provided by operating activities from discontinued operations	**(155,195)**	23,076
Net cash provided by operating activities	**1,178,612**	1,481,676
Cash flows from investing activities		
Capital acquisitions	**(151,365)**	(125,396)
Purchase of investments	**(2,069)**	(200,125)
Net cash used by investing activities from continuing operations	**(153,434)**	(325,521)
Net cash provided by investing activities from discontinued operations	**164,738**	-
Net cash provided (used) by investing activities	**11,304**	(325,521)

The accompanying notes are an integral part of these consolidated financial statements.

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Consolidated Statements of Cash Flows (Concluded)

Years Ended June 30, 2016 and 2015

	2016	2015
Cash flows from financing activities		
Grants for capital acquisition	**122,839**	125,397
Payments on long-term debt	**(327,786)**	(148,229)
Payments on line of credit	**(4,500)**	(112,000)
Net cash used by financing activities from continuing operations	**(209,447)**	(134,832)
Net cash used by financing activities from discontinued operations	**(12,956)**	(7,014)
Net cash used by financing activities	**(222,403)**	(141,846)
Net increase in cash and cash equivalents	**967,513**	1,014,309
Cash and cash equivalents, beginning of year	**1,669,888**	655,579
Cash and cash equivalents, end of year	**$ 2,637,401**	$ 1,669,888
Supplemental disclosures of cash flow information		
Cash paid for interest	$ 33,407	$ 45,425
Noncash transaction - debt forgiveness	52,000	25,000

The accompanying notes are an integral part of these consolidated financial statements.

Organization

Goodwin Community Health (GCH) is a non-stock, not-for-profit corporation organized in New Hampshire. GCH is a Federally Qualified Health Center (FQHC) which provides prenatal care, social support, and public health services to low-income persons.

Subsidiary

Great Bay Mental Health Associates, Inc. (GBMHA), a wholly-owned, for-profit subsidiary, is engaged in providing mental health services in the Strafford County, New Hampshire community through its employees and independent contractors who are qualified and licensed to practice in the State of New Hampshire.

1. Summary of Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of GCH and its subsidiary, GBMHA (collectively, the Organization). All significant intercompany balances and transactions have been eliminated in consolidation.

Discontinued Operations

On December 31, 2015, the Organization sold GBMHA's name and phone numbers, furniture and equipment, and medical and business supplies to Wentworth-Douglass Physician Corporation, a New Hampshire not-for-profit corporation, for $164,738. The Organization maintained GBMHA's cash and cash equivalents, insurance claims, federal tax identification number, tax refunds, accounts receivable, goodwill, and the business books and records.

The Organization's consolidated financial statements reflect GBMHA's assets, revenues, gain, losses and expenses and cash flows as discontinued operations as of and for the years ended June 30, 2016 and 2015.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

GCH is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, GCH is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. GBMHA is a non-exempt organization and files applicable Form 1120 (corporate return). No provision for income taxes was necessary for the years ended June 30, 2016 and 2015.

Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the consolidated financial statements. The Organization is subject to U.S. federal and state examinations by tax authorities for the years ended June 30, 2012 through June 30, 2016.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds.

Allowance for Uncollectible Accounts

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of patient accounts receivable, the Organization analyzes its past history and identifies trends for each funding source. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts. The Organization has not changed its methodology for estimating the allowance for uncollectible accounts during 2016 or 2015.

A reconciliation of the allowance for uncollectible accounts at June 30 is as follows:

	2016	2015
Balance, beginning of year	$ **81,378**	$ 88,420
Provision	**331,787**	255,044
Write-offs	**(284,170)**	(262,086)
Balance, end of year	$ **128,995**	$ 81,378

The increase in the allowance is primarily due to an increase in the amount due from patients with commercial insurance as a result of increased deductibles and co-pays.

Grants Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

Inventory

Inventory consisting of pharmaceutical drugs is valued using the retail method and is measured at the lower of cost or market.

Investments

Investments consist of certificates of deposit with a maturity in excess of one year.

Investment in Limited Liability Company

The Organization is one of eight partners who have each made a capital contribution of $500 to Primary Health Care Partners, LLC (PHCP) during 2015. The Organization's investment in PHCP is reported using the equity method and the investment amounted to $16,203 at June 30, 2016.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted net assets and excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

340B Drug Pricing Program

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. The program requires drug manufacturers to provide outpatient drugs to FQHC's and other identified entities at a reduced price. The Organization operates a pharmacy and also contracts with local pharmacies under this program. The local pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. Reimbursement received by the contracted pharmacies is remitted to the Organization, less dispensing and administrative fees. Gross revenue generated from the program is included in patient service revenue. Contracted expenses and drug costs incurred related to the program are included in other operating expenses. Expenses related to the operation of the Organization's pharmacy are categorized in the applicable operating expense classifications.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statements of operations as "net assets released from restrictions." Donor-restricted contributions whose restrictions are met in the same year as received are reflected as unrestricted contributions in the accompanying consolidated financial statements.

Functional Expenses

The Organization provides various services to residents within its geographic location. Expenses related to providing these services are as follows:

	2016	2015
Program services	**$ 7,042,192**	$ 6,377,552
Administrative and general	**1,301,950**	1,160,709
Fundraising	**259,101**	180,836
Total	**$ 8,603,243**	$ 7,719,097

Excess of Revenue Over Expenses

The consolidated statements of operations reflect the excess of revenue over expenses. Changes in unrestricted net assets which are excluded from the excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these consolidated financial statements, management has considered transactions or events occurring through December 13, 2016, the date that the consolidated financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the consolidated financial statements.

2. Property and Equipment

Property and equipment consisted of the following:

	2016	2015
Land	$ 718,427	$ 718,427
Building and improvements	5,802,958	5,670,162
Furniture, fixtures, and equipment	1,449,887	1,364,376
Total cost	7,971,272	7,752,965
Less accumulated depreciation	1,907,627	1,698,003
Total cost, less accumulated depreciation	6,063,645	6,054,962
Construction in progress	-	92,721
Property and equipment, net	$ 6,063,645	$ 6,147,683

The Organization's facility was built and renovated with federal grant funding under the ARRA - Capital Improvement Program and ACA - Capital Development Program. In accordance with the grant agreements, a Notice of Federal Interest (NFI) was required to be filed in the appropriate official records of the jurisdiction in which the property is located. The NFI is designed to notify any prospective buyer or creditor that the Federal Government has a financial interest in the real property acquired under the aforementioned grant; that the property may not be used for any purpose inconsistent with that authorized by the grant program statute and applicable regulations; that the property may not be mortgaged or otherwise used as collateral without the written permission of the Associate Administrator of the Office of Federal Assistance Management, Health Resources and Services Administration (OFAM, HRSA); and that the property may not be sold or transferred to another party without the written permission of the Associate Administrator of OFAM and HRSA.

Upon obtaining the mortgage included in Note 4 below on the Organization's facility, the Organization received the required written permission from OFAM and HRSA where by HRSA subordinated its Federal Interest in the property to the bank.

3. Line of Credit

The Organization has a $200,000 line of credit with Frisbie Memorial Hospital. The line of credit is interest-free, unsecured, and due on demand. The outstanding balances on the line of credit at June 30, 2016 and 2015 were $- and $56,500, respectively.

4. Long-Term Debt

Long-term debt consists of the following:

	2016	2015
Variable-rate note payable to a local bank, payable in monthly installments of $4,464, including interest at 4.75%, through December 2018, at which time the interest will be adjusted to the Federal Home Loan Bank of Boston Rate plus 2.5% and every five years thereafter through December 2029, collateralized by real estate which is subject to a Notice of Federal Interest (see Note 2).	$ 529,279	$ 556,504
Note payable to a not-for-profit corporation, payable in monthly installments of $8,069, including interest at 5.25%, through September 2017, collateralized by real estate which is subject to a Notice of Federal Interest (see Note 2) and all other assets. The note was paid in full during 2016.	-	205,217
Note payable to a local bank, payable in monthly installments of $1,860, including interest at 4.75%, through January 2019, collateralized by all assets. The note was paid in full during 2016.	-	73,251
Note payable to the New Hampshire Health and Education Facilities Authority, payable in monthly installments of $1,709, including interest at 1.00%, through July 2016. The note is unsecured.	-	22,093
Variable-rate note payable to a local bank, payable in monthly installments of $596, including interest at Prime plus 1.5% with a 4% floor, currently at 4.75%, through June 2017, collateralized by all assets of GBMHA and an unlimited corporate guaranty of GCH.	-	12,956
Total long-term debt	529,279	870,021
Less current maturities	27,490	161,740
Long-term debt, less current maturities	$ 501,789	$ 708,281

The Organization is required to meet certain administrative and financial covenants under various loan agreements included above. The Organization is in compliance with all loan covenants at June 30, 2016.

Maturities of long-term debt for the next five years are as follows:

2017	$ 27,490
2018	30,124
2019	31,587
2020	33,120
2021	34,728

5. Patient Service Revenue

Patient service revenue is as follows:

	2016	2015
Medicare	**$ 728,783**	$ 638,547
Medicaid	**2,930,718**	3,131,251
Third-party payers and private pay	**2,240,792**	2,131,634
Medical and dental patient service revenue	**5,900,293**	5,901,432
340B pharmacy revenue	**696,710**	244,614
Total patient service revenue	**$ 6,597,003**	$ 6,146,046

The Organization has agreements with the Centers for Medicare & Medicaid Services (Medicare) and New Hampshire Medicaid. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

Medicare

Effective July 1, 2015, the Organization began to be reimbursed for the care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically adjusted rate determined by federal guidelines. Prior to July 1, 2015, the Organization was reimbursed at specified interim contractual rates during the year. Differences between the Medicare interim contractual rate and the cost of care as defined by the Principles of Reimbursement governing the program were determined and settled on a retrospective basis. Overall, reimbursement was and continues to be subject to a maximum allowable rate per visit. The Organization's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, 2015.

Medicaid and Other Payers

The Organization also has entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively-determined rates per visit, discounts from established charges and capitated arrangements for primary care services on a per-member, per-month basis.

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization charity care policy amounted to approximately $485,000 and $486,000 for the years ended June 30, 2016 and 2015, respectively.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

6. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 401(k) that covers substantially all employees. In 2011, the Organization temporarily suspended the employer match. During 2016, the match was reinstated and contributions amounted to $22,668.

7. WIC Food Vouchers

The Organization acts as a conduit for the State of New Hampshire's Special Supplemental Food Program for Women, Infants and Children (WIC). This program is funded by the U.S. Department of Agriculture (Code of Federal Domestic Assistance #10.565). The value of food vouchers distributed by the Organization was $1,463,583 and $1,570,536 for the years ended June 30, 2016 and 2015, respectively. These amounts are not included in the accompanying consolidated financial statements as they are not part of the contract the Organization has with the State of New Hampshire for the WIC program.

8. Concentration of Risk

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The financial institutions have a strong credit rating and management believes the credit risk related to these deposits is minimal.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. At June 30, 2016 and 2015, New Hampshire Medicaid represented 29% and 31%, respectively, and Medicare represented 18% and 9%, respectively, of gross accounts receivable. No other individual payer source exceeded 10% of the gross accounts receivable balance.

9. Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of June 30, 2016, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

SUPPLEMENTARY INFORMATION

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2016

Federal Grant/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Contract Number	Total Federal Expenditures
U.S. Department of Health and Human Services			
Direct			
Health Centers Cluster			
Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		$ 393,954
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		1,617,615
Affordable Care Act (ACA) Grants for Capital Development in Health Centers	93.526		97,978
Total Health Centers Cluster			2,109,547
Pass-Through			
State of New Hampshire Department of Health and Human Services			
Block Grants for Prevention and Treatment of Substance Abuse	93.959	102-500734 / 49156501	9,129
Block Grants for Prevention and Treatment of Substance Abuse	93.959	102-500730 / 90077021	112,683
Total CFDA 93.959			121,812
Preventive Health and Health Services Block Grant Funded Solely with Prevention and Public Health Funds (PPHF)	93.758	102-500731 / 90072003	20,638
Preventive Health and Health Services Block Grant Funded Solely with Prevention and Public Health Funds (PPHF)	93.758	102-500734 / 49156501	7,750
Total CFDA 93.758			28,388
Centers for Disease Control and Prevention Investigations and Technical Assistance	93.283	102-500731 / 90080081	51,222
Community Health Access Network, Inc.			
Centers for Disease Control and Prevention Investigations and Technical Assistance	93.283	n/a	2,000
Total CFDA 93.283			53,222
State of New Hampshire Department of Health and Human Services			
Temporary Assistance for Needy Families	93.558	502-500891 / 45030203	17,528
Family Planning Services	93.217	102-500734 / 90080203	52,490
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074	102-500734 / 49156501	58,583
Immunization Cooperative Agreements	93.268	102-500731 / 90023010	11,946
Maternal and Child Health Services Block Grant to the States	93.994	102-500731 / 90080400	22,992
Bi-State Primary Care Association			
Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces	93.332	n/a	49,428
Total U.S. Department of Health and Human Services			2,525,936
United States Department of Agriculture			
Pass-Through			
State of New Hampshire Department of Health and Human Services			
Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	102-500743	487,524
Total Federal Awards, All Programs			$ 3,013,460

The accompanying notes are an integral part of this schedule.

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Notes to Schedule of Expenditures of Federal Awards

Year Ended June 30, 2016

1. Basis of Presentation

The schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of Goodwin Community Health and Subsidiary The information in this schedule is presented in accordance with the requirements of Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of Goodwin Community Health and Subsidiary.

2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years. Pass-through entity identifying numbers are presented where available. Goodwin Community Health and Subsidiary has elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

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INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors
Goodwin Community Health and Subsidiary

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Goodwin Community Health and Subsidiary (the Organization), which comprise the balance sheet as of June 30, 2016, and the related statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated December 13, 2016.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the Organization's internal control over financial reporting (internal control) to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's consolidated financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's consolidated financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
December 13, 2016

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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR THE MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Directors
Goodwin Community Health and Subsidiary

Report on Compliance for the Major Federal Program

We have audited Goodwin Community Health and Subsidiary's (the Organization) compliance with the types of compliance requirements described in the OMB Compliance Supplement that could have a direct and material effect on its major federal program for the year ended June 30, 2016. The Organization's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for the Organization's major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with U.S. generally accepted auditing standards; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the major federal program. However, our audit does not provide a legal determination of the Organization's compliance.

Opinion on the Major Federal Program

In our opinion, Goodwin Community Health and Subsidiary complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2016.

Board of Directors
Goodwin Community Health and Subsidiary

Report on Internal Control Over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit, we considered the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on the major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on compliance for the major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
December 13, 2016

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Schedule of Findings and Questioned Costs

Year Ended June 30, 2016

1. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:		Unmodified		
Internal control over financial reporting:				
Material weakness(es) identified?	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Noncompliance material to financial statements noted?	☐	Yes	☑	No

Federal Awards

Internal control over major programs:

Material weakness(es) identified:	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Type of auditor's report issued on compliance for major programs:		Unmodified		
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	☐	Yes	☑	No

Identification of major programs:

CFDA Number	Name of Federal Program or Cluster
	Health Centers Cluster
93.224	Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)
93.527	Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program
93.526	Affordable Care Act (ACA) Grants for Capital Development in Health Centers

Dollar threshold used to distinguish between Type A and Type B programs:		$750,000		
Auditee qualified as low-risk auditee?	☑	Yes	☐	No

GOODWIN COMMUNITY HEALTH AND SUBSIDIARY

Schedule of Findings and Questioned Costs (Concluded)

Year Ended June 30, 2016

2. Financial Statement Findings

None

3. Federal Award Findings and Questioned Costs

None

Goodwin
Community Health

Board of Directors
Fiscal Year 2017

Name	Title	Occupation	Consumer
David B. Staples, DDS	Chair	Dentist	x
Valerie Goodwin	Vice-Chair	Business	x
Mark Boulanger	Treasurer	CPA	
Jennifer Glidden	Secretary	DHHS Admin. Supervisor	x
Don Chick	Member	Photographer	x
Whitney Galeucia	Member		x
Lisa Hall	Member	Retired Accountant	
Allyson Hicks	Member	Hospital Finance Director	
Barbara Holstein	Member	Retired	
Abigail Sykas Karoutas	Member	Attorney	
Mathurin Malby, MD	Member	Physician	
Allison Neal	Member	Education Consultant	x
Suzanne Onufry	Member	Retired	x
Yulia Rothenberg	Member	Education Consultant	x
Marissa Scott	Member	Music Therapist	x
Jeffrey Segil, MD	Member	Physician-OB/GYN	

JANET MARIE LAATSCH

Professional Health Care Administrator with years of leadership experience in operations, finance and development.

SUMMARY OF SKILLS

Budget Development and Management * Financial projections * Grant Writing * Development
Strategic Planning * Relationship Building * Patient Satisfaction
Quality Improvement * Provider Recruitment and Retention

PROFESSIONAL EXPERIENCE

Goodwin Community Health, Somersworth, NH –An Innovative Federally Qualified Health Center with an integrated health care model quoted by the Commissioner as the 'model of the future' for NH.

Chief Executive Officer **2005-Present**

- Created an innovative, affordable health care program for small-medium businesses
- Created strategic partnerships and collaborative programs with other health care organizations
- Advanced the Health Center by receiving $5.8M in grant funding for a new building
- Merged three locations into one, reduced costs and improved access
- Secured over $25M in grant funding since 2001
- Initiated and integrated behavioral and primary care
- Realized revenue growth through increased collections
- Performed ongoing Board development
- Acquired a for-profit mental health practice
- Successful recruitment and retention of providers
- Submitted and awarded NCQA Medical Home, Level III Certification
- Demonstrated improvements in patient outcomes and satisfaction

CEO Great Bay Mental Health Associates **2012-Present**

- Recruited seven new therapist/prescribers
- Recognized a surplus for the first time in 12 months

Finance Director **2003-2005**

- Awarded Federally Qualified Health Center grant in 2004-$750,000 in perpetuity
- Additional grant award for $150,000 to expand into behavioral health
- Obtained $450,000 in grants to initiate the oral health program
- Ended each year with a surplus
- Successful integration of oral health and primary care

Fund Development **2001-2003**

- 80% success rate for grants
- Successful annual appeals

Grant Writing Services, **1999-2001**
N. Hampton, NH
Sole Proprietor

- Successfully wrote and received grants for health care organizations and education
- Development of a business plan for a local specialist practice.

North Shore Medical Center (Partners Health Care) 1998-1999
Salem, MA
Consultant for North Shore Community Health Center

- Hired for a year to improve cash flow and operations
- Successfully ended up with a surplus
- Recruitment of a Medical Director, and other providers
- Successful obtained state and federal funding to support the Health Center

Director of Nursing for ambulatory and emergency care 1993-1998

- Co-Chair of the Nursing Quality Improvement Committee
- Increased revenue per visit in the emergency room
- Successfully prepared new clinics for licensure and accreditation
- Community Benefit liaison for the hospital
- Co-Chair of the Community Health Network for the North Shore Hospital
- Obtained several awards from Partners Health Care for Community Leadership

Manager of Intermediate Cardiac Care and Telemetry Unit 1991-1993

- Reduction in length of stay by 1.5 days
- Development of a new 24 hour observation unit for patients with chest pain
- Increased skill level of nursing staff to reduce cardiac care length of stay
- Implementation of new patient care models to reduce the cost of care

Registered Nurse- Various positions as a RN including ICU, ER, Boston Visiting Nurse Assoc. 1981-1991

EDUCATION:

University of New Hampshire: M.B.A. Graduated
Durham, N.H. Concentration in Finance 1991

Northern Michigan University: B.S.N.
Marquette, M.I. Minor in Biology 1981

VOLUNTEER ACTIVITIES:
Rochester NH Rotary Member and Past President
Board member Community Health Access Network
Board member for Bi-State Primary Care Association
Past United Way of the Greater Seacoast Board Member

LICENSES:
N.H. Real Estate Broker
N.H. Nursing License

INTERESTS/PERSONAL:
Running, hiking, reading, leadership development

Erin E. Ross

Objective

Obtain a position in Health Care, which will continue to build knowledge and skills from both education and experiences gained.

Qualifications

Mature, energetic individual possessing management experience, organizational skills, multi-tasking abilities, good work initiative and communicates well with internal and external contacts. Proficient in computer skills.

Education

September 1998 – May 2002 **Bachelor of Science in Health Management & Policy**
University of New Hampshire
Durham, New Hampshire 03824

Related Experience

July 2011 – Present **Chief Financial Officer**
Goodwin Community Health

- Responsible for financial oversight of center to include supervision of accountant, bookkeeper, billing department and all clinical administrative staff.
- Assist Executive Director in budgeting process each fiscal year for center.
- Generate and assist with financial aspects of all center grants received.
- Complete on an as needed basis finance analysis's of various agency programs.
- Participate in agency fiscal audit at the end of each fiscal year.
- Member of Board of Directors level Finance Committee

August 2006 – June 2011 **Service Expansion Director**
Avis Goodwin Community Health Center

- Responsible for the overall function of the Winter St location of Avis Goodwin Community Health Center.
- Maintain all clinical equipment and order all necessary supplies.
- Coordinate the scheduling of all clinical and administrative staff in the office.
- Assist with the continued integration of dental services and now mental health services to existing primary care services.
- Assist with the integration of private OB/GYN practice into Avis Goodwin Community Health Center.
- Organize patient outcome data collection and quality improvement measures to monitor multiple aspects and assure sustainability for Avis Goodwin Community Health Center.

January 2005 – August 2006 **Site Manager, Dover Location & Front Office Manager**
Avis Goodwin Community Health Center

- Responsible for the overall function of the Dover location of Avis Goodwin Community Health Center.
- Maintain all clinical equipment and order all necessary supplies.
- Assist with the continued integration of dental services and now mental health services to existing primary care services.
- Coordinate the scheduling of all clinical and administrative staff in the office.
- Organize patient outcome data collection and quality improvement measures to monitor multiple aspects and assure sustainability for Avis Goodwin Community Health Center.
- Supervise, hire and evaluate front office staff of both Avis Goodwin Community Health Center locations.
- Develop and implement policies and procedures for the smooth functioning of the front office.

May 2004 – January 2010 **Dental Coordinator**
Avis Goodwin Community Health Center

- Supervise, hire and evaluate dental staff, including Dental Assistant and Hygienists.
- Acted as general contractor during construction and renovation of existing facility for 4 dental exam rooms.
- Responsible for the operations of the dental center, development of educational programs for providers and staff and supervision of the school-based dental program.
- Developed policy and procedure manual, including OSHA and Infection Control protocols.
- Organize patient outcome data collection and quality improvement measures to monitor dental program and assure sustainability.
- Maintain all dental equipment and order all dental supplies.
- Coordinate grant fund requirements to multiple agencies on a quarterly basis.

- Oversee all aspects of billing for dental services, including training existing billing department staff.

July 2003 – May 2004 **Administrative Assistant to Medical Director**
Avis Goodwin Community Health Center

- Assist with Quality Improvement program by attending all meetings, generating monthly minutes documenting all aspects of the agenda and reporting quarterly data followed by the agency.
- Generate a monthly report reflecting provider productivity including number patients seen by each provider and no show and cancellation rates of appointments.
- Served as a liaison between patients and Chief Financial Officer to effectively handle all patient concerns and compliments.
- Established and re-created various forms and worksheets used by many departments.

December 2002 – May 2004 **Billing Associate**
Avis Goodwin Community Health Center

- Organize and respond to correspondence, rejections and payments from multiple insurance companies.
- Created an Insurance Manual for Front Office Staff and Intake Specialists as an aide to educate patients on their insurance.
- Responsible for credentialing and Re-credentialing of providers, including physicians, nurse practitioners and physician assistants, within the agency and to multiple insurance companies.
- Apply knowledge of computer skills, including Microsoft Office, Logician, PCN and Centricity.
- Designed a statement to generate from an existing Microsoft Access database for patients on payment plans to receive monthly statements.
- Assist Front Office Staff during times of planned and unexpected staffing shortages.

June 2002 - December 2002 **Billing Associate**
Automated Medical Systems
Salem, New Hampshire 03079

- Communicate insurance benefits and explain payments and rejections to patients about their accounts.
- Responsible for organizing and responding to correspondence received for multiple doctor offices.
- Determine effective ways for rejected insurance claims to get paid through communicating with insurance companies and patients.
- Apply knowledge of computer skills, including Microsoft Office, Accuterm and Docstar.

Work Experience

October 1998 – May 2002 **Building Manager**
Memorial Union Building – UNH
Durham, New Hampshire 03824

- Recognized as a Supervisor, May 2001-May 2002.
- Supervised Building Manager and Information Center staff.
- Responsible for managing and documenting department monetary transactions.
- Organized and led employee meetings on a weekly basis.
- Established policies and procedures for smooth functioning of daily events.
- Oversaw daily operations of student union building, including meetings and campus events.
- Served as a liaison between the University of New Hampshire, students, faculty and community.
- Organized and maintained a weekly list of rental properties available for students.
- Developed and administered new ideas for increased customer service efficiency.

References

Available upon request

CIRRICULUM VITAE

Kevin Benjamin Zent, MD
Family Practice with OB

Associate Chief Medical Officer- Goodwin Community Health	2/2015-Present
Family Practice with OB - Goodwin Community Health (FQHC)	7/2011-Present
Family Practice with OB - Greenfield Family Practice (FQHC) Greenfield, OH	2006-7/2011
Delivery privileges/neontatal privileges at Fayette County Memorial Hospital - Washington Courthouse, OH 25-30 deliveries/year - no C/S	2006-7/2010
Adult admitting privileges at Greenfield Area Medical Center Greenfield, OH	2006-2011

EDUCATION

Residency University of Cincinnati/The Christ Hospital Family Medicine/International Health Residency Cincinnati, OH	2003-2006
Medical School University of Louisville School of Medicine Louisville, KY	1999-2003
Undergraduate Asbury College - B.S. in History Wilmore, KY	1995-1999

HONORS AND AWARDS

Residency	
Stagaman Intern of the Year Award	2004
Medical School	
Magna Cum Laude	2003
Alpha Omega Alpha	2002
Who's Who	2003
Kentucky Academy of Family Physicians Award	2003
Joseph Collins Foundation Award	2001-2003

Loman C. Trover Rural Scholar	1999-2003

Undergraduate

Magna Cum Laude	1999
Who's Who	1999
Robert C. Byrd Scholarship	1995-1999
Rotary Club Scholarship	1995-1996

RESEARCH

"The Use of Advance Directives in an Elderly Population." University of Louisville	2000

MEDICAL ORGANIZATIONS/CERTIFICATIONS

Board Certified - American Board of Family Physicians	2006-2013
American Academy of Family Physicians	2000-2011
Ohio Academy of Family Physicians	2006-2011
Alpha Omega Alpha	2002-2006
American Medical Association	2002-

COMMUNITY SERVICE

Member and elder, First Presbyterian Church Greenfield	2007-2011
Soccer coach - Greenfield YAS	2009-2010
High School Sunday school teacher/group leader	2006-2011
Honduras brigade team leader - residency	2005
Honduras brigade team member - residency	2004

OTHER INTERESTS

Spending time with family - wife Autumn and kids, reading, string bass and guitar, backpacking, soccer, bluegrass music, involvement at church

Cathleen B. Smith

EDUCATION:

St. Joseph's College of Maine, Masters of Science in Nursing in Administration-expected completion July 2017
Assumption College, Worcester, MA (1994), Bachelor of Science in Liberal Studies (cum laude)
Great Bay Community College, Stratham, NH (2010), Associate in Science, Nursing Program (cum laude)
Becker College, Worcester, MA (1990), Associate in Science, Paralegal Studies

LICENSING/CERTIFICATIONS/AWARDS:

- RN for State of NH expires Aug. 2017
- Basic Life Support for Healthcare Provider and AHA BLS Instructor expires Apr. 2018
- Certificate in Medication Safety Essentials from Purdue University College of Pharmacy
- New Hampshire Nursing Association 2013 Nominee for Award in Professional Advancement

MEDICAL EXPERIENCE:

Goodwin Community Health, Somersworth, NH (Jan. 2014-present)
Director of QI and Population Health (Aug. 2016-present)

- Manage and collaborate with Clinical Nurse Mgr., Care Coordination Mgr. and Data Analyst to help achieve strategic goals and enhance clinical operations/programs.
- Oversee agency's Quality Management program and help to build a reputation of excellence while pursing the Triple Aim.
- Facilitate implementation of new programs/services resulting from grants and/or changes to federal and state requirements.
- Oversee the development and maintenance of written policies and procedures in collaboration with providers and staff to guide daily operations. Oversee agency staff training as co-chair for Staff Training Committee.
- Participate in committees such as Risk Management, Strategic Planning, Customer Service, CHAN User Group.

Manager of Population Health Analytics (Oct. 2015-Aug. 2016)

- Designed and maintained a system that identifies high risk/high utilization patients and established clinical pathways
- Oversaw incentives awarded to insurance carriers and increased incentive payments.
- Managed Data Analyst while ensuring business receives optimal revenue from insurance company incentives relating to quality measures and care coordination.
- Maintained CQI dashboard and performed PDSA cycles to improve patient outcomes and performance measures.

Nurse Quality Improvement Manager (Jan. 2014-Oct. 2015)

- Manage Data Analyst and Community Health Worker while ensuring business receives optimal revenue from insurance company incentives relating to quality measures and care coordination.
- Responsible for redesign of Quality Improvement dashboard, providing reports to the Board of Directors, reviewing monthly QI reports, analyzing the data, performing quality audits, identifying and resolving data issues and demonstrating requirements of regulatory agencies, professional standard and managed care organizations are meet. Demonstrated improvement in several quality measures in just seven months.
- Perform comprehensive case management and care coordination for chronically ill and high utilizing patients to improve customer care and cost per patient ratios. Increased compliance in asthma patients by 9%.
- Develop and implement strategies and best practices for care coordination in support of strategic goals, clinical operations and clinical programs to support quality initiatives and improved customer service.
- Demonstrate leadership abilities by engaging the care team of providers, nurse care managers and medical assistants in the process of quality improvement by establishing "Champions" for quality indicators to identify gaps in a process and help foster a culture of continuous improvement.
- Write, revise, and organize policies and procedures in accordance with best practices and supporting patient centered medical home model of care and responsible for all staff training and building competencies to enhance job descriptions and accountability.
- Handle complaints for organization while looking for areas of opportunity to improve customer satisfaction.
- Assisted in redesign of office workflow to improve care management opportunities resulting in increased productivity. Familiar with Lean and Six Sigma methodology.

- Active participant in Screening and Brief Intervention Referral to Treatment task force and Behavioral Health Expansion task force to ensure integrated behavioral health to all patients, including adolescent and prenatal population.
- Project lead for various quality improvement grants, such as Million Hearts, with demonstrated areas of improvement.
- Member of Continuous Quality Improvement Committee, Customer Service Committee, Safety Committee and Compliance Committee.

Community Health Access Network, Newmarket, NH
Data Analyst (Oct. 2015-July 2016)
- Analyzed Crystal Reports and Clinical Quality Reports for accuracy.

Wentworth-Douglass Hospital, Dover, NH
Staff Nurse-RN3 (July 2010-May 2014)
- Provided care and promoted optimum outcomes for medical surgical patients while supporting Joint Commission's National Patient Safety Goals.
- Specialized competency in cardiac telemetry monitoring and caring for stroke patients.
- Educated and counseled patients/families regarding health, medication regimen, treatment, exercise, smoking cessation, nutrition, stress management and healthy lifestyle behaviors.
- Worked collaboratively with physicians and other hospital staff to achieve optimum patient care.
- Functioned as resource nurse facilitating hourly rounds, physician rounds and multi-disciplinary rounds, assigned beds for admissions and transfers, oriented new staff, communicated with admission liaison and nursing supervisors and supported care plans and nurse sensitive indicator initiatives while maintaining a calm, caring and positive environment to a 32 bed unit.
- Schedule Coordinator of nursing unit for 30+ nurses, which involved organizing shifts based on need, updating schedule based on personnel changes, record keeping for personnel files.

Clinical Risk Manager (Per Diem Oct. 2013-Jan. 2014)
- Filled in for Clinical Risk Manager during department transition.
- Reviewed hospital and multi practice occurrences for potential risk.
- Ensured compliance with legislation and corporate policies and assisted with policy change.
- Maintained a facility-wide incident reporting system. Familiar with NextGen, Soarian, Midas, Excel and Word

Clinical Practice Innovation Teams:
- Medication Task Force-Trained and educated staff of the importance of medication reconciliation and compliance with the Joint Commission's 2012 National Patient Safety Goal. Conducted chart audits and reinforced education with staff.
- Fall Prevention Lean Six Sigma Project-Followed through on action plans and assisted with data collection to help prevent falls with injury as part of Joint Commission's National Patient Safety Goals. Implemented new policies and procedures based on the team's recommendations on two inpatient floors and educated staff.
- Collaborative Practice Committee-Improved patient outcomes, assured reliable delivery of evidence based care and established and implemented care protocols and models. Played active role in developing a new policy regarding insertion and removal of indwelling urinary catheters, resulting in a nurse driven protocol. Provided presentation to all inpatient staff regarding early warning signs of patient deterioration.
- Co-chaired Unit Based Practice Council Committee-Developed and implemented "Roles of the Resource Nurse" for new nursing unit.

ADDITIONAL EXPERIENCE
Sun Life Financial, Wellesley Hills, MA (Feb. 1994-Oct.1997 and Sept. 2000-July 2001)
Account Executive for Small Group Unit
- Chosen as core team member to start up small business unit and developed workflow for new product group.
- Performed contract review for Life, Short and Long Term Disability sales for small business groups.
- Knowledge of and experience with applying Group Benefits policies/practices and interpreting contracts/benefit provisions, as well as general knowledge of Group Benefits.
- Prepared and performed training presentations to sales force.
- Reviewed applicant's medical history as it related to evidence of insurability.
- Team leader for process improvement projects.

Sr. Claims Examiner, Group Long Term Disability
- Managed high volume disability claims accurately and timely while administering quality customer service.

- Communicated with claimants, medical/legal professionals, claims staff and others to assess disability status and approved or denied liability on claims as defined by the contract.
- Efficiently responded to written and telephonic inquires regarding status of disability claims.

Liberty Mutual, Dover, NH (Jan. 1998-Aug. 1998)

Underwriter, Life and Disability Unit

- Underwrote Life, Short and Long Disability for large business groups.
- Reviewed Life and Disability contracts and provided technical support to internal departments and sales force.

Shannon, Ford & Peters, Worcester, MA (June 1990-Feb. 1994)

Paralegal

- Focused on personal injury, workers' compensation and general liability claims.

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Janet Laatsch	Chief Executive Officer	$155,291	0%	$0
Erin Ross	Chief Financial Officer	$103,527	0%	$0
Kevin Zent, MD	Associate Medical Director	$195,124	0%	$0
Cathleen Smith	Director of QI and Population Health	$89,024	0%	$0

JL
5-10-17

State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Primary Care Services Contract

This 3rd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #3") dated this, 20th day of October, 2016 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Goodwin Community Health. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 311 Route 108, Somersworth, New Hampshire, 03878.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #135), and amended on May 8, 2014 (Item #34A), and on June 24, 2015 (Item #58) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Exhibit B Amendment #2, paragraph 10, notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2, and within the Price Limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council, and

WHEREAS, the State and the Department agree to adjust budget amounts between State Fiscal Years 2016 and 2017, within the Price Limitation and within the Completion Date.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Except as specifically amended and modified by the terms and conditions in this Amendment #3, the obligations of the parties shall remain in full force and effect in accordance with the terms and conditions set forth in the Contract as referenced above.

2. Delete in its entirety Exhibit B-3 Amendment #2, and replace with Exhibit B-3 Amendment #3.

3. Delete in its entirety Exhibit B-6 Amendment #2, and replace with Exhibit B-6 Amendment #3.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/21/16
Date

NAME: LISA MORRIS
TITLE: Director

Goodwin Community Health

10-24-16
Date

NAME JANET LAATSCH
TITLE CEO

Acknowledgement:

State of New Hampshire, County of Strafford on 10/24/16, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

notary
Name and Title of Notary or Justice of the Peace

My Commission Expires: 9-17-19

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date

Name:
Title:

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

EXHIBIT B-3 AMENDMENT #3

SBIRT BUDGET SHEETS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Goodwin Community Health

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 32,984.64	$ 5,000.00	$ 37,984.64	$ -	$ 5,000.00	$ 5,000.00	$ 32,984.64	$ -	$ 32,984.64
2. Employee Benefits	$ 2,515.36	$ 900.00	$ 3,415.36	$ -	$ 900.00	$ 900.00	$ 2,515.36	$ -	$ 2,515.36
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ 1,500.00	$ 1,500.00	$ -	$ 1,500.00	$ 1,500.00	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 8,000.00	$ -	$ 8,000.00	$ -	$ -	$ -	$ 8,000.00	$ -	$ 8,000.00
2016 Carryfwd Amt to SFY 2017	$ (7,940.28)	$ -	$ (7,940.28)	$ -	$ -	$ -	$ (7,940.28)	$ -	$ (7,940.28)
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 35,559.72	$ 7,400.00	$ 42,959.72	$ -	$ 7,400.00	$ 7,400.00	$ 35,559.72	$ -	$ 35,559.72
Indirect As A Percent of Direct		20.8%							

Date 10-24-16

Initials

EXHIBIT B-6 AMENDMENT #3

SBIRT BUDGET SHEETS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Goodwin Community Health

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 125.00	$ -	$ 125.00	$ -	$ -	$ -	$ 125.00	$ -	$ 125.00
2016 Carry fwd SFY 2016	$ 7,940.28	$ -	$ 7,940.28	$ -	$ -	$ -	$ 7,940.28	$ -	$ 7,940.28
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 8,065.28	$ -	$ 8,065.28	$ -	$ -	$ -	$ 8,065.28	$ -	$ 8,065.28
Indirect As A Percent of Direct		0.0%							

Contractor Initials: [signature]

Date: 10-27-16

APPROVED #58
G&C
DATE: 6/24/15

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

Marcella Jordan Bobinsky
Acting Director

June 1, 2015

Her Excellency, Governor Margaret Wood Hassen
And the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **sole source** amendments with the vendors listed in the table below for the provision of primary care services, breast and cervical cancer screening services and screening, brief intervention and referral to treatment for alcohol and drug misuse by increasing the total price limitation by $8,986,056 from $10,143,156 to $19,129,212 and extending the completion date from June 30, 2015 to June 30, 2017 upon Governor and Executive Council approval. 75.2% General Funds / 24.8% Federal Funds

The original contract, approved in 2012, included a two (2) year renewal option. The Department exercised a one (1) year renewal in 2014. The Department is now seeking to extend the contracts for two (2) two additional years through these sole source amendments. The Governor and Executive Council approved the original contracts and subsequent amendments as follows:

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Ammonoosuc Community Health Services, Inc. (177755-R001)	North Grafton/ South Coos	6/20/12 (Item #128)	5/8/14 (Item #34A)	$667,687	$540,879	$1,208,566
Concord Hospital, Inc. (177653-B011)	Merrimack/ Hillsborough	6/20/12 (Item #133)	5/8/14 (Item #34A)	$992,198	$788,937	$1,781,135
Coos County Family Health Services (155327-B001)	Eastern Coos	6/20/12 (Item #130)	5/8/14 (Item #34A)	$427,142	$371,229	$798,371
Families First of the Greater Seacoast (166629-B001)	Seacoast Area	6/20/12 (Item #134)	5/8/14 (Item #34A)	$624,540	$506,291	$1,130,831

Families First of the Greater Seacoast (166629-B001)	Seacoast Area - Homeless	6/6/12 (Item #69)	5/8/14 (Item #34B)	$218,537	$240,101	$458,638
Goodwin Community Health Center (154703-B001)	Strafford County	6/20/12 (Item #135)	5/8/14 (Item #34A)	$1,095,268	$825,647	$1,920,915
Harbor Homes (155358-B001)	Southern Hillsborough County - Homeless	6/6/12 (Item #68)	5/8/14 (Item #34B)	$225,045	$209,393	$434,438
Health First Family Care Center (158221-B001)	Central/East ern Belknap	6/20/12 (#131)	5/8/14 (Item #34)	$748,658	$586,113	$1,334,771
Indian Stream Health Center (165274-B001)	Northern Coos	6/20/12 (Item #125)	5/8/14 (Item #34A)	$259,157	$239,237	$498,394
Lamprey Health Care (177677-B001)	Central Southern/ Eastern NH	6/20/12 (Item #136)	5/8/14 (Item #34A)	$1,696,513	$1,299,195	$2,995,708
Manchester Community Health Center (157274-B001)	Greater Manchester	6/20/12 (Item #132)	5/8/14 (Item #34A)	$1,051,425	$1,435.139	$2,486,564
Manchester Health Department (177433-B009)	Greater Manchester - Homeless	6/20/12 (Item #124)	5/8/14 (Item #34B)	$232,205	$250,169	$482,374
Mid-State Health Center (158055-B001)	Central Northern Belknap	6/20/12 (Item #126)	5/8/14 (Item #34A)	$444,862	$406,811	$851,673
New London Hospital Association, Inc. (177167-R005)	Sullivan County	6/20/12 (Item #129)	5/8/14 (Item #34A)	$587,923	$487,419	$1,075,342
Weeks Medical Center (177171-R001)	Western Coos	7/11/12 (Item #31)	5/8/14 (Item #34A)	$292,483	$306,707	$599,190
White Mountain Community Health Center (174170-R001)	Northern Carroll	6/20/12 (Item #127)	5/8/14 (Item #34A)	$579,513	$492,789	$1,072,302
			Total:	**$10,143,156**	**$8,986,056**	**$19,129.212**

Funds are anticipated to be available in the following accounts for State Fiscal Years 2016 and in State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budgets with the ability to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified without further approval from the Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

Please see attachment for fiscal details.

EXPLANATION

These amendments are **sole source** because the Department is renewing the contracts for two (2) additional years after exercising a one (1) year renewal option in 2014 as allowable in Exhibit C, Special Provisions, paragraph 17 of the contracts, and adding to the scope of services for community health centers that provide primary care services, statewide.

This package includes sixteen (16) of sixteen (16) contracts being amended.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

Breast and cervical cancer screening services are provided as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap smears and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or

diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will add infrastructure to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will use funding to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. This request includes three (3) vendors who provide primary care and universal screening services to homeless individuals, who otherwise would have no access to health care. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, low-income individuals statewide may not have adequate access to primary care services. Some women may not receive recommended breast and cervical cancer screenings, which would increase their risk of having an untreatable stage of cancer. Additionally, undetected alcohol and drug misuse could result in increases of alcohol and drug related accidents and deaths, which would negatively impact NH citizens.

Area Served: Statewide.

Source of Funds: 75.2% General Funds

24.8% Federal Funds (CFDA #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse. FAIN #T1010035-14; CFDA #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds. FAIN # U58DP003930; CFDA #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States. FAIN #B04MC28113.)

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

Marcella Bobinsky
Acting Director
Division of Public Health Services

for Diane Langley
Acting Director
Division of Community Based Care Services

Approved by: Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services Contract

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") dated this, 30th day of April, 2015 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Goodwin Community Health (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 311 Route 108, Somersworth, New Hampshire 03878.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #135) and amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34A), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, and Exhibit C, Special Provisions, Paragraph 17, the State may amend the contract terms and conditions and renew the contract for two (2) additional years by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for two additional years, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   June 30, 2017
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $1,920,915
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read:
   Eric D. Borrin
4. Form P-37, General Provisions, Item 1.10, State Agency Telephone Number, to read:
   (603) 271-9558
5. Delete Exhibit A, Scope of Services and Exhibit A-1 Amendment 1, Scope of Services and replace with Exhibit A – Amendment #2.
6. Delete Exhibit A-1 Amendment #1 - Performance Measures and replace with Exhibit A-1 Amendment #2 – Performance Measures.

7. Delete Exhibit B, Purchase of Services Contract Price and replace with Exhibit B – Amendment #2, Method and Conditions Precedent to Payment.
8. Add Exhibit B-1, Budget Form Primary Care through Exhibit B-6, Budget Form SBIRT.
9. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Period Covered by this Certification, to read:

   From 7/1/2012 to 6/30/2017

10. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read:

    July 1, 2012 through June 30, 2017

11. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

6/3/15
Date

NAME: Brook Dupee
TITLE: Bureau Chief

Goodwin Community Health

5-13-15
Date

NAME Janet Laalsch
TITLE CEO

Acknowledgement:
State of New Hampshire County of Strafford on May 13, 2015, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Notary Public
Name and Title of Notary or Justice of the Peace

SARA M. GARLAND, Notary Public
My Commission Expires September 17, 2019

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/18/15
Date

Name:
Title:

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. **Provisions Applicable to All Services**

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services shall be provided to all individuals who seek services described in Section 1.4 and Section 1.5, above.

1.7. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.7.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

Contractor's Initials: JL

Date 5-13-15

1.7.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.7.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than a one month period.

2.2. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

2.2.1. Family income.

2.2.2. Family size.

2.2.3. Income in relation to the Federal Poverty Guidelines.

2.3. The Contractor shall assist individuals with completing a Medicaid application when income calculations indicate possible Medicaid eligibility.

2.4. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.5. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.5.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.5.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.3. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.4. Assessment of need for:

3.1.4.1. Tobacco cessation, including referral to NH Quitworks, as appropriate.

3.1.4.2. Social services.

Contractor's Initials JC

Date 5-13-15

3.1.4.3. Nutrition services, including WIC, as appropriate.

3.1.4.4. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.2.2. Care facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health.

3.2.3.2. Oral health.

3.2.3.3. Use of navigators and case management.

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

3.3. The Contractor can choose to provide enabling services, if the budget allows, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor can facilitate enabling services that include, but are not limited to:

3.3.1. Case management.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

3.4. The Contractor must elect to do at least one (1) quality improvement project which consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall facilitate a minimum of one (1) quality improvement project that includes, but is not limited to:

3.4.1. Enhancing clinical workflow/improve patient outcomes by methods that may include, but are not limited to:

3.4.1.1. Alerts.

3.4.1.2. Guidelines.

3.4.1.3. Diagnostic support.

3.4.1.4. Patient registries.

3.4.1.5. Collaborative learning sessions, etc.)

3.4.2. Implementing projects that lead to measurable improvements on any of the performance measures and indicators identified in Exhibit A-1 Amendment #2

3.4.3. Utilizing defined improvement processes to coordinate quality improvement activities.

3.4.4. Identifying and defining specific goals and objectives to be achieved in the project period.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

5.1. The Contractor shall develop the infrastructure necessary to provide and record Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance use for all eligible individuals ages nineteen (19) to sixty-five (65) years and for all pregnant women, regardless of age, receiving services in Section 3 and/or Section 4. The Contractor shall:

5.1.1. Provide training to integrated primary care and behavioral health teams to ensure SBIRT activities are conducted with fidelity to the model in Section 5.1.

5.1.2. Modify and/or adapt current Electronic Health Records (EHR) systems in order to track SBIRT:

5.1.2.1. Activities

5.1.2.2. Completions.

5.1.2.3. Recommendations and referrals.

5.1.2.4. Follow-ups.

5.1.3. Utilize Substance Use Disorder (SUD) codes in the EHR for billing that shall:

5.1.3.1. Enable submission for payment through NH Managed Care/Medicaid and other insurance companies.

5.1.3.2. Allow the generation of reports.

5.2. The Contractor shall implement SBIRT services by ensuring sufficient qualified staff are available to conduct SBIRT services according to the SBIRT model described by the Centers for Disease Control (CDC), available on-line at http/www.dcd.gov/ncddd/fasd/documents/alcholsbiimplementationguide.pdf. The Contractor shall:

5.2.1. Implement SBIRT services by including SBIRT activities in daily operations.

5.2.2. Use one or more of the screening instruments listed in Appendix E of "Systems-Level Implementation of Screening, Brief Intervention and Referral to Treatment. TAP 33" (2013 edition) (http://www.integration.samhsa.gov/sbirt/TAP33.pdf) and document screening in the electronic health record (EHR).

5.2.3. Conduct brief interventions with patients who screen positive for potential substance use concerns and document activities in the EHR.

5.2.4. Refer patients to Substance Use Disorder (SUD) treatment services as necessary, and ensure each patient has connected with the specific service

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provider by documenting in the EHR, which is audited to ensure appropriate follow up.

5.2.5. Conduct SBIRT with covered populations that include all adults on an annual basis and pregnant women on a trimester basis.

5.3. Coordinate care between community health center (CHC) services and external treatment providers by collaborating with entities that provide SUD treatment services not available at the CHC. The Contractor shall:

5.3.1. Obtain client consents to contact service providers in order to resolve any barriers to accessing services.

5.3.2. Refer patients for SUD services, as needed.

5.3.3. Follow up with patient and/or SUD service provider to ensure appropriate services are provided.

5.3.4. Work with Regional Public Health Networks (RPHNs) to identify new SUD referral resources as they become available.

5.4. The Contractor shall test SBIRT fidelity with a subset of the target population prior to full implementation for all adults ages nineteen (19) to sixty-five (65) annually and pregnant women at each trimester.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall ensure staff delivering SBIRT services have, at minimum, one of the following:

6.3.1. Masters prepared behavioral health practitioners. This includes individuals licensed under the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board.

6.3.2. Masters prepared and in the process of obtaining a license from the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board, while under the supervision of a licensed practitioner of the same profession.

6.3.3. Physicians or Advanced Practice Registered Nurses licensed to practice in NH.

6.3.4. Physician Assistants or other practitioners under the supervision of a Physician licensed to practice in NH.

6.4. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.4.1. A registered nurse who:

6.4.1.1. Is licensed with the NH Board of nursing; or

6.4.1.2. Has attained bachelor's degree from a recognized college or university.

6.4.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.4.1.

6.5. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within one month of hired.

6.6. The Contractor shall notify the MCHS, in writing, when:

6.6.1. Any critical position is vacant for more than one month.

6.6.2. There is not adequate staffing to perform all required services for more than one month.

7. Coordination of Services

7.1. The Contractor shall coordinate referrals for continued care of treatment, or breast or cervical healthcare, with other service providers within the community, where possible.

7.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.2.1. Community needs assessments.

7.2.2. Public health performance assessments.

7.2.3. The development of regional health improvement plans.

7.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

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8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit an annual Workplan and Workplan Outcome Report for the quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.4. If utilizing any portion of this contract for enabling services, the Contractor shall submit an annual Workplan and Workplan Outcome Report that includes at least one (1) performance measure for each type of enabling service provided. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st.

9.6. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.7. The Contractor shall submit monthly Outcome Reports for SBIRT services according to the schedule and instructions provided by the MCHS. The Contractor shall:

9.7.1. Collect information that includes, but is not limited to:

9.7.1.1. Description of the training provided, including but not limited to:

9.7.1.1.1. The content of the training provided.

9.7.1.1.2. The number of staff who received training.

9.7.1.2. The number of:

9.7.1.2.1. Qualified staff conducting SBIRT

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9.7.1.2.2. SBIRT billing codes developed.

9.7.1.2.3. SBIRT services billed to insurance.

9.7.1.3. Updates on any changes, enhancements or adaptations to SBIRT procedures in:

9.7.1.3.1. Technology based systems.

9.7.1.3.2. Staffing.

9.7.1.3.3. Coding and billing.

9.7.1.4. The total number of clients receiving SBIRT delineated by:

9.7.1.4.1. Percentage of clients receiving only screening.

9.7.1.4.2. Percentage of clients receiving brief interventions.

9.7.1.4.3. Percentage of clients referred for more intensive services who initiated services.

9.7.1.4.4. Percentage of clients referred for more intensive services who had problems connecting to services.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

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10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.2.3. SBIRT documentation, which includes but is not limited to:

10.2.3.1. SBIRT policies and procedures.

10.2.3.2. Staff credentials for all staff delivering SBIRT services

10.2.3.3. SBIRT procedures utilized and documented in patient records.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

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Exhibit A-1 – Amendment #2

1. PRIMARY CARE PERFORMANCE MEASURES

1.1. Breastfeeding

1.1.1. **Percent of infants who are ever breastfed** (Title V PM #10).

1.1.1.1. Numerator: Infants who were ever breastfed or received breast milk

1.1.1.2. Denominator: All infants born in a state fiscal year

1.2. Preventive Health: Lead Screening

1.2.1. **Percent of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.** (CMS, Hedis).

1.2.1.1. Numerator: At least one capillary or venous blood test on or before the child's second birthday.

1.2.1.2. Denominator: Children who turn 2 years old during the state fiscal year.

1.3. Preventive Health: Adolescent Well-Care Visit

1.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (Hedis, Title V PM #7).

1.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

1.3.1.2. Denominator: Number of adolescents, ages 12 through 21 years of age.

1.4. Preventive Health: Depression Screening

1.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (ACO 18, NQF 0418).

1.4.1.1. Numerator: Patients who are screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan documented.

1.4.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.1.3. Denominator: All patients 12 years and older.

1.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

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1.4.2. **Maternal Depression Screening** (Developmental: not required for FY 16)

1.4.2.1. **Percentage of women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.**

1.4.2.1.1. Numerator: Women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool and screen negative.

AND

Women who are screened for depression during the post-partum visit using an appropriate standardized depression screening tool, screen positive, AND have a follow-up plan documented.

1.4.2.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.2.1.3. Denominator: All women who are at least 6 weeks post-partum in a state fiscal year.

1.4.2.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

1.5. **Preventive Health: Obesity Screening**

1.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (ACO 16, NQF 0421, HRSA UDS).

1.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

1.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters.

1.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist,

occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

1.5.1.4. Denominator: All patients aged 18 years and older who had at least one medical visit during the state fiscal year.

1.5.2. Percent of patients aged 2 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (HRSA UDS).

1.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

1.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

1.6. **Preventive Health: Tobacco Screening**

1.6.1. Percent of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user (ACO 17, NQF 0028, HRSA UDS).

1.6.1.1. Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.1.2. Definitions:

1.6.1.2.1. Tobacco Use: Includes any type of tobacco

1.6.1.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.1.3. Denominator: All patients aged 18 years and older seen for at least two visits ever

1.6.2. Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user (Title V, PM #15).

1.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.2.2. Definitions:

1.6.2.2.1. Tobacco Use: Includes any type of tobacco

1.6.2.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.2.3. Denominator: All women who delivered a live birth in a state fiscal year

1.7. **At Risk Population: Hypertension**

1.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year** (ACO 28, NQF 0018).

1.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm Hg at the time of their last measurement.

1.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)

1.8. **Patient Safety: Falls Screening**

1.8.1. **Percent of patients aged 65 years and older who were screened for future fall risk at least once within 12 months** (ACO 13, NQF0101).

1.8.1.1. Numerator: Patients who were screened for future fall risk at least once within 12 months.

1.8.1.2. Definition of Fall: a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force.

1.8.1.3. Numerator note: Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year.

1.8.1.4. Denominator: All patients aged 65 years and older

1.8.1.5. Excluded from denominator population: (Exclusion only applied if patient was not screened for future fall risk) Documentation of medical reason(s) for not screening for future fall risk (e.g. patient is not ambulatory)

2. BCCP PERFORMANCE MEASURES

2.1. BCCP Performance Measure #1

2.1.1. **Measure:*** 78% of female patients age 24 through 64 years of age screened for cervical cancer per USPSTF guidelines.

2.1.2. **Numerator** – Number of female patients 24 through 29 years of age who have had a documented pap in the past 3 years AND female patients 30-64 who have either had a pap in the past 3 years OR an HPV test and a pap in the past 5 years

2.1.3. **Denominator** – Number of female patients 24 through 64 years of age who have had a visit in the past year and do not have evidence of having had a total hysterectomy.

2.1.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.1.5. *Measure based on the UDS measure

2.1.6. **Healthy People 2020 National Target is 93%

2.2. BCCP Performance Measure #2

2.2.1. **Measure:*** 75% of female patients age 52 through 74 years of age screened for breast cancer per USPSTF guidelines.

2.2.2. **Numerator** – Number of female patients 52 through 74 years of age who have had a documented mammogram in the past 24 months.

2.2.3. **Denominator** – Number of female patients 52 through 74 years of age who have had a visit in the past year and do not have evidence of having had a bilateral mastectomy.

2.2.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.2.5. *Measure based on the USPSTF Guidelines

2.2.6. ** Healthy People 2020 National Target is 81.1%

3. SBIRT PERFORMANCE MEASURES

3.1. **Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services**

3.1.1. **Numerator:** Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention or referral to services.

3.1.2. Definitions

3.1.2.1. Substance Use: Includes any type of alcohol or drug.

3.1.2.2. Brief Intervention: Includes guidance or counseling.

3.1.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.1.3. Denominator: Number of patients aged 18 years and older seen for annual visit within 12 months.

3.2. **Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services**

3.2.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

3.2.2. Definitions:

3.2.2.1. Substance Use: Includes any type of alcohol or drug.

3.2.2.2. Brief Intervention: Includes guidance or counseling.

3.2.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the state fiscal year.

Contractor Initials: RL
Date: 5-13-15

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   - 2.1. #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse.
   - 2.2. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   - 2.3. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #2, Scope of Services, in accordance with Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2.
4. The Contractor shall use and apply the amount in the SBIRT line item in Exhibit B-3 and Exhibit B-6 on actual SBIRT services provided.
5. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
6. Payment for said services shall be made as follows:
   - 6.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for:
     - 6.1.1. Authorized expenses incurred in the prior month.
     - 6.1.2. The units of SBIRT services provided, in accordance with Exhibit A – Amendment #2, Section 5.2.2 through Section 5.2.5 and Section 5.3.1 through Section 5.3.3, which shall be paid on a fee-for-service basis at the following rates:
       - 6.1.2.1. $29.86 for each unit of service that is 15-30 minutes.
       - 6.1.2.2. $57.31 for each unit of service that is more than 30 minutes.
   - 6.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   - 6.3. The invoice must be submitted by mail or e-mail to:

     Financial Manager
     Department of Health and Human Services
     129 Pleasant Street
     Concord, NH 03301

     E-mail: dphscontractbilling@dhhs.state.nh.us

Contractor Initials: RL
Date 5-13-15

7. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
8. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
9. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
10. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: [illegible]
Date: 5-13-15

EXHIBIT B-3 AMENDMENT #2

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Goodwin Community Health

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 32,984.64	$ 5,000.00	$ 37,984.64	$ -	$ 5,000.00	$ 5,000.00	$ 32,984.64	$ -	$ 32,984.64
2. Employee Benefits	$ 2,515.36	$ 900.00	$ 3,415.36	$ -	$ 900.00	$ 900.00	$ 2,515.36	$ -	$ 2,515.36
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ 1,500.00	$ 1,500.00	$ -	$ 1,500.00	$ 1,500.00	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 8,000.00	$ -	$ 8,000.00	$ -	$ -	$ -	$ 8,000.00	$ -	$ 8,000.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 43,500.00	$ 7,400.00	$ 50,900.00	$ -	$ 7,400.00	$ 7,400.00	$ 43,500.00	$ -	$ 43,500.00
Indirect As A Percent of Direct		17.0%							

Date 5-13-15

Initials

EXHIBIT B-6 AMENDMENT #1

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Goodwin Community Health

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1 Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2 Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3 Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4 Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5 Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6 Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7 Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8 Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9 Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10 Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11 Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12 Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13 Other (specific details mandatory)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 125.00	$ -	$ 125.00	$ -	$ -	$ -	$ 125.00	$ -	$ 125.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 125.00	$ -	$ 125.00	$ -	$ -	$ -	$ 125.00	$ -	$ 125.00
Indirect As A Percent of Direct		0.0%							

Contractor Initials 5-13-15

Date JC

5/8/14
34A MJ

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

G+C Approved
Date 5/8/14
Item #34A

March 28, 2014

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Retroactive
Sole Source
13% Federal Funds
87% General Funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend agreements with 13 vendors by increasing the total price limitation by $4,293,569 from $5,173,800 to $9,467,369 to provide primary care services. This amount includes a request to **retroactively** enter into **sole-source** amendments in an amount of $648,347, effective **retroactive** to July, 1, 2013 through June 30, 2014 and to exercise a one-year renewal option with the same 13 vendors in an amount of $3,645,222, extending the completion date from June 30, 2014 to June 30, 2015, effective upon Governor and Council approval. Twelve of these agreements were originally approved by Governor and Council on June 20, 2012, Item numbers 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, and one agreement was originally approved by Governor and Council on July 11, 2012, Item number 31.

Summary of contracted amounts by vendor:

Vendor	Location	SFY 2014 Amount	SFY 2015 Amount	Total Increase
Ammonoosuc Community Health	North Grafton/ South Coos	$42,661	$254,172	$296,833
Concord Hospital, Inc.	Merrimack/ Hillsborough	$64,413	$376,377	$440,790
Coos County Family Health	Eastern Coos	$24,351	$159,685	$184,036
Families First of the Greater Seacoast	Seacoast Area	$41,892	$242,094	$283,986
Goodwin Community Health	Strafford County	$74,293	$420,579	$494,872
Health First Family Care Center	Central/Eastern Belknap	$55,968	$292,214	$348,182
Indian Stream Health Center	Northern Coos & Colebrook	$18,030	$100,409	$118,439
Lamprey Health Care, Inc.	Central Southern/Eastern NH	$119,828	$654,249	$774,077
Manchester Community Health Center	Greater Manchester Area	$71,392	$407,637	$479,029
Mid-State Health Center	Central Northern Belknap	$35,001	$175,511	$210,512
The New London Hospital, Inc.	Sullivan County	$39,566	$225,093	$264,659
Weeks Medical Center	Western Coos	$20,652	$113,557	$134,209
White Mountain Community Health	Northern Carroll	$40,300	$223,645	$263,945
TOTAL		**$648,347**	**$3,645,222**	**$4,293,569**

Funds to support this request are available in the following accounts for SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

See attachment for financial details

EXPLANATION

Approval is requested **retroactive** to July 1, 2013. The services provided by these contracts are consistent with prior contracts and were included in the operating budget for SFY 2014 and SFY 2015. Contracts were delayed, however, since the exact amount of funding available was only recently determined. The SFY 2014 amendments are **sole source** because they exceed more than 10% of the original contract amount.

This requested action seeks approval of 13 amendments that represents $4,293,569 total anticipated to be spent statewide to continue breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services, and because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program

provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, low-income individuals statewide may not have adequate access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Contracts were awarded to Primary Care agencies through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by teams of three professionals. All reviewers have between three to 20 years' experience managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, these competitively procured Agreements have the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Department is exercising one year of this renewal option.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. All Primary Care vendors are making adequate progress in meeting clinical performance measures and the Departments wishes to continue working with the vendors for another year.

The performance measures as described in the contract amendment Exhibit A – Amendment 1 – Performance Measures, will be used to continue to measure the effectiveness of the agreement.

Area to be served is statewide.

Source of Funds: 13.09% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau; Centers for Disease Control and Prevention and 86.91% 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,

Brook Dupee for

José Thier Montero, MD, MHCDS
Director

Approved by:

Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Goodwin Community Health

This 1st Amendment to the Goodwin Community Health, contract (hereinafter referred to as "Amendment One") dated this 11 day of March, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Goodwin Community Health, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 311 Route 108, Somersworth, New Hampshire 03878.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the Department desires to provide additional primary health care services for preventive and episodic health care for acute and chronic health conditions for people of all ages.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $1,095,268

- Exhibit A, Scope of Services to add:
  Exhibit A – Amendment 1

- Exhibit B, Purchase of Services, Contract Price, to add:

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $74,293 for SFY 2014 and $420,579 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $74,293 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $372,533 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

Contractor Initials: JA
Date: 3/11/14

- $48,046 from 05-95-90-902010-5659-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.283;

  Add Paragraph 8
  8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

- Budget, to add:
  Exhibit B-1 (2014) - Amendment 1,
  Exhibit B-1 (2015) - Amendment 1

This amendment shall be in effect July 1, 2013, effective upon the date of Governor and Executive Council approval.

Contractor Initials: TA
Date: 3/11/14

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

3/28/14
Date

Brook Dupee
Bureau Chief

Goodwin Community Health

3-11-14
Date

Name: Janet Atkins
Title: Executive Director

Acknowledgement:

State of [illegible] County of [illegible] on 3-11-14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace
Commission. 11/6/2018

Contractor Initials JA
Date 3/11/14

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4-2-14
Date

Name: Rosemary Want
Title: Asst Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: JA
Date: 3/11/14

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 8, 2012

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

APPROVED G&C #135
DATE 6/20/12

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with Goodwin Community Health (Vendor #154703-B001), 311 Route 108, Somersworth, New Hampshire 03878, in an amount not to exceed $600,396.00, to provide primary care services and breast and cervical cancer screening, to be effective July 1, 2012 or date of Governor and Executive Council approval, whichever is later, through June 30, 2014. Funds are available in the following accounts for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budgets.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080000	$248,712
SFY 2014	102-500731	Contracts for Program Services	90080000	$248,712
			Sub-Total	$497,424

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080081	$51,486
SFY 2014	102-500731	Contracts for Program Services	90080081	$51,486
			Sub-Total	$102,972
			Total	$600,396

EXPLANATION

Funds in this agreement will be used to provide breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. This agreement provides funds for services as a last resort; contractor is required to make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. For example, in State Fiscal Year 2011:

- 88% of eligible children served were enrolled in Medicaid/Healthy Kids Gold.
- 86% of children 24-35 months, served received the appropriate schedule of immunizations.
- 82% of infants born to women served received prenatal care beginning in the first trimester of pregnancy.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, a minimum of 6,000 low-income individuals from Strafford County may not have access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Goodwin Community Health was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by three professionals, who work internal and external to the Department of Health and Human Services. All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services, and managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. In those instances where scores were less than ideal, agency specific remedial actions were recommended and completed. Some primary care agencies are being funded at levels higher than they requested. Agencies were instructed to develop budgets based on previous allocations. While some proposed budgets higher than what was available for funding, others proposed budgets lower than what was available. There was an increase in breast and cervical cancer screening funds that bidders were unaware of when they drafted budgets. Adjustments were made accordingly for those agencies that proposed budgets at levels lower than available funds. This is a contract where that situation occurred. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. These services were contracted previously with this agency in SFY 2011 and SFY 2012 in the amount of $983,024. This represents a decrease of $382,628. The decrease is due to budget reductions.

The performance measures used to measure the effectiveness of the agreement are attached.

Area served: Strafford County.

Source of Funds: 33.68% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 66.32% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

José Thier Montero, MD
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/PMH/sc

Program Name DPHS, Maternal and Child Health
Contract Purpose Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Ammonoosuc Community Health Services, Inc., 25 Mount Eustis Rd., Littleton, NH 03561	Coos County Family Health Services, Inc., 54 Willow St., Berlin, NH 03570	Concord Hospital, Inc., 250 Pleasant St., Concord, NH 03301	Families First of the Greater Seacoast, 100 Campus Drive, Portsmouth, NH 03801	Goodwin Community Health, 311 Route 108, Somersworth, NH 03878	Health First Family Care Center, 841 Central St., Franklin, NH 03235	Manchester Community Health Center, 145 Hollis St., Manchester, NH 03101	Mid-State Health Center, 101 Boulder Point Dr., Plymouth, NH 03264
Agy Capacity	30	39.00	28.00	28.00	29.00	29.00	25.00	29.00	28.00
Program Structure	50	46.00	45.00	47.00	48.00	48.00	39.00	46.00	45.00
Budget & Justification	15	14.00	15.00	15.00	15.00	12.00	13.00	15.00	12.00
Format	5	4.00	5.00	5.00	5.00	4.00	4.00	5.00	5.00
Total	100	93.00	93.00	95.00	97.00	93.00	81.00	95.00	90.00

BUDGET REQUEST								
Year 01	$339,156.25	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 02	$347,976.97	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 03	$0.00	-	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET REQUEST	$687,133.22	237,918.00	$551,408.00	$327,586.00	$584,604.00	$398,254.00	$556,404.00	$234,350.00
BUDGET AWARDED								
Year 01	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 02	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 03	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET AWARDED	$370,854.00	$243,106.00	$551,408.00	$340,554.00	$600,396.00	$400,476.00	$572,396.00	$234,350.00

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	to twenty years experience
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	either in clinical settings,
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	providing community-based
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	family support services and or
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	managing agreements with
7	Terry Ohlson-Martin	Co-Director	Family Voices	vendors for various public
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	health programs. Areas of
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	specific expertise include
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm	maternal & child health;
11	Lisa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	quality assurance & performance
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	improvement; chronic and
				communicable diseases and
				public health infrastructure

Program Name: DPHS, Maternal and Child Health
Contract Purpose: Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	The New London Hospital, Inc., 273 County Rd., New London, NH 03257	Weeks Medical Center, 170 Middle St., Lancaster, NH 03584	White Mountain Community Health Center, 298 White Mountain Hwy., Conway, NH 03818	Lamprey Health Care, Inc., 207 South Main St., Newmarket, NH 03857	Indian Stream Health Center, 141 Corliss Lane, Colebrook, NH 03576	0	0	0
Agy Capacity	30	27.00	28.00	21.00	29.00	23.00	0.00	0.00	0.00
Program Structure	50	40.00	43.00	38.00	45.00	35.00	0.00	0.00	0.00
Budget & Justification	15	9.00	15.00	15.00	13.00	9.00	0.00	0.00	0.00
Format	5	4.00	5.00	3.00	5.00	5.00	0.00	0.00	0.00
Total	100	80.00	91.00	77.00	92.00	72.00	0.00	0.00	0.00

BUDGET REQUEST									
Year 01		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 02		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET REQUEST		$312,900.00	$158,274.00	$313,346.00	$912,662.00	$272,712.00	-	-	-
BUDGET AWARDED									
Year 01		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 02		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET AWARDED		$323,264.00	$158,274.00	$315,568.00	$922,436.00	$140,718.00	-	-	-

RFP Reviewers

	Name	Job Title	Dept./Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	to twenty years experience
3	Lea Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	either in clinical settings,
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	providing community-based
5	Alisa Drutza	Administrator	NH DHHS, DPHS, RHPC	family support services and or
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	managing agreements with
7	Terry Ohlsoe-Martin	Co-Director	Family Voices	vendors for various public
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	health programs. Areas of
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	specific expertise include
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm.	maternal & child health,
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	quality assurance & performance
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	improvement, chronic and
				communicable diseases and
				public health infrastructure

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Prenatal (PN) Performance Measure #1

Measure: Percent of infants born to women receiving prenatal care beginning in the first trimester of pregnancy.

Primary Care Prenatal (PN) Performance Measure #2

Measure: Percent of pregnant women identified as cigarette smokers that are referred to QuitWorks-New Hampshire.

Primary Care Prenatal (PN) Performance Measure #3

Measure: Percent of pregnant women who were screened, using a formal valid screening tool, for alcohol and other drug use during every trimester the patient was enrolled.

Primary Care Child Health Direct (CH – D) Performance Measure #1

Measure: Percent of eligible children enrolled in Medicaid

Primary Care Child Health Direct (CH – D) Performance Measure #2

Measure: Percent of at-risk children who were screened for blood lead between 18 and 30 months of age

Primary Care Child Health Direct (CH – D) Performance Measure #3

Measure: Percent of children age two to nineteen years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85th percentile with documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Primary Care Child Health Direct (CH – D) Performance Measure #4

Measure: Percent of eligible infants and children with client record documentation of enrollment in Women Infant Children Program.

Primary Care Child Health Direct (CH – D) Performance Measure #5

Measure: Percent of infants who were exclusively breastfed for the first three months, at their four month well baby visit.

Primary Care Financial (PC) Performance Measure #1

Measure: Patient Payor Mix

Primary Care Financial (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Primary Care Financial (PC) Performance Measure #3

Measure: Current Ratio

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: Percent of adolescents aged 10-21 years who received annual health maintenance visits in the past 12 months.

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure: Percent of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid.

Subject: Primary Care Services

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		**1.2 State Agency Address** 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Goodwin Community Health		**1.4 Contractor Address** 311 Route 108 Somersworth, New Hampshire 03878	
1.5 Contractor Phone Number 603-953-0065	**1.6 Account Number** 010-090-5190-102-500731 010-090-5659-102-500731	**1.7 Completion Date** June 30, 2014	**1.8 Price Limitation** $600,396
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		**1.10 State Agency Telephone Number** 603-271-4501	
1.11 Contractor Signature Janet Atkins		**1.12 Name and Title of Contractor Signatory** Janet Atkins, Executive Director	

1.13 Acknowledgement: State of NH, **County of** Strafford

On 2/24/2012, before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

[Seal]

SHERRYLANN TRASK
NOTARY PUBLIC
NEW HAMPSHIRE
MY COMMISSION EXPIRES NOV 19, 2013

1.13.2 Name and Title of Notary or Justice of the Peace

Sherry Trask, Notary

1.14 State Agency Signature	**1.15 Name and Title of State Agency Signatory** Brad Moyer ~~Joan H. Ascheim~~, Bureau Chief
1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:	Director, On:
1.17 Approval by the Attorney General (Form, Substance and Execution) By: Jeanne P. Herrick, Attorney	On: 15 May 2012
1.18 Approval by the Governor and Executive Council By:	On:

NH Department of Health and Human Services

Exhibit C

SPECIAL PROVISIONS

1. **Contractors Obligations:** The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

2. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

3. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

4. **Documentation:** In addition to the determination forms, required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

5. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

6. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

7. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

8. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party fundors for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party fundors, the Department may elect to:

    8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

9. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

9.1 **Fiscal Records:** Books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

9.2 **Statistical Records:** Statistical, enrollment, attendance, or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

10.1 **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

10.2 **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directed connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

Contractor Initials: [illegible]

Date [illegible]

Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

12. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department

12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

12.2 Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

13. **Completion of Services:** Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14. **Credits:** All documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. **Operation of Facilities:** Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the Contractor with respect to the operation of the facility or the provision of the services at such facility. If any government license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

Contractor Initials [illegible]

Date 3/21/17

16. Insurance: Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed $500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed $500,000, is comprehensive general liability insurance in amounts of not less than $1,000,000 per claim or occurrence and $2,000,000 in the aggregate. *These amounts may NOT be modified.*

X (1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed $500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $250,000 per claim and $2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

(2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

17. Renewal:

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

18. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:

4. CONDITIONAL NATURE OF AGREEMENT.
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

Contractor Initials [illegible]
Date 3-26-12

19. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

Contractor Initials: [illegible]
Date 2/24/17

State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Primary Care Services for the Homeless Contract

This 3rd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #3") dated this, 1st day of May, 2017 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Harbor Homes, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 45 High Street, Nashua, NH 03060.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 6, 2012 (Item #68); as amended by an agreement (Amendment #1 to the Contract) approved by the Governor and Executive Council on May 8, 2014 (Item #34B); as amended by an agreement (Amendment #2 to the Contract) approved by the Governor and Executive Council on June 24, 2015 (Item #58); the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement the State may amend the contract terms and conditions by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for nine (9) months, add services to the scope of services, and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:

   March 31, 2018
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:

   $491,006
3. Add Exhibit A- Amendment #3, Scope of Services.
4. Add Exhibit A-1 – Amendment #3, Performance Measures
5. Add Exhibit B – Amendment #3, Method and Conditions Precedent to Payment.
6. Add Exhibit B-1 – Amendment #3 MCHS Budget.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

5/25/17
Date

NAME LISA MORRIS
TITLE DIRECTOR, DPHS

Harbor Homes, Inc.

5/8/17
Date

NAME Peter Kelleher
TITLE President & CEO

Acknowledgement:

State of New Hampshire County of Hillsborough on 5/8/17, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

WILLIAM C. MARTIN
Justice of the Peace - New Hampshire
My Commission Expires November 4, 2020

Name and Title of Notary or Justice of the Peace

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/5/17
Date

Name: John J. Comfort
Title: Assistant Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

_____
Date

Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. The Contractor shall utilize flexible hours and minimal use of appointment systems to provide **primary care and enabling** services to homeless individuals and families through the use of permanent office based locations and/or mobile or temporary delivery locations.

1.5. The Contractor shall serve target populations that include individuals who:

1.5.1. Are uninsured;

1.5.2. Are underinsured;

1.5.3. Are low-income, which is defined as $\leq$ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines;

1.5.4. Lack housing including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations;

1.5.5. Are residents in transitional housing;

1.5.6. Are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members, hence are considered homeless;

1.5.7. Are to be released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

1.6. The Contractor shall continue to provide primary care and enabling services to individuals described in Section 1.5.4 through Section 1.5.7 above for three

hundred sixty-four (364) calendar days following the individual's placement in permanent housing.

1.7. The Contractor shall provide **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services to all individuals described in Section 1.4 through Section 1.6, above.

1.8. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.8.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases;

1.8.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control;

1.8.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care, Enabling or SBIRT Services for new patients is limited or closed for more than a one month period.

2.2. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

2.2.1. Family income;

2.2.2. Family size;

2.2.3. Income in relation to the Federal Poverty Guidelines.

2.3. The Contractor shall assist individuals with completing a Medicaid/Expanded Medicaid or other health insurance application when income calculations indicate possible Medicaid eligibility.

2.4. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.5. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.5.1. Update the sliding fee scale on an annual basis every when new Federal Poverty Guidelines are released;

2.5.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. These services can be designed to meet the unique and identified needs of

the homeless populations within the contracted service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services;

3.1.2. Behavioral health services;

3.1.3. Preventive services, screenings and health education in accordance with established, documented state or national guidelines;

3.1.4. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral;

3.1.5. Assessment of need and follow-up/referral as indicated for:

3.1.5.1. Tobacco cessation, including referral to QuitWorks-NH, www.QuitWorksNH.org;

3.1.5.2. Social services;

3.1.5.3. Chronic Disease management, including disease specific referral and self-management education such as referral to Diabetes Self-Management education (DSME) as recommended by American Diabetes Association;

3.1.5.4. Nutrition services, including WIC, as appropriate;

3.1.5.5. SBIRT services, including a connection with the Regional Public Health Network Continuum of Care Development Initiative;

3.1.5.6. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract;

3.2.2. Care coordination facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health;

3.2.3.2. Oral health;

3.2.3.3. Use of navigators and case management;

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

4. Enabling Services

4.1. The Contractor shall provide enabling services, which are non-clinical services that support the delivery of basic primary care services and facilitate access to comprehensive patient care as well as social services. The Contractor can facilitate enabling services that include, but are not limited to:

4.1.1. Case management;

4.1.2. Benefit counseling;

4.1.3. Eligibility assistance;

4.1.4. Health education and supportive counseling;

4.1.5. Interpretation/Translation;

4.1.6. Outreach which can include the use of community health workers;

4.1.7. Transportation;

4.1.8. Education of patients and the community regarding the availability and appropriate use of health services.

5. Quality Improvement

5.1. The Contractor shall conduct a minimum of two (2) quality improvement projects which consist of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall ensure:

5.1.1. One (1) quality improvement project focuses on the performance measure as designated by the Department.

5.1.2. One (1) quality improvement project is based on previous performance outcomes needing improvement, as selected by the Contractor.

5.2. The Contractor shall utilize Quality Improvement (QI) science to develop and implement a QI Workplan for each QI project, which shall include but not be limited to:

5.2.1. Specific goals and objectives for the project period.

5.2.2. Evaluation methods to demonstrate improvements in the quality, efficiency, and effectiveness of patient care.

5.3. The Contractor may utilize activities in QI projects that enhance clinical workflow and improve patient outcomes, which may include but are not limited to:

5.3.1. EMR prompts/alerts.

5.3.2. Protocols/Guidelines.

5.3.3. Diagnostic support.

5.3.4. Patient registries.

5.3.5. Collaborative learning sessions.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within one month of hired.

6.4. The Contractor shall notify the MCHS, in writing, when:

6.4.1. Any critical position is vacant for more than thirty (30) consecutive days;

6.4.2. There is not adequate staffing to perform all required services for more than thirty (30) consecutive days.

7. Coordination of Services

7.1. The Contractor shall coordinate with other service providers within the community, where possible, including but not limited to collaboration with interagency referrals and to deliver coordination of care.

7.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.2.1. Community needs assessments;

7.2.2. Public health performance assessments;

7.2.3. The development of regional health improvement plans.

7.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings;

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year, which may require attendance by agency quality improvement staff;

8.1.3. MCHS Agency Medical Services Directors' meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a Performance Measure Outcome Report (plan for improvement) per directions from MCHS.

9.2. The Contractor shall submit an annual Workplan for the two quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.3. The Contractor shall submit at least one (1) annual Workplan that includes a detailed description of the enabling services funded by this contract. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.4. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st of each contract year.

9.5. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.6. The Contractor shall submit the following per contract period:

9.6.1. DPHS Budget Form;

9.6.2. Budget Justification;

9.6.3. Sources of Revenue;

9.6.4. Program Staff List, which includes staff titles.

9.7. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.8. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.8.1. Survey template;

9.8.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance;

10.1.2. Administration;

10.1.3. Data collection and submission;

10.1.4. Clinical and financial management;

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records;

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Exhibit A-1 – Amendment #3

1. MATERNAL AND CHILD HEALTH SECTION (MCHS) PRIMARY CARE HOMELESS PERFORMANCE MEASURES

1.1. **Definitions**

1.1.1. **Measurement Year** – Measurement Year consists of 365 and is defined as either:

1.1.1.1. The calendar year (January 1st through December 31st); or

1.1.1.2. The state fiscal year (July 1st through June 30th).

1.1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.1.4. **NQF** – National Quality Forum

1.1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.1.6. **UDS** – Uniform Data System

1.1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. MCHS PRIMARY CARE HOMELESS PERFORMANCE MEASURES

2.1. **Preventive Health: Depression Screening**

2.1.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NQF 0418, UDS).

2.1.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.1.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.1.1.3. Denominator: All patients 12 years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.1.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.1.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.2. **Preventive Health: Obesity Screening**

Contractor Initials: RK
Date: 5/8/17

2.2.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (NQF 0421, UDS).

2.2.1.1. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.2.1.2. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

2.2.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.2.1.4. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

2.3. **Preventive Health: Tobacco Screening**

2.3.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.3.1.1. Numerator: number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit OR within twenty-four (24) months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.3.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.3.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.3.1.4. Definitions:

2.3.1.4.1. Tobacco Use: Includes any type of tobacco

2.3.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

2.4. **At Risk Population: Hypertension**

2.4.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHG) during the measurement year** (NQF 0018).

2.4.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm HG at the time of their last measurement.

2.4.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension (must have been diagnosed with hypertension 6 or more months before the measurement date) who had at least one (1) medical visit during the measurement year. (Excludes pregnant women and patients with End Stage Renal Disease.)

2.5. **Patient Safety: Falls Screening**

2.5.1. **Percent of patients aged 65 years and older who were screened for fall risk at least once within 12 months** (NH MCHS).

2.5.1.1. Numerator: Patients who were screened for fall risk at least once within the measurement year.

2.5.1.2. Denominator: All patients aged 65 years and older seen by a health care provider within the measurement year.

2.6. **SBIRT**

2.6.1. Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services (NHMCHS).

2.6.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention and/or referral to services.

2.6.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.6.1.3. Denominator: Number of patients aged 18 years and older seen for annual/preventive visit within the measurement year.

2.6.1.4. Definitions:

2.6.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.6.1.4.2. Brief Intervention: Includes guidance or counseling.

2.6.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A – Amendment #3, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov) #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #3, Scope of Services, in accordance with Exhibit B-1 Budget - Amendment #3.
4. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
5. Payment for said services shall be made as follows:
   5.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
   5.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   5.3. The invoice must be submitted by mail or e-mail to:

        Financial Manager
        Department of Health and Human Services
        129 Pleasant Street
        Concord, NH 03301

        E-mail: dphscontractbilling@dhhs.state.nh.us
6. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
8. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
9. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budget in Exhibit B-1 Budget Amendment #3 that is within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: [illegible]
Date: 5/8/17

Exhibit B-1 Budget - Amendment #3

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Harbor Homes Inc.

Budget Request for: Primary Care for the Homeless

Budget Period: July 1, 2017 - March 31, 2018

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 3,129,437.00	$ 786,740.46	$ 3,916,177.46	$ 3,082,665.00	$ 786,740.46	$ 3,869,405.46	$ 46,772.00	$ -	$ 46,772.00
2. Employee Benefits	$ 657,156.00	$ 165,209.02	$ 822,365.02	$ 647,360.00	$ 165,209.02	$ 812,569.02	$ 9,796.00	$ -	$ 9,796.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ 27,869.00	$ -	$ 27,869.00	$ 27,869.00	$ -	$ 27,869.00	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ 96,000.00	$ -	$ 96,000.00	$ 96,000.00	$ -	$ 96,000.00	$ -	$ -	$ -
Office	$ 3,600.00	$ -	$ 3,600.00	$ 3,600.00	$ -	$ 3,600.00	$ -	$ -	$ -
6. Travel	$ 25,036.00	$ -	$ 25,036.00	$ 25,036.00	$ -	$ 25,036.00	$ -	$ -	$ -
7. Occupancy	$ 264,000.00	$ -	$ 264,000.00	$ 264,000.00	$ -	$ 264,000.00	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 30,000.00	$ -	$ 30,000.00	$ 30,000.00	$ -	$ 30,000.00	$ -	$ -	$ -
Postage	$ 6,000.00	$ -	$ 6,000.00	$ 6,000.00	$ -	$ 6,000.00	$ -	$ -	$ -
Subscriptions	$ 6,000.00	$ -	$ 6,000.00	$ 6,000.00	$ -	$ 6,000.00	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ 38,400.00	$ -	$ 38,400.00	$ 38,400.00	$ -	$ 38,400.00	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 44,220.00	$ -	$ 44,220.00	$ 44,220.00	$ -	$ 44,220.00	$ -	$ -	$ -
10. Marketing/Communications	$ 9,600.00	$ -	$ 9,600.00	$ 9,600.00	$ -	$ 9,600.00	$ -	$ -	$ -
11. Staff Education and Training	$ 20,400.00	$ -	$ 20,400.00	$ 20,400.00	$ -	$ 20,400.00	$ -	$ -	$ -
12. Subcontracts/Agreements	$ 141,400.00	$ -	$ 141,400.00	$ 141,400.00	$ -	$ 141,400.00	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Journals/Publications	$ 12,500.00	$ -	$ 12,500.00	$ 12,500.00	$ -	$ 12,500.00	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 4,511,618.00**	**$ 951,949.48**	**$ 5,463,567.48**	**$ 4,455,050.00**	**$ 951,949.48**	**$ 5,406,999.48**	**$ 56,568.00**	**$ -**	**$ 56,568.00**
Indirect As A Percent of Direct		21.1%							

Date: 3/8/17

Contractor Initials: _____

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that HARBOR HOMES, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on February 15, 1980. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **62778**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 3rd day of April A.D. 2017.

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, David Aponovich, do hereby certify that:
(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of Harbor Homes, Inc.
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency duly held on May 8, 2017:
(Date)

RESOLVED: That the President + CEO
(Title of Contract Signatory)

is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 8th day of May, 2017.
(Date Contract Signed)

4. Peter Kelleher is the duly elected President + CEO
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

David J. Aponovich
(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE

County of Hillsborough

The forgoing instrument was acknowledged before me this 8th day of May, 2017,

By David Aponovich.
(Name of Elected Officer of the Agency)

William C. Martin
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

WILLIAM C. MARTIN
Justice of the Peace - New Hampshire
My Commission Expires November 4, 2020

Commission Expires: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/18/2017

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
Eaton & Berube Insurance Agency, Inc.
11 Concord Street
Nashua NH 03064

CONTACT NAME: Kimberly Gutekunst
PHONE (A/C, No, Ext): 603-882-2766 **FAX (A/C, No):**
E-MAIL ADDRESS: kgutekunst@eatonberube.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hanover Insurance	
INSURER B : Philadelphia Insurance Companies	
INSURER C : Great Falls Insurance Co	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
HARHO
Harbor Homes, Inc
45 High Street
Nashua NH 03060

COVERAGES **CERTIFICATE NUMBER:** 1929928191 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY** X COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR X Abuse GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [X] LOC	Y		ZBV9707147	7/1/2016	7/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$1,000,000 $1,000,000 $10,000 $1,000,000 $3,000,000 $3,000,000 $
A	**AUTOMOBILE LIABILITY** [ ] ANY AUTO [ ] ALL OWNED AUTOS [X] SCHEDULED AUTOS X HIRED AUTOS [X] NON-OWNED AUTOS			AHV9706003	7/1/2016	7/1/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$1,000,000 $ $ $ $
A	X **UMBRELLA LIAB** X OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 0			UHV970913303	7/1/2016	7/1/2017	EACH OCCURRENCE AGGREGATE $	$5,000,000 $5,000,000 $
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below			WCD0936040016	11/26/2016	11/26/2017	WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000
A B A	Professional Liability Management Liability Crime			L1VA966006 PHSD1049831 BMVA101342	7/1/2016 7/1/2016 7/1/2016	7/1/2017 7/1/2017 7/1/2017	$1,000,000 $1,000,000 $510,000	$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Named Insureds:
Harbor Homes, Inc. - FID# 020351932
Harbor Homes II, Inc.
Harbor Homes III, Inc.
Healthy at Homes, Inc. -FID# 043364080
Milford Regional Counseling Service, Inc. -FID# 222512360
See Attached...

CERTIFICATE HOLDER

State of New Hampshire
Department of Health and Human Services
129 Pleasant St
Concord NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Marc R Berube

AGENCY CUSTOMER ID: HARHO

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Eaton & Berube Insurance Agency, Inc.	Harbor Homes, Inc 45 High Street Nashua NH 03060
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Southern New Hampshire HIV/AIDS Task Force -FID# 020447280
Welcoming Light, Inc. -FID# 020481648
HH Ownership, Inc.
Greater Nashua Council on Alcoholism dba Keystone Hall -FID# 222558859

77 Northeastern Blvd
Nashua, NH 03062
www.harborhomes.org

HARBOR HOMES, INC.

Phone: 603-882-3616
603-881-8436
Fax: 603-595-7414

A Beacon for the Homeless for Over 30 Years

EQUAL HOUSING OPPORTUNITY

Mission Statement

To create and provide quality residential and supportive services for persons (and their families) challenged by mental illness and homelessness.

HARBOR HOMES, INC.

Financial Statements

For the Year Ended June 30, 2016

(With Independent Auditors' Report Thereon)

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MELANSONHEATH
ACCOUNTANTS • AUDITORS
years

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Harbor Homes, Inc.

Report on the Financial Statements

We have audited the accompanying financial statements of Harbor Homes, Inc., which comprise the statement of financial position as of June 30, 2016, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of

expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Harbor Homes, Inc. as of June 30, 2016, and the changes in net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited Harbor Homes, Inc.'s fiscal year 2015 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated December 10, 2015. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2015 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated November 2, 2016 on our consideration of the Harbor Homes, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Harbor Homes Inc.'s internal control over financial reporting and compliance.

Melanson Heath

November 2, 2016

HARBOR HOMES, INC.

Statement of Financial Position

June 30, 2016

(With Comparative Totals as of June 30, 2015)

	2016	2015
ASSETS		
Current Assets:		
Cash and cash equivalents	$ 80,962	$ 191,326
Investments	8,890	10,299
Accounts receivable, net	862,339	1,020,434
Patient services receivables, net	448,468	290,292
Due from related organizations	180,466	90,703
Prepaid expenses	160,913	66,069
Total Current Assets	1,742,038	1,669,123
Noncurrent Assets:		
Property and Equipment, net of accumulated depreciation	19,139,795	20,069,439
Restricted deposits and funded reserves	382,783	346,027
Due from related organizations	318,617	318,935
Beneficial interest	143,756	149,503
Deferred compensation plan	100,591	91,937
Total Noncurrent Assets	20,085,542	20,975,841
Total Assets	$ 21,827,580	$ 22,644,964
LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accounts payable	$ 233,806	$ 448,625
Accrued expenses	789,127	720,016
Due to related organizations	-	109,364
Line of credit	100,100	733,319
Deferred revenue	256,659	2,259
Current portion of capital leases payable	47,985	43,126
Current portion of mortgages payable	256,680	201,707
Total Current Liabilities	1,684,357	2,258,416
Long Term Liabilities:		
Security deposits	31,953	42,494
Deferred compensation plan	107,215	91,937
Capital leases payable, net of current portion	13,446	61,431
Mortgages payable, tax credits	100,323	121,367
Mortgages payable, net of current portion	6,932,311	7,191,180
Mortgages payable, deferred	5,217,096	5,332,834
Total Long Term Liabilities	12,402,344	12,841,243
Total Liabilities	14,086,701	15,099,659
Unrestricted Net Assets	7,593,742	7,498,125
Temporarily Restricted Net Assets	147,137	47,180
Total Net Assets	7,740,879	7,545,305
Total Liabilities and Net Assets	$ 21,827,580	$ 22,644,964

The accompanying notes are an integral part of these financial statements.

HARBOR HOMES, INC.

Statement of Activities

For the Year Ended June 30, 2016

(With Comparative Totals for the Year Ended June 30, 2015)

	Unrestricted Net Assets	Temporarily Restricted Net Assets	2016 Total	2015 Total
Public Support and Revenue:				
Public Support:				
Federal grants	$ 2,758,968	$ -	$ 2,758,968	$ 3,343,768
State, local, and other grants	3,824,837	-	3,824,837	2,354,114
Contributions	141,631	343,000	484,631	444,890
Fundraising events	20,885	-	20,885	1,522
Net assets released from restriction	243,043	(243,043)	-	-
Total Public Support	6,989,364	99,957	7,089,321	6,144,294
Revenue:				
Department of Housing and Urban Development	2,940,896	-	2,940,896	2,872,237
Veterans Administrative grants	2,303,049	-	2,303,049	2,464,140
Contracted services	328,802	-	328,802	1,008,778
Patient services revenues, net	1,736,275	-	1,736,275	893,197
Medicaid - Federal and State, net	1,292,782	-	1,292,782	820,177
Rent and service charges, net	381,691	-	381,691	438,744
Other fees and miscellaneous	292,972	-	292,972	212,486
Other patient revenues	-	-	-	144,598
Outside rent	122,508	-	122,508	110,841
Management fees	36,960	-	36,960	35,478
Investment income/(loss)	(5,792)	-	(5,792)	2,708
Gain (loss) on disposal of fixed assets	-	-	-	332,618
Total Revenue	9,430,143	-	9,430,143	9,336,002
Total Public Support and Revenue	16,419,507	99,957	16,519,464	15,480,296
Expenses:				
Program	15,156,854	-	15,156,854	13,331,133
Administration	2,119,583	-	2,119,583	1,772,573
Fundraising	264,974	-	264,974	380,786
Total Expenses	17,541,411	-	17,541,411	15,484,492
Legal settlement, net (see Note 23)	1,119,434	-	1,119,434	-
Debt forgiveness	98,087	-	98,087	-
Change in net assets	95,617	99,957	195,574	(4,196)
Net Assets, Beginning of Year	7,498,125	47,180	7,545,305	7,549,501
Net Assets, End of Year	$ 7,593,742	$ 147,137	$ 7,740,879	$ 7,545,305

The accompanying notes are an integral part of these financial statements.

HARBOR HOMES, INC.

Statement of Functional Expenses

For the Year Ended June 30, 2016

(With Comparative Totals for the Year Ended June 30, 2015)

	Program	Administration	Fundraising	2016 Total	2015 Total
Expenses:					
Accounting fees	$ -	$ 54,671	$ -	$ 54,671	$ 45,104
Advertising and promotion	4,135	6,194	124	10,453	5,921
Client expenses	196,185	-	-	196,185	237,585
Conferences, conventions, and meetings	53,193	1,426	299	54,918	25,639
Contract labor	261,391	-	16,018	277,409	289,589
Employee benefits	788,486	283,854	28,452	1,100,792	1,054,204
Grants	157,542	75	-	157,617	257,722
Information technology	158,019	32,889	33	190,941	148,414
Insurance	114,177	6,049	158	120,384	100,407
Interest	402,980	41,781	808	445,569	457,853
Legal fees	17,710	88,063	-	105,773	25,677
Management fees	-	11,624	-	11,624	10,518
Occupancy	5,674,641	79,130	3,651	5,757,422	4,447,022
Office expenses	146,474	43,912	2,915	193,301	206,997
Operational supplies	152,903	5,611	317	158,831	138,653
Other expenses	14,512	24,782	34,267	73,561	75,683
Payroll taxes	419,716	93,011	7,475	520,202	491,165
Professional fees	112,652	43,158	3,592	159,402	280,980
Salaries and wages	5,405,757	1,169,882	158,687	6,734,326	6,040,999
Security deposits	143,902	-	-	143,902	140,307
Staff development and expenses	16,966	3,839	224	21,029	86,768
Travel	57,575	1,999	354	59,928	50,160
Total Expenses Before Depreciation	14,298,916	1,991,950	257,374	16,548,240	14,617,367
Depreciation and amortization	857,938	127,633	7,600	993,171	867,125
Total Functional Expenses	$ 15,156,854	$ 2,119,583	$ 264,974	$ 17,541,411	$ 15,484,492

The accompanying notes are an integral part of these financial statements.

HARBOR HOMES, INC.

Statement of Cash Flows

For the Year Ended June 30, 2016

(With Comparative Totals for the Year Ended June 30, 2015)

	2016	2015
Cash Flows From Operating Activities:		
Change in net assets	$ 195,574	$ (4,196)
Adjustments to reconcile change in net assets to net cash from operating activities:		
Depreciation and amortization	993,171	867,125
(Gain)/loss on disposal of fixed assets	-	(332,618)
(Gain)/loss on beneficial interest	5,747	(1,299)
Debt forgiveness	(98,087)	-
(Increase) Decrease In:		
Accounts receivable	158,095	(11,333)
Patient services receivable	(158,176)	138,594
Promises to give	-	50,000
Prepaid expenses	(94,844)	(37,494)
Increase (Decrease) In:		
Accounts payable	(214,819)	(151,424)
Accrued expenses	69,111	15,340
Deferred revenue	254,400	(74)
Other liabilities	6,624	(13,783)
Net Cash Provided by Operating Activities	1,116,796	518,838
Cash Flows From Investing Activities:		
Restricted deposits and funded reserves	(36,756)	(25,736)
Security deposits	(10,541)	965
Proceeds from sale of fixed assets	-	395,370
Purchase of fixed assets	(63,527)	(868,311)
Purchase of investments	-	(10,299)
Sale of investments	1,409	-
Net Cash Used by Investing Activities	(109,415)	(508,011)
Cash Flows From Financing Activities:		
Borrowings from line of credit	110,100	1,564,496
Payments on line of credit	(743,319)	(1,232,045)
Payments on long term borrowings	(285,717)	(238,228)
Net change in due to/from related organizations	(198,809)	(84,118)
Net Cash Used by Financing Activities	(1,117,745)	10,105
Net Increase (Decrease) in Cash and Cash Equivalents	(110,364)	20,932
Cash and Cash Equivalents, Beginning of Year	191,326	170,394
Cash and Cash Equivalents, End of Year	$ 80,962	$ 191,326
Supplemental disclosures of cash flow information:		
Interest paid	$ 445,423	$ 457,717
Non-cash financing activities	$ -	$ 132,000
Debt forgiveness	$ 98,087	$ -

The accompanying notes are an integral part of these financial statements.

1. Organization:

Harbor Homes, Inc. (the Organization) is a nonprofit organization that creates and provides quality residential and supportive services for persons (and their families) challenged by mental illness and/or homelessness in the State of New Hampshire. Programs include mainstream housing, permanent housing, transitional housing, and emergency shelter, as well as comprehensive support services that include peer support programs, job training, a paid employment program, and social and educational activities.

In addition to housing and supportive services, the Organization runs a health care clinic that is a Federally Qualified Health Center (FQHC) offering primary medical services to the homeless and/or low-income individuals.

2. Summary of Significant Accounting Policies:

The following is a summary of significant accounting policies of the Organization used in preparing and presenting the accompanying financial statements.

Comparative Financial Information

The accompanying financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with Accounting Principles Generally Accepted in the United States of America (GAAP). Accordingly, such information should be read in conjunction with the audited financial statements for the year ended June 30, 2016, from which the summarized information was derived.

Accounting for Contributions and Financial Statement Presentation

The Organization follows *Accounting for Contributions Received and Contributions Made* and *Financial Statements of Not-for-Profit Organizations* as required by the Financial Accounting Standards Board Accounting Standards Codification (FASB ASC). Under these guidelines, the Organization is required to distinguish between contributions that increase permanently restricted net assets, temporarily restricted net assets, and unrestricted net assets. It also requires recognition of contributions, including contributed services, meeting certain criteria at fair values. These reporting standards establish standards for financial statements of not-for-profit

organizations and require a Statement of Financial Position, a Statement of Activities, a Statement of Functional Expenses, and a Statement of Cash Flows.

Basis of Accounting

Revenues and expenses are reported on the accrual basis of accounting. Under this basis, revenues, other than contributions, and expenses are reported when incurred, without regard to the date of receipt or payment of cash. Contributions are reported in accordance with FASB ASC *Accounting for Contributions Received and Contributions Made*.

Restricted and Unrestricted Revenue

Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets, depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statement of Activities as net assets released from restrictions.

Cash and Cash Equivalents

For purposes of the Statement of Cash Flows, the Organization considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents.

Investments

The Organization carries investments in marketable securities with readily determinable fair values and all investments in debt securities at their fair values in the Statement of Financial Position. Unrealized gains and losses are included in the change in net assets in the accompanying Statement of Activities.

Allowance for Doubtful Accounts

The adequacy of the allowance for doubtful accounts for receivables is reviewed on an ongoing basis by the Organization's management and adjusted as required through the provision for doubtful accounts (bad debt expense). In determining the amount required in the allowance, management has taken into account a variety of factors.

Patient Services Receivables, Net

Patient services receivables result from the health care services provided by the Organization's Federally Qualified Health Care Center. Additions to the allowance for doubtful accounts result from the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance for doubtful accounts. The amount of the allowance for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage, and other indicators.

For receivables associated with services provided to patients who have third-party coverage, which includes patients with deductible and copayment balances due for which third-party coverage exists for part of the bill, the Organization analyzes contractually due amounts and provides an allowance for doubtful collections and a provision for doubtful collections, if necessary. For receivables associated with self-pay patients, the Organization records a significant provision for doubtful collections in the period of service on the basis of its past experience, which indicates that many patients are unable to pay the portion of their bill for which they are financially responsible. The difference between the billed rates and the amounts actually collected after all reasonable collections efforts have been exhausted is charged off against the allowance for doubtful collections. The Organization has not changed its financial assistance policy in 2016. The Organization does not maintain a material allowance for doubtful collections from third-party payors, nor did it have significant write-offs from third-party payors.

Property and Equipment

Property and equipment is recorded at cost or, if donated, at estimated fair market value at the date of donation. Major additions and improvements are capitalized, while ordinary maintenance and repairs are charged to expense. Depreciation is provided using the straight-line method over the estimated useful lives of the related assets. Assets not in service are not depreciated.

Patient Service Revenues, Net

Patient service revenues, net is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered. Self-pay revenue is recorded at published charges with charitable allowances deducted to arrive at net self-pay revenue. All other patient services revenue is recorded at published charges with contractual allowances deducted to arrive at patient services, net. Reimbursement rates are subject to revisions under the provisions of reimbursement regulations. Adjustments for such revisions are recognized in the fiscal year incurred. Included in third-party receivables are the outstanding uncompensated care pool payments.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Since the Organization does not pursue collection of amounts determined to qualify as charity care, these amounts are reported as deductions from revenue (see Note 25).

Functional Expenses

The costs of providing various programs and activities have been summarized on a functional basis in the Statement of Activities and in the Statement of Functional Expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Donated Services

The Organization receives donated services from a variety of unpaid volunteers assisting the Organization in its programs. No amounts have been recognized in the accompanying statement of activities because the criteria for recognition of such volunteer effort under generally accepted accounting principles have not been satisfied.

Contributions of donated services that create or enhance nonfinancial assets or that require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation, are recorded at their fair values in the period received.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual amounts could differ from those estimates.

Tax Status

Harbor Homes, Inc. is exempt from federal income tax under Section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(3). The Organization has also been classified as an entity that is not a private foundation within the meaning of Section 509(a) and qualifies for deductible contributions.

The Organization follows FASB ASC 740-10, *Accounting for Uncertainty in Income Taxes*, which clarifies the accounting for uncertainty in income

taxes and prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return. FASB ASC 740-10 did not have a material impact on the Organization's financial statements.

The Organization's Federal Form 990 (Return of Organization Exempt From Income Tax) is subject to examination by the IRS, generally for three years after they were filed.

The Organization recognizes interest related to unrecognized tax benefits in interest expense and penalties that are included within reported expenses. During the year ended June 30, 2016, the Organization had no interest or penalties accrued related to unrecognized tax benefits.

Reclassifications

Certain accounts in the prior year financial statements have been reclassified for comparative purposes to conform to the presentation in the current year financial statements.

3. Concentration of Credit Risk - Cash and Cash Equivalents:

The carrying amount of the Organization's deposits with financial institutions was $463,745 at June 30, 2016. The difference between the carrying amount and the bank balance represents reconciling items such as deposits in transit and outstanding checks, which have not been processed by the bank at June 30, 2016. The bank balance is categorized as follows:

Insured by FDIC	$ 577,016
Insured by SIPC	970
Total Bank Balance	$ 577,986

4. Investments:

The Organization's investments are reported on the basis of quoted market prices and consist of the following at June 30, 2016:

	Cost	Market Value	Unrealized Gain or (Loss) To Date
Stocks	$ 8,890	$ 8,890	$ -
Total	$ 8,890	$ 8,890	$ -

5. Receivables, Net:

Accounts receivable at June 30, 2016 consists of the following:

	Receivable	Allowance	Net
Grants	$ 699,014	$ -	$ 699,014
Medicaid	59,271	-	59,271
Other	67,229	-	67,229
Residents	108,263	(74,177)	34,086
Security deposits	2,739	-	2,739
Total	$ 936,516	$ (74,177)	$ 862,339

Patient accounts receivable, related to the Organization's federally qualified health care center, consisted of the following at June 30, 2016:

	Receivable	Allowance	Net
Medicaid	$ 336,379	$ (92,737)	$ 243,642
Medicare	70,942	(888)	70,054
Other	268,500	(133,728)	134,772
Total	$ 675,821	$ (227,353)	$ 448,468

6. Due From Related Organizations:

Due from related organizations represents amounts due to Harbor Homes, Inc. from related entities whereby common control is shared with the same Board of Directors (See Note 20). These balances exist because certain receipts and disbursements of the related organizations flow through the Harbor Homes, Inc. main operating cash account. The related organizations and their balances at June 30, 2016 are as follows:

Current:	
Healthy at Home	$ 52,208
Southern NH HIV/AIDS Task Force	7,941
Greater Nashua Council on Alcoholism	88,464
HH Ownership, Inc.	18,161
Harbor Homes III, Inc.	13,692
Subtotal current	180,466
Noncurrent:	
Milford Regional Counseling Services, Inc.	40,324
Harbor Homes II, Inc.	125,305
Welcoming Light, Inc.	152,988
Subtotal noncurrent	318,617
Total	$ 499,083

Although management believes the above receivables to be collectible, there is significant risk that the noncurrent portion may not be.

7. Prepaid Expenses:

Prepaid expenses consist of the following items:

Prepaid deposits	$ 78,884
Prepaid HRA	62,610
Prepaid other	19,419
Total	$ 160,913

8. Property, Equipment and Depreciation:

A summary of the major components of property and equipment is presented below:

Land	$ 1,747,190
Land improvements	12,290
Buildings	16,130,760
Building improvements	6,013,576
Software	443,476
Vehicles	211,878
Furniture and fixtures	148,622
Equipment	372,116
Dental equipment	141,716
Medical equipment	58,022
Subtotal	25,279,646
Less: accumulated depreciation	(6,139,851)
Total	$ 19,139,795

Depreciation expense for the year ended June 30, 2016 totaled $993,171.

The estimated useful lives of the depreciable assets are as follows:

Assets	Years
Land improvements	15
Buildings and improvements	10 - 40
Software	3
Vehicles	3
Furniture and fixtures	5 - 7
Equipment and medical equipment	5 - 7

9. Restricted Deposits and Funded Reserves:

Restricted deposits and funded reserves consist of escrow accounts and reserves which are held for various purposes. The following is a summary of the restricted accounts:

Security deposits	$ 28,949
Reserve for replacements	349,466
Residual receipt deposits	4,368
Total	$ 382,783

Security deposits held will be returned to tenants when they vacate. Reserve for replacement accounts are required by the Department of Housing and Urban Development (HUD) and the City of Nashua and are used for the replacement of property with prior approval. Residual receipt deposits are required by the Department of Housing and Urban Development and are to be used at the discretion of HUD.

10. Beneficial Interest:

The Organization has a beneficial interest in the Harbor Homes, Inc. Fund (the Fund), a component fund of the New Hampshire Charitable Foundation's (the Foundation) Nashua Region. The Organization will receive distributions from the Fund based on a spending allocation, which is a percentage of the assets set by the Foundation and reviewed annually. The current spending percentage is 4.5% of the market value (using a 20-quarter average) of the Fund. At June 30, 2016, the value of the fund was $143,756.

11. Accrued Expenses:

Accrued expenses include the following:

Mortgage interest	$ 2,328
Payroll and related taxes	293,486
Compensated absences - vacation time	444,852
Compensated absences - personal time	48,461
Total	$ 789,127

12. Line of Credit:

At June 30, 2016, the Organization had a $1,000,000 of credit available from TD Bank, N. A. due February 28, 2017, secured by all assets. The Organization is required, at a minimum, to make monthly interest payments to

TD Bank, N. A. at the bank's base rate plus 1% adjusted daily. As of June 30, 2016, the credit line had an outstanding balance of $100,100 at an interest rate of 4.50%.

13. Deferred Revenue:

In 2016, the Organization entered an agreement with the State of New Hampshire to request a portion of the subsequent month's rent, in advance, for cash flow purposes. Deferred revenue represents July 2016 rents requested and advanced from the State of New Hampshire in June 2016.

14. Security Deposits:

Security deposits are comprised of tenant security deposits and other miscellaneous deposits. Tenant security deposits are held in a separate bank account in the name of the Organization. These deposits will be returned to residents when they leave the facility. Interest will be returned to residents who have had over one year of continuous tenancy.

15. Capital Leases:

The Organization is the lessee of certain equipment under a capital lease expiring in November of 2017. Future minimum lease payments under this lease are as follows:

Year	Amount
2017	$ 47,985
2018	13,446
Total	$ 61,431

At June 30, 2016, equipment of $132,000, net of amortization of $8,800, related to this capital lease.

16. Mortgages Payable, Tax Credits:

Mortgages payable, tax credits consist of a mortgage payable to the Community Development Finance Authority through the Community Development Investment Program, payable through the sale of tax credits to donor organizations, maturing in 2020, secured by real property located at 59 Factory Street in Nashua, NH. This amount is amortized over ten years at zero percent interest. The amount due at June 30, 2016 is $100,323.

17. Mortgages Payable:

Mortgages payable as of June 30, 2016 consisted of the following:

A mortgage payable to Merrimack County Savings Bank, due in monthly installments of $7,879, including principal and interest at an adjustable rate of for the initial ten years based on the then prevailing 10/30 Federal Home Loan Bank Amortizing Advance Rate plus 3.00% and resetting in year 11 based on the then prevailing 10/20 Federal Home Loan Bank Amortizing Advance Rate plus 3.00%, maturing in 2043, secured by real property located at 335 Somerville Street in Manchester, NH.	$ 1,178,370
A mortgage payable to Merrimack County Savings Bank, due in monthly installments of $6,193, including principal and interest at an adjustable rate of 4.57% for twenty years, maturing in 2043, secured by real property located at 335 Somerville Street in Manchester, NH.	1,163,073
A mortgage payable to Merrimack County Savings Bank, due in monthly installments of $7,768, including principal and interest at 7.05%, maturing in 2040, secured by real property located at 59 Factory Street in Nashua, NH.	1,078,572
A mortgage payable to Merrimack County Savings Bank, due in monthly installments of $6,391, including principal and interest at 6.75%, maturing in 2031, secured by real property located at 45 High Street in Nashua, NH.	673,666
A mortgage payable to Merrimack County Savings Bank, due in monthly installments of $5,126, including principal and interest at 6.97%, maturing in 2036, secured by real property located at 46 Spring Street in Nashua, NH.	663,735
A mortgage payable to Merrimack County Savings Bank, due in monthly installments of $3,996, including principal and interest at 4.75%, maturing in 2036, secured by real property located at 46 Spring Street in Nashua, NH.	623,110
A mortgage payable to TD Bank, due in monthly installments of $5,387, including principal and interest at 7.27%, maturing in 2025, secured by real property located on Maple Street in Nashua, NH.	422,816
A mortgage payable to Merrimack County Savings Bank, due in monthly installments of $2,692, including principal and interest at 4.75%, maturing in 2040, secured by real property located at 59 Factory Street in Nashua, NH.	464,812

(continued)

(continued)

A mortgage payable to Merrimack County Savings Bank, due in monthly installments of $2,077, including principal and interest at 5.57% for the first five years, then adjusting in June 2015, 2020, 2025, and 2030 to the Federal Home Loan Bank Community Development Advance Rate in effect, plus 2.75%, maturing in 2035, secured by real property located at 189 Kinsley Street in Nashua, NH.	292,426
A mortgage payable to Mascoma Savings Bank, fsb., due in monthly installments of $1,731, including principal and interest at 7.00% maturing in 2036, secured by real property located at 7 Trinity Street in Claremont, NH.	225,359
A mortgage payable to the Department of Housing and Urban Development, due in monthly installments of $2,385, including principal and interest at 9.25%, maturing in 2022, secured by real property located at 3 Winter Street in Nashua, NH.	134,099
A mortgage payable to Merrimack County Savings Bank, due in monthly installments of $1,144, including principal and interest at a variable rate (5.61% at June 30, 2012), maturing in 2029, secured by real property located at 24 Mulberry Street in Nashua, NH.	123,753
A mortgage payable to Merrimack County Savings Bank, due in monthly installments of $779, including principal and interest at 7.20% for the first five years, then adjusting in April 2012, 2017, 2022, 2027, and 2032 to the Federal Home Loan Bank Community Development Advance Rate in effect, plus 225 basis points, maturing in 2037, secured by real property located at 4 New Haven Drive, Unit 202 in Nashua, NH.	96,438
A mortgage payable to Merrimack County Savings Bank, due in monthly installments of $1,283, including principal and interest at 3.73%, maturing in 2035, secured by real property located at 59 Factory Street in Nashua, NH.	48,762
Total	7,188,991
Less amount due within one year	(256,680)
Mortgages payable, net of current portion	$ 6,932,311

The following is a summary of future payments on the previously mentioned long-term debt.

Year	Amount
2017	$ 256,680
2018	224,455
2019	235,277
2020	249,072
2021	263,737
Thereafter	5,959,770
Total	$ 7,188,991

18. Mortgages Payable, Deferred:

The Organization has deferred mortgages outstanding at June 30, 2016 totaling $5,217,096. These loans are not required to be repaid unless the Organization is in default with the terms of the loan agreements or if an operating surplus occurs within that program.

Several of these loans are special financing from the New Hampshire Housing Finance Authority (NHHFA) to fund specific projects. These notes are interest free for thirty years with principal payments calculated annually at the discretion of the lender.

The following is a list of deferred mortgages payable at June 30, 2016:

City of Manchester:	
Somerville Street property	$ 300,000
Total City of Manchester	300,000
City of Nashua:	
Factory Street property	580,000
Spring Street property	491,000
High Street fire system	65,000
Total City of Nashua	1,136,000
Federal Home Loan Bank (FHLB):	
Factory Street property	400,000
Somerville Street property	400,000
Spring Street property	398,747
Total FHLB	1,198,747
NHHFA:	
Factory Street property	1,000,000
Spring Street property*	550,000
Charles Street property	32,349
Somerville Street property	1,000,000
Total NHHFA	2,582,349
Total Mortgages Payable, Deferred	$ 5,217,096

* During fiscal year 2016, the Organization was out of compliance with the income eligibility terms of the loan agreement due to a tenant obtaining a higher income wage after entrance to the program. The lender is aware of the noncompliance and it is expected that this temporary noncompliance will be resolved when the specific tenant moves out.

19. Temporarily Restricted Net Assets:

Temporarily restricted net assets are available for the following purposes at June 30, 2016:

Purpose		Amount
Above and beyond	$	600
Art supplies		750
Claremont		15,000
Client transportation		1,826
Christmas gifts		400
Dalianis bricks		735
Dentrix		10,000
Gilmore Center		39,332
Operation brightside		2,000
PEC		108
People's United grant		8,250
SCOAP		2,205
Software		50,553
Standdown		2,325
Thanksgiving		978
Veterans computers		5,630
Unitarian Church end homelessness		6,445
Total	$	147,137

Net assets were released from restrictions by incurring expenses satisfying the restricted purpose or by the passage of time.

20. Transactions with Related Parties:

The Organization's clients perform janitorial services for Harbor Homes HUD I, II and III, Inc., Welcoming Light, Inc., Milford Regional Counseling Services, Inc., Healthy at Home, Inc., Greater Nashua Council on Alcoholism, and Southern NH HIV/AIDS Task Force, related organizations. These services are billed to the related organizations and reported as revenues in the accompanying financial statements.

The Organization currently has several contracts with Healthy at Home, Inc. to receive various skilled nursing services, CNA services and companion services for its clients. All of the contracts are based on per diem fees, ranging from $16 per hour for companion services to $100 per visit for skilled nursing services.

During the year, the Organization rented office space, under tenant at will agreements, to Southern NH HIV/AIDS Task Force, Greater Nashua Council on Alcoholism, and Healthy at Home, Inc., related parties. The rental income under these agreements totaled $32,696, $23,136 and $54,336, respectively, for fiscal year 2016.

Harbor Homes, Inc. receives management fees from the related HUD projects.

The Organization is considered a commonly controlled organization with several related entities by way of its common board of directors. However, management feels that the principal prerequisites for preparing combined financial statements are not met, and therefore more meaningful separate statements have been prepared.

The following are the commonly controlled organizations:

Harbor Homes II, Inc.
Harbor Homes III, Inc.
HH Ownership, Inc.
Welcoming Light, Inc.
Milford Regional Counseling Services, Inc.
Healthy at Home, Inc.
Greater Nashua Council on Alcoholism
Southern NH HIV/AIDS Task Force

21. Deferred Compensation Plans:

The Organization maintains a 403(b) retirement plan. Upon meeting the eligibility criteria, employees can contribute a portion of their wages to the plan. The Organization matches a percentage of the employee contribution based on years of service. Total matching contributions paid by the Organization for the year ended June 30, 2016 were $235,265.

The Organization maintains a deferred compensation plan for certain employees and directors (the "SA Plan"). The deferred compensation liability under the SA Plan was $107,215 as of June 30, 2016 and was recorded as a long-term liability. This liability is offset by a corresponding long-term asset.

22. Concentration of Risk:

The Organization received revenue as follows:

Federal grants	$	17%
State, local, and other agencies		23%
Department of Housing and Urban Development		18%
Department of Veterans Affairs		14%
Medicaid		8%
All other support and revenue		20%
Total	$	100%

23. Legal Settlement, Net:

In 2011, the State of New Hampshire removed the ability to bill for certain Medicaid services and the Organization filed suit. The Organization settled with the State in 2015 and was awarded $1,350,000 in fiscal year 2016. The settlement was received net of legal fees.

24. Fair Value Measurements:

FASB ASC, *Fair Value Measurements*, provides guidance for using fair value to measure assets and liabilities. *Fair Value Measurements* applies whenever other standards require or permit assets or liabilities to be measured at their fair market value. The standard does not expand the use of fair value in any new circumstances. Under *Fair Value Measurements*, fair value refers to the price that would be received from the sale of an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. *Fair Value Measurements* clarifies the principle that fair value should be based on the assumptions market participants would use when pricing the asset or liability and establishes a fair value hierarchy that prioritizes the information used to develop those assumptions.

Under *Fair Value Measurements*, the Organization categorizes its fair value estimates based on a hierarchical framework associated with three levels of price transparency utilized in measuring financial instruments at fair value. Classification is based on the lowest level of input that is significant to the fair value of the instrument. The three levels are as follows:

- Level 1 - Quoted prices (unadjusted) in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. The types of financial instruments included in Level 1 are highly liquid instruments with quoted prices;

- Level 2 - Inputs from active markets, other than quoted prices for identical instruments, are used to model fair value. Significant inputs are directly observable from active markets for substantially the full term of the asset or liability being valued; and

- Level 3 - Pricing inputs significant to the valuation are unobservable. Inputs are developed based on the best information available; however, significant judgment is required by management in developing the inputs.

The estimated fair value of the Organization's financial instruments is presented in the following table:

	Carrying Value	Fair Value	Level One	Level Two	Level Three
Investments	$ 8,890	$ 8,890	$ 8,890	$ -	$ -
Due from related organizations	499,083	499,083	-	-	499,083
Beneficial interest	143,756	143,756	-	-	143,756
Deferred compensation plan	100,591	100,591	100,591	-	-
Total assets	$ 752,320	$ 752,320	$ 109,481	$ -	$ 642,839
Line of credit	$ 100,100	$ 100,100	$ -	$ 100,100	$ -
Capital leases payable	61,431	61,431	-	61,431	-
Mortgages payable, tax credits	100,323	100,323	-	-	100,323
Mortgages payable	7,188,991	7,188,991	-	7,188,991	-
Mortgages payable, deferred	5,217,096	5,217,096	-	5,217,096	-
Total liabilities	$ 12,667,941	$ 12,667,941	$ -	$ 12,567,618	$ 100,323

	Fair Value Measurements Using Significant Unobservable Inputs Level 3			
	Due from related organizations	Beneficial Interest	Due to related organizations	Mortgages Payable, Tax Credits
Beginning balance June 30, 2015	$ 409,638	$ 149,503	$ 109,364	$ 121,367
Advances	505,581	-	151,998	-
Reductions	(416,136)	(5,747)	(261,362)	(21,044)
Ending balance June 30, 2016	$ 499,083	$ 143,756	$ -	$ 100,323

25. Patient Service Revenue, Net:

The Organization recognizes patient services revenue associated with services provided to patients who have Medicaid, Medicare, third-party payor, and managed care plans coverage on the basis of contractual rates for services rendered. For uninsured self-pay patients that do not qualify for charity care, the Organization recognizes revenue on the basis of its standard rates for services provided or on the basis of discounted rates if negotiated or provided by the Organization's policy. Charity care services are computed using a sliding fee scale based on patient income and family size. On the basis of historical experience, a significant portion of the Organization's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Organization records a provision for bad debts related to uninsured patients in the period the services are provided.

The Organization accepts patients regardless of their ability to pay. A patient is classified as a charity patient by reference to certain established policies, which define charity services as those costs for which no payment is anticipated. The Organization uses federally established poverty guidelines to assess the level of discount provided to the patient. The Organization is required to provide a full discount to patients with annual incomes at or below 100% of the poverty guidelines, but may charge a nominal copay. If the patient is unable to pay the copay, the amount is written off to charity care. All patients are charged in accordance with a sliding fee discount program based on household size and household income. No discounts may be provided to patients with incomes over 200% of federal poverty guidelines.

Patient services revenue, net of provision for bad debts and contractual allowances and discounts, consists of the following:

	2016				2015
	Gross Charges	Contractual Allowances	Charitable Care Allowances	Net Patient Service Revenue	Net Patient Service Revenue
Medicaid	$ 1,881,339	$ (721,905)	$ -	$ 1,159,434	$ 676,037
Medicare	581,152	(334,815)	-	246,337	145,904
Third-party	915,313	(486,832)	-	428,481	121,007
Sliding fee/free care	188,069	-	(130,794)	57,275	13,929
Self-pay	215,915	-	(75,503)	140,412	123,384
Subtotal	3,781,788	(1,543,552)	(206,297)	2,031,939	1,080,261
Provision for bad debts				(295,664)	(187,064)
Total				$ 1,736,275	$ 893,197

26. Rent Expense:

The Organization has multiple grants requiring the payment of rents on behalf of the consumer. Rent expense totaling approximately $5.0m is comprised of leases held in the Organization's name and the responsibility of the Organization, leases in consumers' names, or rents paid as client assistance.

27. Contingencies:

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations is subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time. Government activity continues to increase with respect to investigations and allegations concerning possible violations by healthcare providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments for patient service previously billed. Management is not aware of any material incidents of noncompliance; however, the possible future financial effects of this matter on the Organization, if any, are not presently determinable.

28. Subsequent Events:

In accordance with the provisions set forth by FASB ASC, *Subsequent Events*, events and transactions from July 1, 2016 through November 2, 2016, the date the financial statements were available to be issued, have been evaluated by management for disclosure.

On August 17, 2016, the Organization entered into a revolving line of credit agreement. Under this agreement, $500,000 is available to the Organization to provide for working capital requirements through February 18, 2017.

HARBOR HOMES, INC. AND AFFILIATES BOARD OF DIRECTORS

(Harbor Homes, Inc., HH Ownership, Inc., Welcoming Light, Inc., Healthy At Home, Inc., Milford Regional Counseling Services, Inc., Greater Nashua Council on Alcoholism, Inc., Southern NH HIV Task Force)

David Aponovich - (6/19)
[redacted]
(2nd term +)

Asst. Treasurer
- (Finance Committee)
- (Facilities Committee)
- (Executive Committee)
[redacted]

Jack Balcom - **(6/18)**
[redacted]
(1st term)

- (Facilities Committee)
[redacted]

Vijay Bhatt - [redacted]
[redacted]
(1st term)

vbhatt@comcast.net

Vincent Chamberlain - **(6/18)**
[redacted]
(2nd term)

- (Executive Committee)
[redacted]

Dr. Vijay Dav'e - **(6/18)**
[redacted]
(1st term)

- (HCC Oversight Committee)
[redacted]

Laurie Des Rochers - **(6-18)**
[redacted]
(2nd term)

- (Facilities Committee)
[redacted]

Phil Duhaime - (6/17)
[redacted]
(1st term)

- (Governance Committee)
- (Executive Committee)
[redacted]

Jared Freilich - [redacted]
[redacted]
(1st term)

[redacted]

Nathan Goodwin - (6-19)
[redacted]
(2nd term)

- (Governance Committee)
- (RDP Committee)
[redacted]

Joel Jaffe - (6-17)
[redacted]
(1st term)

Secretary
- (Executive Committee)
[redacted]

Lynn King - (6-19)
[redacted]
(2nd term)

Chair of the Board
- (Chair, RDP Committee)
[redacted]

Ed McDonough - (6/19)
[redacted]
(1st term)

[redacted]

Naomi Moody - (6/19)
[redacted]
(2nd term)

- (Ade Moody Fund Annual Fundraising Campaign)
[redacted]

Rick Plante - (6/17)
[redacted]
(1st term)

- (Chair, Facilities Committee)
- (RDP Committee)
[redacted]

Phil Richard - (6-17)
[redacted]
(1st term)

- (Facilities Committee)
- (Chair, Governance Committee)
[redacted]

Dan Sallet - (6-17)
[redacted]
(2nd term)

Treasurer
- (Chair, Finance Committee)
[redacted]

Revised 02/2017

HARBOR HOMES, INC. AND AFFILIATES BOARD OF DIRECTORS

(Harbor Homes, Inc., HH Ownership, Inc., Welcoming Light, Inc., Healthy At Home, Inc., Milford Regional Counseling Services, Inc., Greater Nashua Council on Alcoholism, Inc., Southern NH HIV Task Force)

Trent Smith - (6/18)

[redacted]

Vice Chair

- (Chair Executive Committee)
- (Chair, HCC Oversight Committee)
- (RDP Committee)

trentasmith@yahoo.com

PETER J. KELLEHER, CCSW, LICSW
45 High Street
Nashua, NH 03060
Telephone: (603) 882-3616
Fax: (603) 595-7414
E-mail: p.kelleher@harborhomes.org

PROFESSIONAL EXPERIENCE

2006-Present **President & CEO, Southern NH HIV Task Force**
2002-Present **President & CEO, GNCA, Inc. Nashua, NH**
1997-Present **President & CEO, Healthy At Home, Inc., Nashua, NH**
1995-Present **President & CEO, Milford Regional Counseling Services, Inc., Milford, NH**
1995-Present **President & CEO, Welcoming Light, Inc., Nashua, NH**
1982-Present **President & CEO, Harbor Homes, Inc., Nashua, NH**
Currently employed as chief executive officer for nonprofit corporation (and affiliates) providing residential, supported employment, and social club services for persons with long-term mental illness and/or homeless. Responsible for initiation, development, and oversight of 33 programs comprising a $10,000,000 operating budget; proposal development resulting in more than $3,000,000 in grants annually; oversight of 330 management and direct care professionals.

2003-2006 **Consultant**
Providing consultation and technical assistance throughout the State to aid service and mental health organizations

1980 - 1982 **Real Estate Broker, LeVaux Realty, Cambridge, MA**
Successful sales and property management specialist.

1979 - 1980 **Clinical Coordinator, Task Oriented Communities, Waltham, MA**
Established and provided comprehensive rehabilitation services to approximately 70 mentally ill/ mentally retarded clients. Hired, directly supervised, and trained a full-time staff of 20 residential coordinators. Developed community residences for the above clients in three Boston suburbs. Provided emergency consultation on a 24-hour basis to staff dealing with crisis management in six group homes and one sheltered workshop. Administrative responsibilities included some financial management, quality assurance, and other accountability to state authorities.

1978 - 1979 **Faculty, Middlesex Community College, Bedford, MA**
Instructor for an introductory group psychotherapy course offered through the Social Work Department.

1977 - 1979 **Senior Social Worker/Assistant Director, Massachusetts Tuberculosis Treatment Center II, a unit of Middlesex County Hospital, Waltham, MA**
Functioned as second in command and chief clinical supervisor for eight interdisciplinary team members, and implemented a six-month residential program for individuals afflicted with recurring tuberculosis and alcoholism. Provided group and individual therapy, relaxation training.

1976 **Social Worker, Massachusetts Institute of Technology, Out-Patient Psychiatry, Cambridge, MA**
Employed in full-time summer position providing out patient counseling to individuals and groups of the MIT community.

1971 - 1976 **Program Counselor/Supervisor, Massachusetts Institute of Technology, MIT/Wellesley College Upward Bound Program, Cambridge and Wellesley, MA**
Major responsibilities consisted of psycho educational counseling of Upward Bound students, supervision of tutoring staff, teaching, conducting evaluative research for program policy development.

EDUCATIONAL EXPERIENCE

1975 - 1977 Simmons College School of Social Work, Boston, MA
Cambridge-Somerville Community Mental Health Program, MSW

1971 - 1975 Clark University, Worcester, MA. Received Bachelor of Arts Degree in Psychology

LICENSES AND CERTIFICATIONS

1979 Licensed Real Estate Broker – Massachusetts

1989 Academy of Certified Social Workers – NASW

1990 Licensed Independent Clinical Social Worker - Massachusetts

1994 State of New Hampshire Certified Clinical Social Worker, MA LICSW

PLACEMENTS

1976 - 1977 Cambridge Hospital, In-Patient Psychiatry, Cambridge, MA
Individual, group, and family counseling to hospitalized patients.

1975 - 1976 Massachusetts Institute of Technology, Social Service Department, Cambridge, MA
Similar to above.

FIELD SUPERVISION

1983 - 1984 Antioch/New England Graduate School, Department of Professional Psychology, Keene, NH
1983 - 1984 Rivier College, Department of Psychology, Nashua, NH
1990 – 1991 Rivier College, Department of Psychology, Nashua, NH
1978 - 1979 Middlesex Community College, Social Work Associates Program, Bedford, MA

AWARDS

- Valedictorian Award received at high school graduation;
- National Institute of Mental Health Traineeship in Social Work
- University of New Hampshire Community Development 2003 Community Leader of the Year
- NAMI NH 2007 Annual Award for Systems Change
- Peter Medoff AIDS Housing Award 2007

MEMBERSHIPS

Former Chair, Governor's State Interagency Council on Homelessness/New Hampshire Policy Academy
Former Chair, Greater Nashua Continuum of Care
National Association of Social Workers
Board Member, Greater Nashua Housing & Development Foundation, Inc.
Former Member, Rotary Club, Nashua, NH

Patricia A. Robitaille, CPA
45 Sycamore Street
Hudson, NH 03051

TEL: 603 831-1038

PROFILE

- 12 years experience in Public Accounting
- Management experience
- Diversified industry exposure
- Counselor and mentor
- Training experience
- Knowledge of multiple computer programs
- Excellent client rapport
- Tax preparation experience

PROFESSIONAL EXPERIENCE

Jan. 2009-Present ***Vice President of Finance*** Harbor Homes, Inc. and Affiliates

Jan. 2007 – Oct. 2008 ***Audit Manager*** Ernst Young LLP, Manchester, NH

- Managed audits of private corporations with revenues up to $200 million
- Assisted as manager of audits for public corporations with revenues up to $400 million
- Reviewed and assisted preparation of financial statements, 10Q quarterly filings and 10K annual filings
- Analyzed and reviewed internal control under Section 404 of the Sarbanes Oxley Act
- Prepared management comments in conjunction with material weakness or significant deficiencies

Jun. 1997 – Jan. 2007 ***Audit Supervisor*** Melanson Heath & Company, P.C., Nashua, NH

- Supervise/train various teams for commercial, not-for-profit, and municipal audits and agreed upon procedures
- Audit services include balance sheet reconciliation including inventory control
- Preparation and presentation of financial statements
- Preparation of management comment letters for internal quality improvement
- Assist clients with all aspects of accounting
- Preparation of budgets and cash forecasting
- Consulting services to clients including maximization of profits
- Extensive corporate tax preparation experience

1993 – 1997 ***Accounting/Office Manager*** Hammar Hardware Company, Nashua, NH

- Management of a five-person staff
- Oversaw accounts receivable, accounts payable and general ledger reconciliation
- Responsible for inventory management, preparation for year-end audit and collaboration with external auditors
- Prepared monthly internal financial statements
- Responsible for payroll including quarterlies and year-end reporting

EDUCATION

1988-1991 Rivier College, Nashua, NH – Bachelor of Science, Accounting

OTHER ACHIEVEMENTS

Licensed Certified Public Accountant in the State of New Hampshire
Member of the New Hampshire Society of Certified Public Accountants
Member of the American Institute of Certified Public Accountants

SOFTWARE EXPERIENCE

Excel, Word, Powerpoint, Pro-Fx Tax software, Pro-Fx Trial balance software, Quickbooks, Peachtree, T-Value, various auditing software programs

CAROL J. FURLONG, LCMHC, MAC, MBA

11 Pinetree Lane
Merrimack, New Hampshire 03054
(603) 429-3124

SKILLS / ABILITIES / ACHIEVEMENTS PROFILE

Administration: Seasoned professional with progressive experience in diverse healthcare and educational environments, including operations, budget control, marketing, quality assurance, risk management, utilization review, facility design and management, human resources, and strategic planning.

Management: Self-starter with strong planning, controlling, organizing and leadership skills. Effectively manages resources and ensures compliance with established policies and procedures. Skilled in identifying and troubleshooting problem areas and implementing solutions. Developed comprehensive Quality Management program. Restructured billing, triage and customer service systems resulting in improved productivity and efficiency. Extensive managed care experience.

Human Resources: Skilled in recruiting, interviewing and selecting top personnel. Effective trainer, develops staff abilities to full potential. Motivates and retains employees using the mentor approach. Managed and supervised training and development of 100 personnel. Knowledgeable regarding multicultural issues. Effectively trained and prepared counseling professionals.

Communication: Articulate speaker and effective negotiator. Writes with strength, clarity and style. Natural ability to work with others. Consistently develops good rapport with staff, professionals, staff managers and community. Works well as part of a team or independently. Wrote and published several training and procedural manuals.

PROFESSIONAL EXPERIENCE

VICE PRESIDENT OF OPERATIONS **2005-present**
Harbor Homes, Inc.
Senior management position overseeing residential and administrative staff of approximately 250 employees and coordinating a continuum of service delivery for the mentally ill and homeless and other populations. Develops and updates program plans, assures monitoring of implementation and develops/implements corrective actions as indicated. Provides education/consultation to staff, other agencies or community groups. Provides direct or indirect supervision to a clinical staff of 40 approximately Program Managers and MIMS workers. Assures quality/appropriateness of critical aspects of care through ingoing monitoring.

DIRECTOR OF COMMUNITY SUPPORT SERVICES DEPARTMENT **2003 – 2005**
Community Council of Nashua Nashua, NH
Develops and updates program plans, assures monitoring of implementation and develops/implements corrective actions as indicated. Provides education/consultation to staff, other agencies or community groups. Provides supervision to a clinical staff of approximately 40 therapists, case managers and MIMS workers. Develops Regional Planning of adult services. Assures quality/appropriateness of critical aspects of care through ingoing monitoring.

DIRECTOR OF OUTCOMES & SYSTEM IMPROVEMENT **1999-2003**
Community Council of Nashua Nashua, NH
Developed and maintains a Quality Management Program complying with NCQA and JCAHO standards. Monitored and supervised utilization review, evaluating the medical necessity, case management and continuation of care. Developed effective medical records protocols. Directs training and development function for the agency. Coordinated efforts resulting in highly successful JCAHO survey. Coordinates Customer Service and complaints process.

ADJUNCT FACULTY **1990-2005**
Rivier College Nashua, NH
Graduate Counseling Program – Instruct graduate counseling students in a variety of courses to include Group Therapy, Counseling Techniques, Substance Abuse Counseling,, Clinical Assessment, Marriage & Family Therapy, and Prescriptive Behavioral Management Techniques. Have facilitated several Independent Study courses in a variety of topics.

PRIVATE PRACTICE **1999-Present**
Nashua, NH
Maintains private practice of approximately 40 clients. Coordinates care with primary care physicians and others. Coordinates treatment with managed care companies.

DIRECTOR OF REGIONAL BEHAVIORAL HEALTH QM **1997-1999**
The Hitchcock Clinic **Bedford, NH**
Developed and maintained a Quality Management Program complying with NCQA standards for four Behavioral Health sites. Developed and implemented program expansion. Identified staffing requirements and facilitated subsequent downsizing to ensure cost effectiveness. Liaison between the Clinic and insurance plans. Monitored and supervised utilization review for the Southern Region, evaluating the medical necessity, case management and continuation of care. Recommended by insurance reviewers to other organizations for consultation services in order to assist these agencies in their compliance processes. Developed effective medical records protocols.

COORDINATOR OF MULTICULTURAL COUNSELING PROGRAM **1998-1999**
Rivier College Nashua, NH
Coordinates the Bilingual/Multicultural Counseling Program in both guidance counseling and mental health fields. Recruits and advises professional students from local multicultural agencies. Developing a diversity-training program for use in area schools and businesses to enhance multicultural awareness. Instructor in Graduate Counseling Program.

CLINICAL DIRECTOR **1990-1997**
The Hitchcock Clinic Nashua, NH
Developed and implemented program policies and procedures. Managed FTE and budgetary control while providing effective leadership to the staff. Improved out-referral system, while reducing out-referral expenditures. Developed cooperative collaboration measures with insurers' UM Departments. Supervised a staff of thirty employees. Senior member of the Regional Management Team, and also a member of the Nashua Medical Group Board of Governors.

PROGRAM DIRECTOR **1988-1990**
Partial Hospitalization Program, Brookside Hospital Nashua, NH
Developed program components, structure, policies and procedures. Implemented FTE and budgetary control and supervised treatment staff. Initiated referral network and maintained marketing and referral relationships within the Greater Nashua community. Facilitated groups, provided case management and individual counseling including initial assessments. Monitored case management and utilization review processes with insurers.

PROGRAM DIRECTOR – SUBSTANCE ABUSE CLINIC **1985-1988**
Department of the Army West Germany
Developed comprehensive preventive substance abuse program. Coordinated efforts with schools, civic organizations, civilian agencies and military organizations in order to integrate preventive education efforts. Supervised clinical and support staff of two treatment clinics. Maintained referral relationships with commanders.

ARMY COMMUNITY SERVICE DIRECTOR **1983-1985**
Department of the Army West Germany
Developed comprehensive community support agency. Responsible for staffing and budgetary concerns. Composed informational publications, prepared financial and statistical reports and submitted budget requests to the U. S. government for agency funding. Responsible for FAP (Family Advocacy Program).

EDUCATION

MASTERS OF BUSINESS ADMINISTRTION DEGREE
IN HEALTHCARE ADMINISTRATION - 2001
Rivier College, Nashua

MASTERS OF SCIENCE IN EDUCATION (COUNSELING) - 1986
University of Southern California

BACHELORS IN EDUCATION (SPECIAL EDUCATION) –1974
Westfield State College, Westfield, MA

LICENSES AND CERTIFICATIONS

LICENSED CLINICAL MENTAL HEALTH COUNSELOR
New Hampshire License #100 – 1998

MASTERS ADDICTION COUNSELOR CERTIFICATION
1997

Graciela Silvia Sironich-Kalkan MD.

Present Mailing Address
10 Tether Rd.
Bedford, NH 03110
Home Phone: 603-413-6570
Mobile Phone: 857-204-6636
ssironich@comcast.net

Alternative Mailing Address
The Doctor's Office
102 Bay Street
Manchester, NH 03104
Tel 603-625-1724
Fax 603-625-1230

Medical Education

Universidad de Buenos Aires
Ciudad Autónoma de Buenos Aires
Argentina
MD, 12/21/1979

School Awards & Membership in Honorary/ Professional Societies

Cardiology Argentine Society: 1982-1986 associated member
Azcuenaga 980, Ciudad Autonoma de Buenos Aires, Argentina.
Intensive Care Argentine Society: 1985-1992 associated member 1992-1997Board's Member
Cnel. Niceto Vega 4617, Ciudad Autónoma de Buenos Aires, Argentina.
Argentine Association of Enteral and Parenteral Nutrition: 1983-1997, Founder and Board's Member
Lavalle 3643 3F Ciudad Autónoma de Buenos Aires, Argentina.
Biologic's Security Committee Navy Hospital: 1985-1997 Board's Member 1986-1997
Patricias Argentinas 351, Ciudad Autónoma de Buenos Aires, Argentina.

Certifications / Licensure

NPI: 1760751531

State of New Hampshire Full License 2/1/2012 to 6/30/2014 # 15553
DEA Registration: FS 2954851
State of New Hampshire Temporary License Date 11/02/2011 to 5/12/2012 #T0566
State of Massachusetts Limited License #222359 Exp. Date 06/30/2005
DEA Registration#AS4148501E136,
ACLS Certification
U.S.M.L.E/ E.C.F.M.G: 08/27/2001

Argentina:
Pan-American & Iberic Federation of Intensive Care Medicine. Degree of Certification in Critical Care Medicine. Diploma of Accreditation, Lisbon, Portugal 1995.
National Academy of Medicine, Ciudad Autónoma de Buenos Aires, Argentina. Certification of Professional Physicians as Critical Care Specialist. 1993.
Certificate of Specialist Argentine Society of Critical Care, Ciudad Autónoma de Buenos Aires, Argentina. 1993
Specialist in Critical Care, Ministry of Health and Social Security, Federal District, Ciudad Autonoma de Buenos Aires, Argentina. 1991.
National License: #58049 October Active1980-March 1997 Book 17, Page 18
Province of Buenos Aires School 2nd District: #28446 08/1980 Book XI page192
Avellaneda, Province of Buenos Aires, Argentina.

Work Experience:

The Doctor's office:
102 Bay Street, Manchester, NH 03104
General Practice, November 2011-present.

American Red Cross Massachusetts Bay Chapter:
139 Main St Cambridge, MA 02142-1530
Health and Safety: Part Time Instructor in English and Spanish in CPR/AED Adults, Children, Infants and First Aid. 06/2011–present.

The Doctor's Office:
102 Bay Street, Manchester, NH 03104
First Line Theraphy Lifestyle Educator, Coach. 05/2011-present.

Caritas Saint Elizabeth's Medical Center.
736 Cambridge Street, Brighton, MA.02135
Department of Internal Medicine: Observer 03/2003- 12/2003

Laurence General Hospital,
1 General Street, Lawrence, MA. 01842

Observer, shadowing an Attending Neurologist 11/2002- 03/2003

Hewlett Packard, Medical Division
3000 Minuteman Rd, Andover MA. 01810
Medical Consultant for Latin America Field Operations 09/1997-12/1999

Navy Hospital Major Surgeon Pedro Mallo.
Patricias Argentinas 351, Ciudad Autónoma de Buenos Aires, Argentina.
Chief Surgical Care Unit
Clinic and administrative management of the Unit. Instructor for medical students and residents. 01/92—03/97

Colegiales Clinic
Conde 851, Ciudad Autónoma de Buenos Aires, Argentina
Critical Care Coordinator.
Contributed of the management of the Unit. Coordinator of Critical Care actualization courses. 07/1991-061993

Clinica Modelo Los Cedros.
San Justo, Provincia de Buenos Aires, Argentina
Chief, Intensive Care Unit
Clinic and administrative Management of the Unit. 07/1990-06/1991

Nephrologic Medical Center Oeste.
Ciudadela, Provincia de Buenos Aires, Argentina.
Attending Physician, Hemodialysis Unit. 02/1987-08/1988

Navy Hospital Major Surgeon Pedro Mallo.
Patricias Argentinas 351, Ciudad Autónoma de Buenos Aires, Argentina.
Attending Physician, Critical Care Unit. 07/1984-01/1992

Navy Hospital Major Surgeon Pedro Mallo.
Patricias Argentinas 351, Ciudad Autónoma de Buenos Aires, Argentina.
On call Physician, Coronary Care Unit. 01/84-071984

Bazterrica Clinic
Juncal 3002, Ciudad Autónoma de Buenos Aires, Argentina.
On call Physician, Critical Care Unit.09/1980-12/1987

Residencies/Fellowships

Caritas Saint Elizabeth's Medical Center

736 Cambridge St, Brighton, MA, 02135 United States of America.
General Surgery. 07/2004-06/2005
Marvin Lopez M.D. FACS, FRCSC.
Hackford Alan M.D.

University of Salvador
Post Graduate School of medicine
Tucumán 1845/59, Ciudad Autónoma de Buenos Aires, Argentina.
Universitary Extension Critical Care 05/1983-12/1984
Professor Eduardo Abbate MD, Course Director, Professor Luis J Gonzalez Montaner MD, Dean of School of Medicine

Carlos Durand Hospital
Cardiology Division
Díaz Vélez 5044, Ciudad Autónoma de Buenos Aires, Argentina
Cardiology-Internal Medicine. 03/1982-06/1984
Alberto Demartini MD., Professor German Strigler MD.

Ignacio Pirovano Hospital
Monroe 3555, Ciudad Autónoma de Buenos Aires, Argentina.
Internal Medicine. 03/1981-02/1982
Professor Navarret MD. Professor Cottone MD. 03 / 1981 - 02 / 1982

City of Buenos Aires Municipality
City of Buenos Aires Hospitals
Critical Care Units
Annual Course of theory and practice in Critical Care.
Professor Francisco Maglio MD., Claudio Goldini MD., Roberto Menendez MD.,Professor Roberto Padron MD. 03/1980-02/1981

Publications/ Presentations/Poster Sessions

Graciela Silvia Sironich, Biochemistry Faculty, UBA. Nutrition Department and Mater Dei, Nutrition in acute pancreatitis, Publication Date: 09 / 1999, Volume: 1, Pages: 235; 242.

Bazaluzzo J M; Sironich Graciela; Catalano H.; Quiroga J. La Prensa Medica Argentina, Nutritional Evaluation by anthropometric method. Publication Date: 11 / 1992, Volume: N/A.

Sironich Graciela; Catalano H.; Milei L.; Lancestremere M. Magazine XXIV Annual Meeting of the Argentine Society of Clinical Investigation. Sodium and plasmatic osmolarity variations in neurosurgical patients. Publication Date: 11 / 1989 , Volume: 1 /1989, Pages: N/A.

Volunteer Experience

American Red Cross Nashua Gateway Chapter
28 Concord Street, Nashua, NH 03064
Health and safety: CPR/AED for Adults, Children, Infants and First Aid Instructor. 04-2011-present.

American Cancer Society
Collaborated with 2009 Annual Fund
2009 Supporter, NH.

Spanish Hospital,
Belgrano 2975, Ciudad Autónoma de Buenos Aires, Argentina. 01209
Oncology Department, Voluntary Physician 01/1980-07/1980

Spanish Hospital,
Belgrano 2975, Ciudad Autónoma de Buenos Aires, Argentina. 01209
Emergency Room Volunteer. 03/1079-03/1980

Evita General Hospital,
Rio de Janeiro 1910, Lanús, Provincia de Buenos Aires, Argentina.
Emergency Room Volunteer. 09/1974-12/1974

Dr Jose Estevez Psychiatric Hospital,
Garibaldi 1400, Temperley, Provincia de Buenos Aires, Argentina.
Volunteer. 08/1972-07/1973

Hobbies & Interests

Travel
Reading fiction, nonfiction and history
Theater
Cooking

Language Fluency (other than English)
Spanish

Other Accomplishments.

New Hampshire Governor's Commission on Latino Affairs. Member of the Board. 05/ 2010-present. Secretary 11/2010-present
FLT Lifestyle Educator Certification. March 2011
American Red Cross Gateway Chapter: CPR/AED for Professional Rescuers and Healthcare providers Instructor Certification 04/08/2011
American Red Cross Gateway Chapter: CPR/AED for Adults, Child, Infant; First Aid Lay responder Certification. 03/21/2011
Fundamentals of Instructor Training Certification 03/21/2011

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Peter Kelleher	President & CEO	$188,280	0%	$0
Patricia Robitaille	VP of Finance	$130,000	0%	$0
Carol Furlong	VP of Operations	$120,000	2%	$2,400
Graciella Silvia Sironich-Kalkan	Medical Director	$208,000	5%	$10,400

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services
improving health, preventing disease, reducing costs for all

Nicholas A. Toumpas
Commissioner

Marcella Jordan Bobinsky
Acting Director

G&C APPROVED
Date: 6/24/15
Item #58

June 1, 2015

Her Excellency, Governor Margaret Wood Hassen
And the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **sole source** amendments with the vendors listed in the table below for the provision of primary care services, breast and cervical cancer screening services and screening, brief intervention and referral to treatment for alcohol and drug misuse by increasing the total price limitation by $8,986,056 from $10,143,156 to $19,129,212 and extending the completion date from June 30, 2015 to June 30, 2017 upon Governor and Executive Council approval. 75.2% General Funds / 24.8% Federal Funds

The original contract, approved in 2012, included a two (2) year renewal option. The Department exercised a one (1) year renewal in 2014. The Department is now seeking to extend the contracts for two (2) two additional years through these sole source amendments. The Governor and Executive Council approved the original contracts and subsequent amendments as follows:

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Ammonoosuc Community Health Services, Inc. (177755-R001)	North Grafton/ South Coos	6/20/12 (Item #128)	5/8/14 (Item #34A)	$667,687	$540,879	$1,208,566
Concord Hospital, Inc. (177653-B011)	Merrimack/ Hillsborough	6/20/12 (Item #133)	5/8/14 (Item #34A)	$992,198	$788,937	$1,781,135
Coos County Family Health Services (155327-B001)	Eastern Coos	6/20/12 (Item #130)	5/8/14 (Item #34A)	$427,142	$371,229	$798,371
Families First of the Greater Seacoast (166629-B001)	Seacoast Area	6/20/12 (Item #134)	5/8/14 (Item #34A)	$624,540	$506,291	$1,130,831

Families First of the Greater Seacoast (166629-B001)	Seacoast Area - Homeless	6/6/12 (Item #69)	5/8/14 (Item #34B)	$218,537	$240,101	$458,638
Goodwin Community Health Center (154703-B001)	Strafford County	6/20/12 (Item #135)	5/8/14 (Item #34A)	$1,095,268	$825,647	$1,920,915
Harbor Homes (155358-B001)	Southern Hillsborough County - Homeless	6/6/12 (Item #68)	5/8/14 (Item #34B)	$225,045	$209,393	$434,438
Health First Family Care Center (158221-B001)	Central/East ern Belknap	6/20/12 (#131)	5/8/14 (Item #34)	$748,658	$586,113	$1,334,771
Indian Stream Health Center (165274-B001)	Northern Coos	6/20/12 (Item #125)	5/8/14 (Item #34A)	$259,157	$239,237	$498,394
Lamprey Health Care (177677-B001)	Central Southern/ Eastern NH	6/20/12 (Item #136)	5/8/14 (Item #34A)	$1,696,513	$1,299,195	$2,995,708
Manchester Community Health Center (157274-B001)	Greater Manchester	6/20/12 (Item #132)	5/8/14 (Item #34A)	$1,051,425	$1,435.139	$2,486,564
Manchester Health Department (177433-B009)	Greater Manchester - Homeless	6/20/12 (Item #124)	5/8/14 (Item #34B)	$232,205	$250,169	$482,374
Mid-State Health Center (158055-B001)	Central Northern Belknap	6/20/12 (Item #126)	5/8/14 (Item #34A)	$444,862	$406,811	$851,673
New London Hospital Association, Inc. (177167-R005)	Sullivan County	6/20/12 (Item #129)	5/8/14 (Item #34A)	$587,923	$487,419	$1,075,342
Weeks Medical Center (177171-R001)	Western Coos	7/11/12 (Item #31)	5/8/14 (Item #34A)	$292,483	$306,707	$599,190
White Mountain Community Health Center (174170-R001)	Northern Carroll	6/20/12 (Item #127)	5/8/14 (Item #34A)	$579,513	$492,789	$1,072,302
			Total:	**$10,143,156**	**$8,986,056**	**$19,129.212**

Funds are anticipated to be available in the following accounts for State Fiscal Years 2016 and in State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budgets with the ability to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified without further approval from the Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

Please see attachment for fiscal details.

EXPLANATION

These amendments are **sole source** because the Department is renewing the contracts for two (2) additional years after exercising a one (1) year renewal option in 2014 as allowable in Exhibit C, Special Provisions, paragraph 17 of the contracts, and adding to the scope of services for community health centers that provide primary care services, statewide.

This package includes sixteen (16) of sixteen (16) contracts being amended.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

Breast and cervical cancer screening services are provided as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap smears and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or

diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will add infrastructure to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will use funding to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. This request includes three (3) vendors who provide primary care and universal screening services to homeless individuals, who otherwise would have no access to health care. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, low-income individuals statewide may not have adequate access to primary care services. Some women may not receive recommended breast and cervical cancer screenings, which would increase their risk of having an untreatable stage of cancer. Additionally, undetected alcohol and drug misuse could result in increases of alcohol and drug related accidents and deaths, which would negatively impact NH citizens.

Area Served: Statewide.

Source of Funds: 75.2% General Funds

24.8% Federal Funds (CFDA #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse. FAIN #T1010035-14; CFDA #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds. FAIN # U58DP003930; CFDA #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States. FAIN #B04MC28113.)

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

Marcella Bobinsky
Acting Director
Division of Public Health Services

for Diane Langley
Acting Director
Division of Community Based Care Services

Approved by:
Nicholas A. Toumpas
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
7.2% Federal Funds and 92.8% General Funds (FAIN# B04MC28113)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	142,819	-	142,819
SFY 2014	102-500731	Contracts for Program Svcs	90080000	142,819	-	142,819
SFY 2014	102-500731	Contracts for Program Svcs	90080400	42,661		42,661
SFY 2015	102-500731	Contracts for Program Svcs	90080000	213,921	-	213,921
SFY 2016	102-500731	Contracts for Program Svcs	90080000		199,701	199,701
SFY 2017	102-500731	Contracts for Program Svcs	90080000		199,701	199,701
			Sub-Total	$542,220	$399,402	$941,622

Concord Hospital, Inc., Vendor # 177653-B011

Fiscal Year	185480	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	215,637	-	215,637
SFY 2014	102-500731	Contracts for Program Svcs	90080000	215,637	-	215,637
SFY 2014	102-500731	Contracts for Program Svcs	90080400	64,413		64,413
SFY 2015	102-500731	Contracts for Program Svcs	90080000	322,992	-	322,992
SFY 2016	102-500731	Contracts for Program Svcs	90080000		301,521	301,521
SFY 2017	102-500731	Contracts for Program Svcs	90080000		301,521	301,521
			Sub-Total	$818,679	$603,042	$1,421,721

Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	81,519	-	81,519
SFY 2014	102-500731	Contracts for Program Svcs	90080000	81,519	-	81,519
SFY 2014	102-500731	Contracts for Program Svcs	90080400	24,351		24,351
SFY 2015	102-500731	Contracts for Program Svcs	90080000	122,103	-	122,103
SFY 2016	102-500731	Contracts for Program Svcs	90080000		113,986	113,986
SFY 2017	102-500731	Contracts for Program Svcs	90080000		113,986	113,986
			Sub-Total	$309,492	$227,972	$537,464

Families First of the Greater Seacoast Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	140,243	-	140,243
SFY 2014	102-500731	Contracts for Program Svcs	90080000	140,243	-	140,243
SFY 2014	102-500731	Contracts for Program Svcs	90080400	41,892		41,892
SFY 2015	102-500731	Contracts for Program Svcs	90080000	210,063	-	210,063
SFY 2016	102-500731	Contracts for Program Svcs	90080000		196,099	196,099
SFY 2017	102-500731	Contracts for Program Svcs	90080000		196,099	196,099
			Sub-Total	$532,441	$392,198	$924,639

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Families First of the Greater Seacoast - Homeless Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	57,562	-	57,562
SFY 2014	102-500731	Contracts for Program Svcs	90080000	57,562		57,562
SFY 2014	102-500731	Contracts for Program Svcs	90080400	17,194		17,194
SFY 2015	102-500731	Contracts for Program Svcs	90080000	86,219		86,219
SFY 2016	102-500731	Contracts for Program Svcs	90080000		80,488	80,488
SFY 2017	102-500731	Contracts for Program Svcs	90080000		80,488	80,488
			Sub-Total	$218,537	$160,976	$379,513

Goodwin Community Health Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	248,712	-	248,712
SFY 2014	102-500731	Contracts for Program Svcs	90080000	248,712	-	248,712
SFY 2014	102-500731	Contracts for Program Svcs	90080400	74,293		74,293
SFY 2015	102-500731	Contracts for Program Svcs	90080000	372,533	-	372,533
SFY 2016	102-500731	Contracts for Program Svcs	90080000		347,769	347,769
SFY 2017	102-500731	Contracts for Program Svcs	90080000		347,769	347,769
			Sub-Total	$944,250	$695,538	$1,639,788

Harbor Homes, Inc. Vendor # 155358-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	59,276	-	59,276
SFY 2014	102-500731	Contracts for Program Svcs	90080000	59,276		59,276
SFY 2014	102-500731	Contracts for Program Svcs	90080400	17,706		17,706
SFY 2015	102-500731	Contracts for Program Svcs	90080000	88,787		88,787
SFY 2016	102-500731	Contracts for Program Svcs	90080000		82,884	82,884
SFY 2017	102-500731	Contracts for Program Svcs	90080000		82,884	82,884
			Sub-Total	$225,045	$165,768	$390,813

Health First Family Care Center, Vendor # 158221-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	187,367	-	187,367
SFY 2014	102-500731	Contracts for Program Svcs	90080000	187,367	-	187,367
SFY 2014	102-500731	Contracts for Program Svcs	90080400	55,968		55,968
SFY 2015	102-500731	Contracts for Program Svcs	90080000	280,648	-	280,648
SFY 2016	102-500731	Contracts for Program Svcs	90080000		261,991	261,991
SFY 2017	102-500731	Contracts for Program Svcs	90080000		261,991	261,991
			Sub-Total	$711,350	$523,982	$1,235,332

Indian Stream Health Center, Vendor #165274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	60,359	-	60,359
SFY 2014	102-500731	Contracts for Program Svcs	90080000	60,359	-	60,359
SFY 2014	102-500731	Contracts for Program Svcs	90080400	18,030		18,030
SFY 2015	102-500731	Contracts for Program Svcs	90080000	90,409	-	90,409
SFY 2016	102-500731	Contracts for Program Svcs	90080000		84,399	84,399
SFY 2017	102-500731	Contracts for Program Svcs	90080000		84,399	84,399
			Sub-Total	$229,157	$168,798	$397,955

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Lamprey Health Care, Inc., Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	401,151	-	401,151
SFY 2014	102-500731	Contracts for Program Svcs	90080000	401,151	-	401,151
SFY 2014	102-500731	Contracts for Program Svcs	90080400	119,828		119,828
SFY 2015	102-500731	Contracts for Program Svcs	90080000	600,864	-	600,864
SFY 2016	102-500731	Contracts for Program Svcs	90080000		560,921	560,921
SFY 2017	102-500731	Contracts for Program Svcs	90080000		560,921	560,921
			Sub-Total	$1,522,994	$1,121,842	$2,644,836

Manchester Community Health Center, Vendor # 157274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	239,002	-	239,002
SFY 2014	102-500731	Contracts for Program Svcs	90080000	239,002	-	239,002
SFY 2014	102-500731	Contracts for Program Svcs	90080400	71,392		71,392
SFY 2015	102-500731	Contracts for Program Svcs	90080000	357,989	-	357,989
SFY 2016	102-500731	Contracts for Program Svcs	90080000		636,144	636,144
SFY 2017	102-500731	Contracts for Program Svcs	90080000		636,144	636,144
			Sub-Total	$907,385	$1,272,288	$2,179,673

Manchester Health Department Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	$61,162		61,162
SFY 2014	102-500731	Contracts for Program Svcs	90080000	$61,162		61,162
SFY 2014	102-500731	Contracts for Program Svcs	90080400	$18,270		18,270
SFY 2015	102-500731	Contracts for Program Svcs	90080000	$91,611		91,611
SFY 2016	102-500731	Contracts for Program Svcs	90080000		$85,522	85,522
SFY 2017	102-500731	Contracts for Program Svcs	90080000		$85,522	85,522
			Sub-Total	$232,205	$171,044	$403,249

Mid-State Health Center, Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	117,175	-	117,175
SFY 2014	102-500731	Contracts for Program Svcs	90080000	117,175	-	117,175
SFY 2014	102-500731	Contracts for Program Svcs	90080400	35,001	-	35,001
SFY 2015	102-500731	Contracts for Program Svcs	90080000	175,511	-	175,511
SFY 2016	102-500731	Contracts for Program Svcs	90080000		163,843	163,843
SFY 2017	102-500731	Contracts for Program Svcs	90080000		163,843	163,843
			Sub-Total	$444,862	$327,686	$772,548

The New London Hospital, Inc., Vendor # 177167-R005

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	132,457	-	132,457
SFY 2014	102-500731	Contracts for Program Svcs	90080000	132,457	-	132,457
SFY 2014	102-500731	Contracts for Program Svcs	90080400	39,566		39,566
SFY 2015	102-500731	Contracts for Program Svcs	90080000	198,401		198,401
SFY 2016	102-500731	Contracts for Program Svcs	90080000		185,212	185,212
SFY 2017	102-500731	Contracts for Program Svcs	90080000	-	185,212	185,212
			Sub-Total	$502,881	$370,424	$873,305

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	69,137	-	69,137
SFY 2014	102-500731	Contracts for Program Svcs	90080000	69,137	-	69,137
SFY 2014	102-500371	Contracts for Program Svcs	90080400	20,652		20,652
SFY 2015	102-500731	Contracts for Program Svcs	90080000	103,557	-	103,557
SFY 2016	102-500731	Contracts for Program Svcs	90080000		96,673	96,673
SFY 2017	102-500731	Contracts for Program Svcs	90080000		96,673	96,673
			Sub-Total	$262,483	$193,346	$455,829

White Mountain Community Health Center, Vendor # 174170-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	134,913	-	134,913
SFY 2014	102-500731	Contracts for Program Svcs	90080000	134,913	-	134,913
SFY 2014	102-500731	Contracts for Program Svcs	90080400	40,300		40,300
SFY 2015	102-500731	Contracts for Program Svcs	90080000	202,079	-	202,079
SFY 2016	102-500731	Contracts for Program Svcs	90080000		188646	188,646
SFY 2017	102-500731	Contracts for Program Svcs	90080000		$188,646	188,646
			Sub-Total	$512,205	$377,292	$889,497
		Primary Care MCH	**TOTAL**	**$8,916,186**	**$7,171,598**	**$16,087,784**

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER
100% Federal Funds (FAIN #U58DP003930)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	32,608	-	32,608
SFY 2014	102-500731	Contracts for Program Svcs	90080081	32,608	-	32,608
SFY 2015	102-500731	Contracts for Program Svcs	90080081	30,251	-	30,251
SFY 2016	102-500731	Contracts for Program Svcs	90080081		21,176	21,176
SFY 2017	102-500731	Contracts for Program Svcs	90080081		21,176	21,176
			Sub-Total	$95,467	$42,352	$137,819

Concord Hospital, Inc., Vendor # 177653-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2014	102-500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2015	102-500731	Contracts for Program Svcs	90080081	53,385	-	53,385
SFY 2016	102-500731	Contracts for Program Svcs	90080081		53,385	53,385
SFY 2017	102-500731	Contracts for Program Svcs	90080081		53,385	53,385
			Sub-Total	$173,519	$106,770	$280,289

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services

Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2014	102-500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2015	102-500731	Contracts for Program Svcs	90080081	27,582	-	27,582
SFY 2016	102-500731	Contracts for Program Svcs	90080081		22,066	22,066
SFY 2017	102-500731	Contracts for Program Svcs	90080081		22,066	22,066
			Sub-Total	$87,650	$44,132	$131,782

Families First of the Greater Seacoast Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2014	102-500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2015	102-500731	Contracts for Program Svcs	90080081	32,031	-	32,031
SFY 2016	102-500731	Contracts for Program Svcs	90080081		35,234	35,234
SFY 2017	102-500731	Contracts for Program Svcs	90080081		35,234	35,234
			Sub-Total	$92,099	$70,468	$162,567

Goodwin Community Health Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	51,486	-	51,486
SFY 2014	102-500731	Contracts for Program Svcs	90080081	51,486	-	51,486
SFY 2015	102-500731	Contracts for Program Svcs	90080081	48,046	-	48,046
SFY 2016	102-500731	Contracts for Program Svcs	90080081		43,242	43,242
SFY 2017	102-500731	Contracts for Program Svcs	90080081		43,242	43,242
			Sub-Total	$151,018	$86,484	$237,502

Health First Family Care Center, Vendor # 158221-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2014	102-500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2015	102-500731	Contracts for Program Svcs	90080081	11,566	-	11,566
SFY 2016	102-500731	Contracts for Program Svcs	90080081		9,253	9,253
SFY 2017	102-500731	Contracts for Program Svcs	90080081		9,253	9,253
			Sub-Total	$37,308	$18,506	$55,814

Indian Stream Health Center, Vendor #165274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081			
SFY 2014	102-500731	Contracts for Program Svcs	90080081			
SFY 2015	102-500731	Contracts for Program Svcs	90080081			
SFY 2016	102-500731	Contracts for Program Svcs	90080081		10,677	10,677
SFY 2017	102-500731	Contracts for Program Svcs	90080081		10,677	10,677
			Sub-Total	$0	$21,354	$21,354

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Lamprey Health Care, Inc., Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2014	102-500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2015	102-500731	Contracts for Program Svcs	90080081	53,385	-	53,385
SFY 2016	102-500731	Contracts for Program Svcs	90080081		49,114	49,114
SFY 2017	102-500731	Contracts for Program Svcs	90080081		49,114	49,114
			Sub-Total	$173,519	$98,228	$271,747

Manchester Community Health Center, Vendor # 157274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	47,196	-	47,196
SFY 2014	102-500731	Contracts for Program Svcs	90080081	47,196	-	47,196
SFY 2015	102-500731	Contracts for Program Svcs	90080081	49,648	-	49,648
SFY 2016	102-500731	Contracts for Program Svcs	90080081		59,613	59,613
SFY 2017	102-500731	Contracts for Program Svcs	90080081		59,613	59,613
			Sub-Total	$144,040	$119,226	$263,266

The New London Hospital, Inc., Vendor # 177167-R005

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	29,175	-	29,175
SFY 2014	102-500731	Contracts for Program Svcs	90080081	29,175	-	29,175
SFY 2015	102-500731	Contracts for Program Svcs	90080081	26,692	-	26,692
SFY 2016	102-500731	Contracts for Program Svcs	90080081		18,685	18,685
SFY 2017	102-500731	Contracts for Program Svcs	90080081		18,685	18,685
			Sub-Total	$85,042	$37,370	$122,412

Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90080081		7,118	7,118
SFY 2017	102-500731	Contracts for Program Svcs	90080081		7,118	7,118
			Sub-Total	$0	$14,236	$14,236

White Mountain Community Health Center, Vendor # 174170-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2014	102-500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2015	102-500731	Contracts for Program Svcs	90080081	11,566	-	11,566
SFY 2016	102-500731	Contracts for Program Svcs	90080081		8,186	8,186
SFY 2017	102-500731	Contracts for Program Svcs	90080081		8,186	8,186
			Sub-Total	$37,308	$16,372	$53,680
			BCCP TOTAL	**$1,076,970**	**$675,498**	**$1,752,468**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-901010-5149 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001		-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001		-	-
			Sub-Total	$20,000	$0	20,000

Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000		10,000
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001			
SFY 2017	102-500731	Contracts for Program Svcs	90073001			
			Sub-Total	$20,000	$0	20,000

Indian Stream Health Center, Vendor #165274-B001 PO # 1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001			
SFY 2017	102-500731	Contracts for Program Svcs	90073001			
			Sub-Total	$20,000	$0	$20,000

Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001			
SFY 2017	102-500731	Contracts for Program Svcs	90073001			
			Sub-Total	$20,000	$0	$20,000

White Mountain Community Health Center, Vendor # 174170-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001			
SFY 2017	102-500731	Contracts for Program Svcs	90073001			
			Sub-Total	$20,000	$0	$20,000
		5149	**RHPC TOTAL**	**$100,000**	**$0**	**$100,000**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2016	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
SFY 2017	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
			Sub-Total	$10,000	$20,000	$30,000

Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-		-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2016	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
SFY 2017	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
			Sub-Total	$10,000	$20,000	$30,000

Indian Stream Health Center, Vendor #165274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2016	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
SFY 2017	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
			Sub-Total	$10,000	$20,000	$30,000

Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2016	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
SFY 2017	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
			Sub-Total	$10,000	$20,000	$30,000

White Mountain Community Health Center, Vendor # 174170-R001 PO # 1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2016	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
SFY 2017	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
			Sub-Total	$10,000	$20,000	$30,000
		7965	**RHPC TOTAL**	**$50,000**	**$100,000**	**$150,000**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES
100% Federal Funds (FAIN #T1010035-14)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	75,875	75,875
SFY 2017	102-500734	Contracts for Program Services	49156501		3,250	3,250
			Sub-Total	$0	$79,125	$79,125

Concord Hospital, Inc., Vendor # 177653-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	75,062.50	75,062.50
SFY 2017	102-500734	Contracts for Program Services	49156501		4,062.50	4,062.50
			Sub-Total	$0	$79,125	$79,125

Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	75,125	75,125
SFY 2017	102-500734	Contracts for Program Services	49156501		4,000	4,000
			Sub-Total	$0	$79,125	$79,125

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Families First of the Greater Seacoast Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	43,500	43,500
SFY 2017	102-500734	Contracts for Program Services	49156501		125	125
			Sub-Total	$0	$43,625	$43,625

Goodwin Community Health Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	43,500	43,500
SFY 2017	102-500734	Contracts for Program Services	49156501		125	125
			Sub-Total	$0	$43,625	$43,625

Health First Family Care Center, Vendor # 158221-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	41,594	41,594
SFY 2017	102-500734	Contracts for Program Services	49156501		2,031	2,031
			Sub-Total	$0	$43,625	$43,625

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Indian Stream Health Center, Vendor #165274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	24,960	24,960
SFY 2017	102-500734	Contracts for Program Services	49156501		4,125	4,125
						-
			Sub-Total	$0	$29,085	$29,085

Lamprey Health Care, Inc., Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	79,000	79,000
SFY 2017	102-500734	Contracts for Program Services			125	125
						-
			Sub-Total	$0	$79,125	$79,125

Manchester Community Health Center, Vendor # 157274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	43,125	43,125
SFY 2017	102-500734	Contracts for Program Services	49156501		500	500
			Sub-Total	$0	$43,625	$43,625

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Mid-State Health Center, Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	78,625	78,625
SFY 2017	102-500734	Contracts for Program Services	49156501		500	500
						-
			Sub-Total	$0	$79,125	$79,125

The New London Hospital, Inc., Vendor # 177167-R005

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	79,500	79,500
SFY 2017	102-500734	Contracts for Program Services	49156501		125	125
						-
			Sub-Total	$0	$79,625	$79,625

Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	75,063	75,063
SFY 2017	102-500734	Contracts for Program Services	49156501		4,063	4,063
						-
			Sub-Total	$0	$79,125	$79,125

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

White Mountain Community Health Center, Vendor # 174170-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	73,125	73,125
SFY 2017	102-500734	Contracts for Program Services	49156501		6,000	6,000
						-
			Sub-Total	$0	$79,125	$79,125

Families First of the Greater Seacoast (Homeless) Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	79,000	79,000
SFY 2017	102-500734	Contracts for Program Services	49156501		125	125
			Sub-Total	$0	$79,125	$79,125

Harbor Homes, Inc. Vendor # 155358-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	42,500	42,500
SFY 2017	102-500734	Contracts for Program Services	49156501		1,125	1,125
			Sub-Total	$0	$43,625	$43,625

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Manchester Health Department Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	78,000	78,000
SFY 2017	102-500734	Contracts for Program Services	49156501		1,125	1,125
			Sub-Total	$0	$79,125	$79,125
		2990	**CS TOTAL**	**$0**	**$1,038,960**	**$1,038,960**
			Total Funding	**$10,143,156**	**$8,986,056**	**$19,129,212**

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services for the Homeless Contract

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") dated this, 30th day of April, 2015 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Harbor Homes, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 45 High Street, Nashua, NH 03060.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 6, 2012 (Item #68) and amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34B), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, and Exhibit C, Special Provisions, Paragraph 17, the State may amend the contract terms and conditions and renew the contract for two (2) additional years by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for two additional years, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   June 30, 2017
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $434,438
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read:
   Eric D. Borrin
4. Form P-37, General Provisions, Item 1.10, State Agency Telephone Number, to read:
   (603) 271-9558
5. Delete Exhibit A, Scope of Services and Exhibit A-1 Amendment 1, Scope of Services and replace with Exhibit A – Amendment #2.
6. Delete Exhibit A-1 Amendment #1 - Performance Measures and replace with Exhibit A-1 Amendment #2 – Performance Measures.

7. Delete Exhibit B, Purchase of Services Contract Price and replace with Exhibit B – Amendment #2, Method and Conditions Precedent to Payment.
8. Add Exhibit B-1, Primary Care Budget Form through Exhibit B-4, SBIRT Budget Form.
9. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Period Covered by this Certification, to read:

   From 7/1/2012 to 6/30/2017
10. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read:

    July 1, 2012 through June 30, 2017
11. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

5/12/15
Date

NAME Brook Dupee
TITLE Bureau Chief

Harbor Homes, Inc.

5/13/15
Date

NAME
TITLE

Acknowledgement:

State of New Hampshire, County of Hillsborough on 5/13/15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Wendy Nichols, Notary

Name and Title of Notary or Justice of the Peace

WENDY A. NICHOLS NOTARY PUBLIC STATE OF NEW HAMPSHIRE MY COMMISSION EXPIRES JUNE 4, 2019

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/10/15
Date

Name: Megan A. Yeple
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. **Provisions Applicable to All Services**

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. The Contractor shall utilize flexible hours and minimal use of appointment systems to provide **primary care and enabling** services to homeless individuals and families through the use of permanent office based locations and/or mobile or temporary delivery locations.

1.5. The Contractor shall serve target populations that include individuals who:

1.5.1. Are uninsured.

1.5.2. Are underinsured.

1.5.3. Are low-income, which is defined as $\leq$ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5.4. Lack housing including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations.

1.5.5. Are residents in transitional housing.

1.5.6. Are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members may be considered homeless. \

1.5.7. Are to be released from a prison or a hospital who may also be considered homeless if they do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

Contractor Initials: [signature]
Date 5/13/15

1.6. The Contractor shall continue to provide primary care and enabling services to individuals described in Section 1.5.4 through Section 1.5.7 above for three hundred sixty-four (364) calendar days following the individual's placement in permanent housing.

1.7. The Contractor shall provide **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services to all individuals described in Section 1.4 through Section 1.6, above.

1.8. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.8.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.8.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.8.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or SBIRT Services for new patients is limited or closed for more than a one month period.

2.2. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

2.2.1. Family income.

2.2.2. Family size.

2.2.3. Income in relation to the Federal Poverty Guidelines.

2.3. The Contractor shall assist individuals with completing a Medicaid application when income calculations indicate possible Medicaid eligibility.

2.4. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.5. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.5.1. Update the sliding fee scale on an annual basis every when new Federal Poverty Guidelines are released.

2.5.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. These services can be

designed to meet the unique and identified needs of the homeless populations within the contracted service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.3. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.4. Assessment of need for:

3.1.4.1. Tobacco cessation, including referral to NH Quitworks, as appropriate.

3.1.4.2. Social services.

3.1.4.3. Nutrition services, including WIC, as appropriate.

3.1.4.4. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.2.2. Care facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health

3.2.3.2. Oral health.

3.2.3.3. Use of navigators and case management.

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

3.3. The Contractor may provide enabling services, if the budget allows, which are non-clinical services that support the delivery of basic primary care services and facilitate access to comprehensive patient care as well as social services. The Contractor can facilitate enabling services that include, but are not limited to:

3.3.1. Case management.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

3.4. The Contractor must elect to do at least one (1) quality improvement project which consists of systematic and continuous actions that lead to measurable improvements in health care services and the health status of targeted patient groups. The Contractor shall facilitate a minimum of one (1) quality improvement project that includes, but is not limited to:

3.4.1. Enhancing clinical workflow/improve patient outcomes by methods that may include, but are not limited to:

3.4.1.1. Alerts.

3.4.1.2. Guidelines.

3.4.1.3. Diagnostic support.

3.4.1.4. Patient registries.

3.4.1.5. Collaborative learning sessions, etc.)

3.4.2. Implementing projects that lead to measurable improvements on any of the performance measures and indicators identified in Exhibit A-1 Amendment #2

3.4.3. Utilizing defined improvement processes to coordinate quality improvement activities.

3.4.4. Identifying and defining specific goals and objectives to be achieved in the project period.

4. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

4.1. The Contractor shall develop the infrastructure necessary to provide and record Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance use for all eligible individuals ages nineteen (19) to sixty-five (65) years and for all pregnant women, regardless of age, receiving services in Section 3 and/or Section 4. The Contractor shall:

4.1.1. Provide training to integrated primary care and behavioral health teams to ensure SBIRT activities are conducted with fidelity to the model in Section 5.1.

4.1.2. Modify and/or adapt current Electronic Health Records (EHR) systems in order to track SBIRT:

4.1.2.1. Activities

4.1.2.2. Completions.

4.1.2.3. Recommendations and referrals.

4.1.2.4. Follow-ups.

4.1.3. Utilize Substance Use Disorder (SUD) codes in the EHR for billing that shall:

4.1.3.1. Enable submission for payment through NH Managed Care/Medicaid and other insurance companies.

4.1.3.2. Allow the generation of reports.

4.2. The Contractor shall implement SBIRT services by ensuring sufficient qualified staff are available to conduct SBIRT services according to the SBIRT model described by the Centers for Disease Control (CDC), available on-line at http/www.dcd.gov/ncddd/fasd/documents/aloholsbiimplementationguide.pdf. The Contractor shall:

4.2.1. Implement SBIRT services by including SBIRT activities in daily operations.

4.2.2. Use one or more of the screening instruments listed in Appendix E of "Systems-Level Implementation of Screening, Brief Intervention and Referral to Treatment. TAP 33" (2013 edition) (http://www.integration.samhsa.gov/sbirt/TAP33.pdf) and document screening in the electronic health record (EHR).

4.2.3. Conduct brief interventions with patients who screen positive for potential substance use concerns and document activities in the EHR.

4.2.4. Refer patients to Substance Use Disorder (SUD) treatment services as necessary, and ensure each patient has connected with the specific service provider by documenting in the EHR, which is audited to ensure appropriate follow up.

4.2.5. Conduct SBIRT with covered populations that include all adults on an annual basis and pregnant women on a trimester basis.

4.3. Coordinate care between community health center (CHC) services and external treatment providers by collaborating with entities that provide SUD treatment services not available at the CHC. The Contractor shall:

4.3.1. Obtain client consents to contact service providers in order to resolve any barriers to accessing services.

4.3.2. Refer patients for SUD services, as needed.

4.3.3. Follow up with patient and/or SUD service provider to ensure appropriate services are provided.

4.3.4. Work with Regional Public Health Networks (RPHNs) to identify new SUD referral resources as they become available.

4.4. The Contractor shall test SBIRT fidelity with a subset of the target population prior to full implementation for all adults ages nineteen (19) to sixty-five (65) annually and pregnant women at each trimester.

5. Staffing

5.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

5.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

5.3. The Contractor shall ensure staff delivering SBIRT services have, at minimum, one of the following:

5.3.1. Masters prepared behavioral health practitioners. This includes individuals licensed under the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board.

5.3.2. Masters prepared and in the process of obtaining a license from the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board, while under the supervision of a licensed practitioner of the same profession.

5.3.3. Physicians or Advanced Practice Registered Nurses licensed to practice in NH.

5.3.4. Physician Assistants or other practitioners under the supervision of a Physician licensed to practice in NH.

5.4. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within one month of hired.

5.5. The Contractor shall notify the MCHS, in writing, when:

5.5.1. Any critical position is vacant for more than one month.

5.5.2. There is not adequate staffing to perform all required services for more than one month.

6. Coordination of Services

6.1. The Contractor shall coordinate with other service providers within the community, where possible, including but not limited to collaboration with interagency referrals and to deliver coordination of care.

6.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

6.2.1. Community needs assessments.

6.2.2. Public health performance assessments.

6.2.3. The development of regional health improvement plans.

6.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

7. Required Meetings & Trainings

7.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

7.1.1. MCHS Agency Directors' meetings.

7.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

7.1.3. MCHS Agency Medical Services Directors' meetings.

8. Workplans, Outcome Reports & Additional Reporting Requirements

8.1. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

8.2. The Contractor shall submit an annual Workplan and Workplan Outcome Report for the quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

8.3. If utilizing any portion of this contract for enabling services, the Contractor shall submit an annual Workplan and Workplan Outcome Report that includes at least one (1) performance measure for each type of enabling service provided. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

8.4. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st.

8.5. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

8.6. The Contractor shall submit quarterly Outcome Reports for SBIRT services according to the schedule and instructions provided by the MCHS. The Contractor shall:

8.6.1. Collect information that includes, but is not limited to:

8.6.1.1. Description of staff training, including but not limited to:

8.6.1.1.1. Content of training.

Contractor Initials: _____

Date 5/13/15

8.6.1.1.2. Number of staff trained.

8.6.1.2. The number of:

8.6.1.2.1. Qualified staff conducting SBIRT

8.6.1.2.2. SBIRT billing codes developed.

8.6.1.2.3. SBIRT services billed to insurance.

8.6.1.3. Updates on any changes, enhancements or adaptations to SBIRT procedures in:

8.6.1.3.1. Technology based systems.

8.6.1.3.2. Staffing.

8.6.1.3.3. Coding and billing.

8.6.1.4. The total number of clients receiving SBIRT delineated by:

8.6.1.4.1. Percentage of clients receiving only screening.

8.6.1.4.2. Percentage of clients receiving brief interventions.

8.6.1.4.3. Percentage of clients referred for more intensive services who initiated services.

8.6.1.4.4. Percentage of clients referred for more intensive services who had problems connecting to services.

8.7. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

8.7.1. DPHS Budget Form.

8.7.2. Budget Justification.

8.7.3. Sources of Revenue.

8.7.4. Program Staff List, which includes staff titles

8.8. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

8.9. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

8.9.1. Survey template.

8.9.2. Method by which the results were obtained.

9. On-Site Reviews

9.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

9.1.1. Systems of governance.

Contractor Initials: AK
Date 5/13/15

9.1.2. Administration.

9.1.3. Data collection and submission.

9.1.4. Clinical and financial management.

9.1.5. Delivery of education services.

9.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

9.2.1. Client records.

9.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

9.2.3. SBIRT documentation, which includes but is not limited to:

9.2.3.1. SBIRT policies and procedures.

9.2.3.2. Staff credentials for all staff delivering SBIRT services

9.2.3.3. SBIRT procedures utilized and documented in patient records.

9.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Contractor Initials: [illegible]

Date 5/13/15

Exhibit A-1 – Amendment #2

1. PRIMARY CARE PERFORMANCE MEASURES

1.1. Breastfeeding

1.1.1. **Percent of infants who are ever breastfed** (Title V PM #10).

1.1.1.1. Numerator: Infants who were ever breastfed or received breast milk

1.1.1.2. Denominator: All infants born in a state fiscal year

1.2. Preventive Health: Lead Screening

1.2.1. **Percent of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.** (CMS, Hedis).

1.2.1.1. Numerator: At least one capillary or venous blood test on or before the child's second birthday.

1.2.1.2. Denominator: Children who turn 2 years old during the state fiscal year.

1.3. Preventive Health: Adolescent Well-Care Visit

1.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (Hedis, Title V PM #7).

1.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

1.3.1.2. Denominator: Number of adolescents, ages 12 through 21 years of age.

1.4. Preventive Health: Depression Screening

1.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (ACO 18, NQF 0418).

1.4.1.1. Numerator: Patients who are screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan documented.

1.4.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.1.3. Denominator: All patients 12 years and older.

1.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

Contractor Initials: _____

Date: 5/13/15

1.4.2. **Maternal Depression Screening** (Developmental: not required for FY 16)

1.4.2.1. **Percentage of women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.**

1.4.2.1.1. Numerator: Women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool and screen negative.

AND

Women who are screened for depression during the post-partum visit using an appropriate standardized depression screening tool, screen positive, AND have a follow-up plan documented.

1.4.2.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.2.1.3. Denominator: All women who are at least 6 weeks post-partum in a state fiscal year.

1.4.2.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

1.5. **Preventive Health: Obesity Screening**

1.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (ACO 16, NQF 0421, HRSA UDS).

1.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

1.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters.

1.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist,

occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

1.5.1.4. Denominator: All patients aged 18 years and older who had at least one medical visit during the state fiscal year.

1.5.2. Percent of patients aged 2 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (HRSA UDS).

1.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

1.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

1.6. **Preventive Health: Tobacco Screening**

1.6.1. Percent of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user (ACO 17, NQF 0028, HRSA UDS).

1.6.1.1. Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.1.2. Definitions:

1.6.1.2.1. Tobacco Use: Includes any type of tobacco

1.6.1.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.1.3. Denominator: All patients aged 18 years and older seen for at least two visits ever

1.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (Title V, PM #15).

1.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.2.2. Definitions:

1.6.2.2.1. Tobacco Use: Includes any type of tobacco

1.6.2.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.2.3. Denominator: All women who delivered a live birth in a state fiscal year

1.7. **At Risk Population: Hypertension**

1.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year** (ACO 28, NQF 0018).

1.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm Hg at the time of their last measurement.

1.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)

1.8. **Patient Safety: Falls Screening**

1.8.1. **Percent of patients aged 65 years and older who were screened for future fall risk at least once within 12 months** (ACO 13, NQF0101).

1.8.1.1. Numerator: Patients who were screened for future fall risk at least once within 12 months.

1.8.1.2. Definition of Fall: a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force.

1.8.1.3. Numerator note: Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year.

1.8.1.4. Denominator: All patients aged 65 years and older

1.8.1.5. Excluded from denominator population: (Exclusion only applied if patient was not screened for future fall risk) Documentation of medical reason(s) for not screening for future fall risk (e.g. patient is not ambulatory)

Contractor Initials: [signature]

Date: 5/13/15

2. SBIRT PERFORMANCE MEASURES

2.1. **Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services**

2.1.1. **Numerator:** Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention or referral to services.

2.1.2. Definitions

2.1.2.1. Substance Use: Includes any type of alcohol or drug.

2.1.2.2. Brief Intervention: Includes guidance or counseling.

2.1.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

2.1.3. Denominator: Number of patients aged 18 years and older seen for annual visit within 12 months.

2.2. **Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services**

2.2.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

2.2.2. Definitions:

2.2.2.1. Substance Use: Includes any type of alcohol or drug.

2.2.2.2. Brief Intervention: Includes guidance or counseling.

2.2.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

2.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the state fiscal year.

Contractor Initials: BW
Date: 5/13/15

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   2.1. #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse.
   2.2. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #2, Scope of Services, in accordance with Exhibit B-1 Amendment #2 through Exhibit B-4 Amendment #2.
4. The Contractor shall use and apply the amount in the SBIRT line item in Exhibit B-2 and Exhibit B-4 on actual SBIRT services provided.
5. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
6. Payment for said services shall be made as follows:
   6.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for:
      6.1.1. Authorized expenses incurred in the prior month.
      6.1.2. The units of SBIRT services provided, in accordance with Exhibit A – Amendment #2, Section 4.2.2 through Section 4.2.5 and Section 4.3.1 through Section 4.3.3, which shall be paid on a fee-for-service basis at the following rates:
         6.1.2.1. $29.86 for each unit of service that is 15-30 minutes.
         6.1.2.2. $57.31 for each unit of service that is more than 30 minutes.
   6.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   6.3. The invoice must be submitted by mail or e-mail to:

      Financial Manager
      Department of Health and Human Services
      129 Pleasant Street
      Concord, NH 03301

      E-mail: dphscontractbilling@dhhs.state.nh.us
7. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.

Contractor Initials: [signature]
Date: 5/13/15

8. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
9. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
10. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-4 Amendment #2 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: _____
Date: 5/13/15

EXHIBIT B-1 AMENDMENT #2

PRIMARY CARE HOMELESS BUDGET FORM

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Harbor Homes

Budget Request for: Primary Care for the Homeless

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

	Total Program Cost			Contractor Share / Match			Funded by DHHS Contract Share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	$ 953,789.00	$ 309,351.00	$ 1,263,140.00	$ 894,050.00	$ 309,351.00	$ 1,203,401.00	$ 59,739.00	$ -	$ 59,739.00
2. Employee Benefits	$ 305,212.00	$ 75,147.00	$ 380,359.00	$ 286,096.00	$ 75,147.00	$ 361,243.00	$ 19,116.00	$ -	$ 19,116.00
3. Consultants		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ 1,800.00	$ -	$ 1,800.00	$ 1,800.00	$ -	$ 1,800.00	$ -	$ -	$ -
Lab		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ 9,600.00	$ -	$ 9,600.00	$ 9,303.00	$ -	$ 9,303.00	$ 297.00	$ -	$ 297.00
Office	$ 1,800.00	$ -	$ 1,800.00	$ 1,680.00	$ -	$ 1,680.00	$ 120.00	$ -	$ 120.00
6. Travel	$ 6,837.00	$ -	$ 6,837.00	$ 6,837.00	$ -	$ 6,837.00	$ -	$ -	$ -
7. Occupancy		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ 29,600.00	$ -	$ 29,600.00	$ 29,600.00	$ -	$ 29,600.00	$ -	$ -	$ -
13. Other (specific details mandatory):	$ 19,422.00	$ -	$ 19,422.00	$ 15,810.00	$ -	$ 15,810.00	$ 3,612.00	$ -	$ 3,612.00
SBIRT Development	$ 35,500.00	$ -	$ 35,500.00	$ 35,500.00	$ -	$ 35,500.00	$ -	$ -	$ -
SBIRT Services	$ 7,125.00	$ -	$ 7,125.00	$ 7,125.00	$ -	$ 7,125.00	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 1,370,685.00	$ 384,498.00	$ 1,755,183.00	$ 1,287,801.00	$ 384,498.00	$ 1,672,299.00	$ 82,884.00	$ -	$ 82,884.00
Indirect As A Percent of Direct		28.1%							

Date: 5/18/15

Contractor's Initials: 5/18/15

EXHIBIT B-2 AMENDMENT #2

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Harbor Homes Inc.

Budget Request for: Infrastructure Development to Implement SBIRT in Community Health Centers

Budget Period: July 1, 2015 - June 30, 2016

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 24,960.00	$ -	$ 24,960.00	$ -	$ -	$ -	$ 24,960.00	$ -	$ 24,960.00
2. Employee Benefits	$ 7,987.00	$ -	$ 7,987.00	$ -	$ -	$ -	$ 7,987.00	$ -	$ 7,987.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ 1,200.00	$ -	$ 1,200.00	$ -	$ -	$ -	$ 1,200.00	$ -	$ 1,200.00
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 753.00	$ -	$ 753.00	$ -	$ -	$ -	$ 753.00	$ -	$ 753.00
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 600.00	$ -	$ 600.00	$ -	$ -	$ -	$ 600.00	$ -	$ 600.00
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 7,000.00	$ -	$ 7,000.00	$ -	$ -	$ -	$ 7,000.00	$ -	$ 7,000.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 42,500.00	$ -	$ 42,500.00	$ -	$ -	$ -	$ 42,500.00	$ -	$ 42,500.00
Indirect As A Percent of Direct		0.0%							

Contractor Initials: VR

Date: 5/13/15

EXHIBIT B-3 AMENDMENT #2

PRIMARY CARE HOMELESS BUDGET SHEETS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Harbor Homes

Budget Request for: *Primary Care for the Homeless*

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	$ 1,049,168.00	$ 340,286.10	$ 1,389,454.10	$ 989,429.00	$ 340,286.10	$ 1,329,715.10	$ 59,739.00	$ -	$ 59,739.00
2. Employee Benefits	$ 369,307.00	$ 80,915.00	$ 450,222.00	$ 350,191.00	$ 80,915.00	$ 431,106.00	$ 19,116.00	$ -	$ 19,116.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ 1,980.00	$ -	$ 1,980.00	$ 1,980.00	$ -	$ 1,980.00	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ 10,560.00	$ -	$ 10,560.00	$ 10,263.00	$ -	$ 10,263.00	$ 297.00	$ -	$ 297.00
Office	$ 1,980.00	$ -	$ 1,980.00	$ 1,860.00	$ -	$ 1,860.00	$ 120.00	$ -	$ 120.00
6. Travel	$ 7,521.00	$ -	$ 7,521.00	$ 7,521.00	$ -	$ 7,521.00	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ 32,560.00	$ -	$ 32,560.00	$ 32,560.00	$ -	$ 32,560.00	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Miscellaneous (see narrative)	$ 21,364.00	$ -	$ 21,364.00	$ 17,752.00	$ -	$ 17,752.00	$ 3,612.00	$ -	$ 3,612.00
SBIRT Services	$ 1,000.00	$ -	$ 1,000.00	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 1,495,440.00	$ 421,201.10	$ 1,916,641.10	$ 1,412,556.00	$ 421,201.10	$ 1,833,757.10	$ 82,884.00	$ -	$ 82,884.00
Indirect As A Percent of Direct		28.2%							

Contractor Initials: _____

Date: 5/13/15

EXHIBIT B-4 AMENDMENT #2

SBIRT BUDGET SHEETS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Harbor Homes Inc.

Budget Request for: Infrastructure Development to Implement SBIRT in Community Health Centers

Budget Period: July 1, 2016 - June 30, 2017

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 1,125.00	$ -	$ 1,125.00	$ -	$ -	$ -	$ 1,125.00	$ -	$ 1,125.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 1,125.00	$ -	$ 1,125.00	$ -	$ -	$ -	$ 1,125.00	$ -	$ 1,125.00
Indirect As A Percent of Direct		0.0%							

Contractor Initials: _____

Date: 5/13/16

CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND WHISTLEBLOWER PROTECTIONS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name: Harbor Homes Inc.

5/13/15
Date

Name: Peter Kelleher
Title: President & CEO

5/8/14 # 34B

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services
improving health, preventing disease, reducing costs for all

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

April 3, 2014

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Retroactive
50% State
6% Federal funds
94% General funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend agreements with 3 vendors by increasing the total price limitation by $319,787 from $356,000 to $675,787 to provide primary care services for individuals experiencing homelessness. This amount includes a request to **retroactively** enter into **sole-source** amendments in an amount of $53,170, effective **retroactive** to July, 1, 2013 through June 30, 2014 and to exercise a one-year renewal option with the same 3 vendors in an amount of $266,617, extending the completion date from June 30, 2014 to June 30, 2015, effective upon Governor and Council approval. Two of these agreements were originally approved by Governor and Council on June 6, 2012, Item numbers 68 and 69, and one agreement was originally approved by Governor and Council on June 20, 2012, Item number 124.

Summary of contracted amounts by vendor:

Vendor	Location	SFY 2014 Amount	SFY 2015 Amount	Total Increase
Families First of Greater Seacoast	Rockingham County	17,194	86,219	103,413
Harbor Homes	Southern Hillsborough	17,706	88,787	106,493
Manchester Health Dept.	Greater Manchester	18,270	91,611	109,881
TOTAL		**53,170**	**266,617**	**319,787**

Funds to support this request are available in the following accounts for SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

See attachment for financial details

EXPLANATION

Approval is requested **retroactive** to July 1, 2013. The services provided by these contracts are consistent with prior contracts and were included in the operating budget for SFY 2014 and SFY 2015. Contracts were delayed, however, since the exact amount of funding available was only recently

determined. The SFY 2014 amendments are **sole source** because they exceed more than 10% of the original contract amount.

This requested action seeks approval of 3 amendments to continue office-based and mobile primary care services for individuals experiencing homelessness. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services, and because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

Primary health care services for the homeless include preventive and episodic health care for acute and chronic health conditions for adults. Community health agencies provide primary health care, substance abuse referral, intervention and counseling and social services at locations accessible to people who are homeless. They provide emergency care with referrals to hospitals for inpatient services and/or other needed services. Community health agencies engage in outreach activities to assist difficult-to-reach homeless persons in accessing care and provide assistance in establishing eligibility for entitlement programs and housing.

Community health agencies that receive support through the Division of Public Health Services deliver primary health care services for the homeless specialize in serving people who face barriers to accessing health care, due to issues such as extreme poverty, a lack of insurance, language barriers, behavioral and mental health diagnoses, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. Racial and ethnic minorities and immigrants experience homelessness at a rate far disproportionate to that of the general population. Community health agencies demonstrate competencies in engaging these individuals by not only addressing their specific linguistic and cultural needs, but also their unique vulnerabilities and situations. The services provided help individuals overcome barriers to getting the care they need and achieving their optimal health.

Should Governor and Executive Council not authorize this Request, homeless individuals in Rockingham and Hillsborough counties may not have adequate access to primary care services. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities.

Contracts were awarded to Community Health Agencies through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from February 3, 2012 through March 8, 2012 soliciting proposals to cover all of Rockingham and Hillsborough counties. In addition, a bidder's conference, conference call, and web conference were held on February 9, 2012 to alert agencies to this bid.

Three proposals were received in response to the posting. There were no competing applications for the Rockingham and Hillsborough counties solicited in the Requests for Proposals. Three professionals, who work internal and external to the Department of Health and Human Services, scored each proposal. All reviewers have experience either in clinical settings, providing community-based family support services, and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health homeless services; quality assurance and performance improvement; chronic and communicable diseases; and public health

infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, these competitively procured Agreements have the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Department is exercising one year of this renewal option.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. All Primary Health Care for the Homeless vendors are making adequate progress in meeting clinical performance measures and the Department wishes to continue working with the vendors for another year.

The performance measures as described in the contract amendment Exhibit A – Amendment 1 – Performance Measures, will be used to continue to measure the effectiveness of the agreement.

Area to be served is Hillsborough and Rockingham counties.

Source of Funds: 5.59% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 94.41% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

José Thier Montero, MD, MHCDS
Director

Approved by
Nicholas A. Toumpas
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care - Homeless

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
100% General Funds

Families First of the Greater Seacoast Vendor # 166629-B001 PO # 1024338

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	17,194	17,194
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$17,194	$17,194

Harbor Homes Vendor # 155358-B001 PO # 1024345

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	17,706	17,706
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$17,706	$17,706

Manchester Health Department, Vendor # 177433-B009 PO # 1024348

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	18,270	18,270
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$18,270	$18,270
			SUB TOTAL	**$0**	**$53,170**	**$53,170**

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
6.7% Federal Funds and 93.3% General Funds - Federal Award Identification Number: B04MC26681 •

Families First of the Greater Seacoast Vendor # 166629-B001 PO # 1024338

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	57,562	-	57,562
SFY 2014	102/500731	Contracts for Program Svcs	90080000	57,562	-	57,562
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	86,219	86,219
			Sub-Total	$115,124	$86,219	$201,343

J

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care - Homeless

Harbor Homes Vendor # 155358-B001 PO # 1024345

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	59,276	-	59,276
SFY 2014	102/500731	Contracts for Program Svcs	90080000	59,276	-	59,276
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	88,787	88,787
			Sub-Total	$118,552	$88,787	$207,339

Manchester Health Department, Vendor # 177433-B009 PO # 1024348

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	61,162	-	61,162
SFY 2014	102/500731	Contracts for Program Svcs	90080000	61,162	-	61,162
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	91,611	91,611
			Sub-Total	$122,324	$91,611	$213,935
			SUB TOTAL	**$356,000**	**$266,617**	**$622,617**
			TOTAL	**$356,000**	**$319,787**	**$675,787**

Program Name DPHS MCH Primary Care
Contract Purpose Primary Care for the Homeless Services
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Manchester Health Department, 1528 Elm St., Manchester, NH 03101	Families First of the Greater Seacoast, 100 Campus Dr., Suite 12, Portsmouth, NH 03801	Harbor Homes, Inc., 45 High St., Nashua, NH 03060	0	0	0	0	0
Agy Capacity	30	28.00	29.00	29.00	0.00	0.00	0.00	0.00	0.00
Program Structure	50	49.00	49.00	49.00	0.00	0.00	0.00	0.00	0.00
Budget & Justification	15	15.00	15.00	15.00	0.00	0.00	0.00	0.00	0.00
Format	5	4.00	5.00	5.00	0.00	0.00	0.00	0.00	0.00
Total	100	96.00	98.00	98.00	0.00	0.00	0.00	0.00	0.00

BUDGET REQUEST									
Year 01		$61,162.00	$57,562.00	$60,000.00	-	-	-	-	
Year 02		$61,162.00	$57,562.00	$60,000.00	-	-	-	-	
Year 03		$0.00	$0.00	$0.00	-	-	-	-	-
TOTAL BUDGET REQUEST		$122,324.00	$115,124.00	$120,000.00	-	-	-	-	-
BUDGET AWARDED									
Year 01		$61,162.00	$57,562.00	$59,276.00	-	-	-	-	-
Year 02		$61,162.00	$57,562.00	$59,276.00	-	-	-	-	-
Year 03		$0.00	$0.00	$0.00	-	-	-	-	
TOTAL BUDGET AWARDED		$122,324.00	$115,124.00	$118,552.00	-	-	-	-	-

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Trini Tellez	Director	Office of Minority Health	All reviewers have experience either in clinical settings, providing community-based family support services, and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health homeless sevcies, quality assurance and performance improvement; chronic and communicable diseases; and public health infrastructure
2	Michael Lewless	Program Specialist	Bureau of Drug & Alcohol Services	
3	Bobbie Bagley	Chief Public Health Nurse	Rivier College, Nursing	

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Harbor Homes, Inc.

This 1st Amendment to the Harbor Homes, Inc., contract (hereinafter referred to as "Amendment One") dated this 18th day of March, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Harbor Homes, Inc., (hereinafter referred to as "the Contractor"), a corporation with a place of business at 45 High Street, Nashua, New Hampshire 03060.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 6, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the Department desires to provide additional primary health care services for the homeless, preventive and episodic health care for acute and chronic health conditions for people of all ages.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $225,045

- Exhibit A, Scope of Services to add:
  Exhibit A – Amendment 1

- Exhibit B, Purchase of Services, Contract Price, to add:

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $17,706 for SFY 2014 and $88,787 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $17,706 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $88,787 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

Contractor Initials: [illegible]
Date: 3/18/14

Add Paragraph 8
8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

- Budget, to add:
  Exhibit B-1 (2014) - Amendment 1,
  Exhibit B-1 (2015) - Amendment 1

This amendment shall be in effect July 1, 2013, effective upon the date of Governor and Executive Council approval.

Contractor Initials: PV
Date: 3/18/14

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

4/9/14
Date

Brook Dupee
Bureau Chief

Harbor Home, Inc.

3/18/14
Date

Name: Peter Kelleher
Title: President & CEO

Acknowledgement:

State of New Hampshire, County of Hillsborough on 3/18/14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Laurel Lefavor Notary
Name and Title of Notary or Justice of the Peace

LAUREL A. LEFAVOR, Notary Public
My Commission Expires September 22, 2015

Contractor Initials: PK
Date: 3/18/14

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4/17/14
Date

Name: Amanda C. Goodrowski
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

_____
Date

_____
Name:
Title:

Contractor Initials: _____
Date: 3/18/14

Scope of Services

The Department desires to provide additional primary health care services for the homeless, preventive and episodic health care for acute and chronic health conditions for people of all ages.

The Contractor shall:

I. General Provisions

A) Eligibility and Income Determination

1. Primary care services will be provided to homeless, low-income individuals and families (defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), in the State of New Hampshire. Using flexible hours and minimal use of appointment systems, services may be provided in:
   - Permanent office based locations
   - Mobile or temporary delivery locations
2. The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing if, at any time, the practice is closed to new patients, or maintains a wait list for new patients, or any other mechanism is used that limits access for new or existing patients for more than a one month period.
3. The Contractor shall document, for each client enrolled in the program, family income and family size, and calculate percentage of the federal poverty level. If calculations indicate that the client may be eligible for enrollment in Medicaid, the Contractor shall complete the most recent version of the 800P form with the client.
4. The Contractor shall implement, and post in a public and conspicuous location, a sliding fee payment schedule, approved in advance by the Division of Public Health Services (DPHS), for low-income patients. Signage must state that no client will be denied services for inability to pay.
   a. As an alternative, the contractor may post, in a public and conspicuous location, a notice to clients that a sliding fee scale is available and that no client will be denied services for inability to pay. The sliding fee scale must be updated annually based on USDHHS Poverty guidelines as published in the Federal Register, submitted to and approved by DPHS.
5. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid for all reimbursable services rendered.

B) **Numbers Served**

1. The contract funds shall be expended to provide the above services to a minimum of 560 users with 1,776 medical encounters, as defined in the Data and Reporting Requirements for State Fiscal Year 2014. Clinical service reimbursements shall not exceed the Medicare rate.

C) **Culturally and Linguistically Appropriate Standards of Care**

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services.

Cultural appropriateness in dealing with homeless populations not only addresses the specific linguistic and cultural needs of minorities, but also includes sensitivity to their unique vulnerabilities. Cultural sensitivity recognizes the distrust of providers and institutions often felt by people in these situations. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.

2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.

3. When feasible and appropriate, provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provide to them without language assistance.

4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.

5. The contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency Citation 45 CFR 80.3(b) (2). The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client, language line).

D) **State and Federal Laws**

The Contractor is responsible for compliance with all relevant state and federal laws. Special attention is called to the following statutory responsibilities:

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 301, adopted 6/3/08.

2. Persons employed by the contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults, RSA 631:6, Assault and Related Offences and RSA 130:A, Lead Paint Poisoning and Control.

3. Immunizations shall be conducted in accordance with RSA 141-C and the Immunization Rules promulgated thereunder.

E) **Relevant Policies and Guidelines**

1. The Contractor shall design and provide the services described above to meet the unique and identified health needs of the populations within the contracted service area.

2. Primary Care for the Homeless funds shall be targeted to homeless populations in need. Homeless populations are defined as follows:

   - Individuals who lack housing including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations

   - Individuals who are residents in transitional housing.

   - Individuals who are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members may be considered homeless.

   - Individuals who are to be released from a prison or a hospital may also be considered homeless if they do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

   - Individuals may continue receiving primary care services for one year following placement in permanent housing.

3. The Contractor shall design and implement systems of governance, administration, financial management, information management, and clinical services which are adequate to assure the provision of contracted services, and to meet the data and reporting requirements. These systems shall meet the most current minimum standards described in at least one of the following: Health Resources and Services Administration (HRSA) Office of Performance Review protocols, Joint Commission on Accreditation of Health Care Organizations (JCAHO), Accreditation Association for Ambulatory Healthcare (AAAHC), Community Health Accreditation Program (CHAP) or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey.

4. The Contractor shall carry out the work as described in the performance work plan submitted with the proposal and approved by the Rural Health and Primary Care Section (RHPCS), and the Maternal and Child Health Section (MCHS).

F) **Publications Funded Under Contract**

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.

2. All documents (written, video, audio, electronic) produced, reproduced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.

3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C (14.1).

G) **Subcontractors**

1. If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the Division of Public Health Services (DPHS), Maternal and Child Health Section must be notified in writing and approve the subcontractual agreement, prior to initiation of the subcontract.

2. In addition, the original DPHS contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

II. **Minimal Standards of Core Services**

A) **Service Requirements**

1. Medical Home

The Contractor shall provide a Medical Home that:

a) Facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family.

b) Provides care facilitated by registries, information technology, health information exchange, and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

2. Primary Care Services

The Contractor shall provide primary care services to populations in need who reside in the contractor's service area. Primary care services shall include:

a) Health care provided by a New Hampshire licensed MD, DO, ARNP, or PA, including diagnosis and treatment of acute and chronic illnesses within the scope of family practice; preventive services, screenings, and health education according to established, documented state or national guidelines; assessment of need for social and nutrition services, and appropriate referrals to health, oral health, and behavioral health specialty providers.

b) Referral to WIC Nutrition Program for all eligible pregnant women, infants, and children.

c) In-hospital care for conditions within the scope of family practice must be provided at a hospital, within the agency service area, through a staff clinician with full hospital privileges, or in the alternative, through a formal referral and admissions procedure available to clients on a 24 hour/7 day a week basis.

d) Access to a healthcare provider, directly or by referral or subcontract, by telephone twenty-four hours per day, seven days per week.

e) Assessment of psychosocial risk for all clients at least annually and for children at scheduled preventive care visits, including, at a minimum, age appropriate guidance for injury prevention, domestic violence, adequacy of food and housing, care and welfare of children, transportation needs, and provision of necessary social services to address the priority needs and safety issues of clients and families.

f Falls prevention screening for patients 65 years and older using the algorithm and guidelines of the American Geriatric Society.

g) Behavioral health care directly or by referral to an agency or provider with a sliding fee scale.

h) Nutrition assessment for all clients as part of the health maintenance visit. Therapeutic nutrition services shall be provided as indicated directly or by referral to an agency or provider with a sliding fee scale. These services shall be recorded in the medical record.

i) Formal arrangements with a local hospital for emergency care must be in place and reviewed annually.

j) Assisted living and skilled nursing facility care by referral.

k) Oral screening, as part of the annual health maintenance visit, for all clients 21 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health.

l) Diagnosis and management of pediatric and adult patients with asthma provided according to National Heart Lung Blood Institute, National Asthma Education and Prevention Program, Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma, 2007.

3. Reproductive Health Services

The Contractor shall provide or arrange referral for prenatal, internatal and preconception medical care, social services, nutrition services, education and nursing care to all women of childbearing age. Preconceptional care includes the preconception, internatal and postpartum periods in women's health. It is recommended that preconceptional and internatal care visits focus on maintaining or achieving the optimal health of the mother, lowering the risk of future adverse pregnancy outcomes, the family's future plans, and how additional children fit into that plan. Preconceptional counseling may be done during an office, group or home visit.

a) In the event prenatal care is not provided directly by the Contractor, a formal Memorandum of Agreement for coordinated referral to an appropriately qualified provider must be maintained.

b) If provided directly, prenatal care shall, at minimum, be in accordance with the Guidelines for Perinatal Care, sixth or most current edition, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists (ACOG), and /or the Centers for Disease Control.

c) Genetic Screening:

i. A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

ii. All pregnant women entering care prior to 20 weeks gestation shall be offered voluntary genetic screening for fetal chromosomal abnormalities following the recommendations found in the ACOG Compendium of Selected Publications (2006) or more recent supplements. The Contractor shall be responsible for referral to appropriate genetic testing and counseling services for any woman found to have a positive screening test.

d) Age appropriate reproductive health care shall, at a minimum, be provided in accordance with the American College of Obstetricians and Gynecologists, Guidelines for Adolescent Preventive Services (GAPS) or the USDHHS Centers for Disease Control (CDC) current guidelines.

e) Family planning counseling for prevention of subsequent pregnancy following an infant's birth shall be discussed with the infant's mother at the first postpartum visit and at the infant's 2-month visit and other visits as appropriate. Rationale for birth intervals of 18-24 months shall be presented.

f) A referral to a Title X Family Planning Clinic or other reproductive health care provider shall be made as appropriate.

4. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", *Third* Edition or most recent. Children and adolescent visits shall include:

a) The World Health Organization (WHO) growth charts shall be used to monitor growth for infants and children birth up to age 2 years. The Centers for Disease Control and Prevention (CDC) growth charts shall be used for children age 2 years and older.

b) Blood lead testing shall be performed in accordance with "New Hampshire Childhood Lead Poisoning Screening and Management Guidelines", issued by the New Hampshire Department of Health and Human Services, 2009 or subsequent revisions.

c) All children enrolled in either Medicaid, Head Start, or the Women, Infant, and Children (WIC) Program and/or who are ≤ 185% poverty, regardless of town of residence, are required to have a blood lead test at ages one and two years. All children ages three to six years who have not been previously tested shall have a blood lead test performed.

d) All children shall be screened for iron deficiency anemia as outlined in the Centers for Disease Control and Prevention document "Recommendations to Prevent and Control Iron Deficiency in the United States (4/2/98)".

e) Age-appropriate anticipatory guidance, dietary guidance, and feeding practice counseling for optimal oral health shall be provided at each well child visit according to the American Academy of Pediatrics' periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent edition. Starting at age 6 months, it is recommended that all children receive an oral health assessment at every well child visit and a referral for the child's first visit to the dentist by age one as recommended by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry.

f) Supplemental fluoride shall be prescribed as needed based upon the fluoride levels in the child's drinking water supply. The fluoride dosage regimen accepted by the American Academy of Pediatrics shall be followed. No fluoride shall be prescribed without obtaining water from private wells or noting the presence or absence of fluoride in the public water supply. Supplemental fluoride may include bottled water containing fluoride and topical applications such as varnishes.

g) For infants enrolled in WIC Nutrition Program, parents shall be referred to WIC for breastfeeding support and referral to the WIC Nutrition Program peer counselors.

5. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment for sexually transmitted infections.

a) Treatment for sexually transmitted infections shall be provided according to the United States Centers for Disease Control Sexually Transmitted Diseases Treatment Guidelines, 2010 or subsequent revisions.

b) All clients, including women, shall be offered HIV testing following the most current recommendations of the United States Centers for Disease Control.

c) The contractor shall be responsible for ensuring referral to appropriate treatment services for any woman found to screen positive.

d) Appropriate risk reduction counseling shall be provided based on client needs.

6. Substance Use Services

a) A substance use screening history using a formal, validated screening tool shall be obtained for all clients as soon after entry into care as possible. Substance use counseling or other substance abuse intervention, treatment, or recovery services by an appropriately credentialed provider shall be provided on-site, or by referral, to clients with identified needs for these services. For these identified clients, ongoing primary care services should include follow up monitoring relative to substance abuse.

b) All clients, including pregnant women, identified as smokers shall receive counseling using the 5 A's (ask, advise, assess, assist, and arrange) treatment available through the NH Tobacco Helpline as cited in the U.S. Public Health Service report, "Tobacco Use and Dependence", 2008 or "Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking", American College of Obstetricians and Gynecologists, 2011. With prior approval, agencies may also opt to participate in the DPHS best practice initiative of the 2A's and R (ask, advise and refer).

7. Immunizations

a) The Contractor shall adhere to the most current version of the "Recommended Immunization Schedule for Adults (19 years and older) by Age and Medical Condition - United States", approved by the Advisory Committee on Immunization Practices, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians.

b) The Contractor shall administer vaccines according to the most current version of the "Recommended Immunization Schedule for Persons Aged 0 Through 6 Years - United States", and "Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States" approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians, based upon availability of vaccine from the New Hampshire Immunization Program.

8. Prenatal Genetic Screening

a) A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

b) All pregnant women should be offered voluntary genetic screening for fetal chromosomal abnormalities at the appropriate time following recommendations found in the American College of Obstetricians and Gynecologists' "Screening for Fetal Chromosomal Abnormalities (2007)" or more recent guidelines. The Contractor shall be responsible for ensuring referral to appropriate genetic testing and counseling for any woman found to have a positive screening test.

9. Additional Requirements

a) The Contractor's Medical Director shall participate in the development and approval of specific guidelines for medical care that supplement minimal clinical standards. Supplemental guidelines should be reviewed, signed and dated annually, and updated as indicated.

b) Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

c) The Contractor shall provide information to all employees annually about the Medical Reserve Corps Unit within their Public Health Region to enhance recruitment.

d) The Contractor shall provide information to all employees annually regarding the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) managed by the NH Department of Health and Human Services' Emergency Services Unit, to enhance recruitment.

B) Staffing Provisions

The Contractor shall have, at minimum, the following positions:

a) executive director

b) financial director

c) registered nurse

d) clinical coordinator

e) medical service director (or by contract)

f) nutritionist (on site or by referral)

g) social worker

Agencies are required to provide direct services by the following professionals:

a) physician, advanced registered nurse practitioner, or physician's assistant

b) registered nurse

c) clinical coordinator

d) social worker

1. Qualifications

All health and allied health professionals shall have the appropriate New Hampshire licenses whether directly employed, contracted, or subcontracted.

In addition the following minimum qualifications shall be met for:

a) Registered Nurse

a. A registered nurse licensed in the state of New Hampshire, Bachelor's degree preferred. Minimum of one year experience in a community health setting.

b) Nutritionists:

a. A Bachelor's degree in nutritional sciences or dietetics, or a Master's degree in nutritional sciences, nutrition education, or public health nutrition or current Registered Dietitian status in accordance with the Commission on dietetic Registration of the American Dietetic Association.

b. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.

c) Social Workers shall have:

a. A Bachelor's or Master's degree in social work or Bachelor's or Master's degree in a related social science or human behavior field. A minimum of one year of experience in a community health or social services setting is preferred.

b. Individuals who perform functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.

d) Clinical Coordinators shall be:

a. A registered nurse (RN), physician, physician assistant or nurse practitioner with a license to practice in New Hampshire.

b. The coordinator is a clinical position that oversees and takes responsibility for the clinical and administrative functions of each program.

c. Coordinator may be responsible for more than one MCH funded program.

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator or any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.

3. Vacancies

a) The Contractor must notify the MCHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month. This may be done through a budget revision.

b) Before an agency hires new program personnel that do not meet the required staff qualifications, the agency shall notify the MCHS in writing requesting a waiver of the applicable staffing requirements. The Section may grant waivers based on the need of the program, individuals' experience, and additional training.

C) Coordination of Services

1. The Contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.

2. The Contractor shall engage in outreach activities to identify homeless individuals and educate them about the availability of primary care services. This should be done in coordination with other service providers, when appropriate.

3. The Contractor shall participate in activities in the Public Health Region in which they provide services as appropriate. These activities enhance the integration of community-based public health prevention and health care initiatives that are being implemented by the contractor and may include community needs assessments, public health performance assessments, and/or the development of regional health improvement plans.

4. The Contractor agrees to participate in and coordinate with public health activities as requested by the Division of Public Health during any disease outbreak and/or emergency, natural or man-made, affecting the public's health.

5. The Contractor is responsible for case management of the client enrolled in the program and for program follow-up activities. Case management services shall promote effective and efficient organization and utilization of resources to assure access to necessary comprehensive medical, nutritional, and social services for clients.

6. The Contractor shall assure that appropriate, responsive, and timely referrals and linkages for other needed services are made, carried through, and documented. Such services shall include, but not be limited to: dental services, genetic counseling, high risk prenatal services, mental health, social services, including domestic violence crisis centers, substance abuse services; and family planning services, Early Supports and Services Program, local WIC/CSF Program, Home Visiting New Hampshire Programs and health and social service agencies which serve children and families in need of those services.

D) Meetings and Trainings

The contractor will be responsible for sending staff to meetings and training required by the MCHS program, including but not limited to:

1. MCHS Agency Directors' meetings

2. MCHS Agency Medical Directors meetings

III. Quality or Performance Improvement (QI/PI)

A) Workplans

1. Performance Workplans are required for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the RHPCS and the MCHS performance-based contracting system and of this contract. Outcomes shall be reported by clinical site.

2. Submit Performance Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

3. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan and activities that monitor and evaluate the agency's progress toward performance measure targets.

4. The Contractor shall comply with modifications and/or additions to the workplan and annual report format as requested by RHPCS and MCHS. MCHS will provide the contractor with reasonable notice of such changes.

5. Agencies contracting for Primary Care Services must submit the workplans for Primary Care Clinical and Financial, Child Health, and Prenatal Care.

B) Additional Reporting Requirements

In addition to Performance Workplans, the Contractor shall submit to MCHS and the following data and information listed below which are used to monitor program performance:

1. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.

2. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

3. Completed Uniform Data Set (UDS) tables reflecting program performance in the previous calendar year, by March 31 of each year.

4. If prenatal care is provided, Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

5. A copy of the agency's updated Sliding Fee Scale including the amount(s) of any client fees and the schedule of discounts must be submitted by March 31st of each year. The agency's sliding fee scale must be updated annually based on the US DHHS Poverty guidelines as published in the Federal Register.
6. An annual summary of program-specific patient satisfaction results obtained during the prior contract period and the method by which the results were obtained shall be submitted annually as an addendum to the Workplan Outcome/Progress reports.

C) On-site reviews

1. The contractor shall allow a team or person authorized by the Division of Public Health Services to periodically review the contractor's systems of governance, administration, data collection and submission, clinical and financial management, and delivery of education services in order to assure systems are adequate to provide the contracted services.
2. Reviews shall include client record reviews to measure compliance with this exhibit.
3. The contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this exhibit.
4. On-Site reviews may be waived or abbreviated at the discretion of MCHS, upon submission of satisfactory reports of reviews such as Health Services Resources Administration (HRSA): Office of Performance Review (OPR), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, the Community Health Accreditation Program (CHAP), or Accreditation Association for Ambulatory Healthcare (AAAHC). Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Indicator #1

Measure: Patient Payor Mix

Goal: To allow monitoring of payment method trends at State funded primary care sites for the homeless.

Definition: Patients enrolled in Medicare, Medicaid, Commercial insurance, or uninsured that have had at least one visit/encounter during the last reporting period.

Data Source: Provided by agency

Note: An encounter is face-to-face contact between a user and a provider who exercises independent judgment in the provision of services to the individual (UDS Table Definition).

PRIMARY CARE FOR THE HOMELESS
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Primary Care for the Homeless Performance Measure #1

Measure: Percent of clients who received at least one formal, validated depression screening annually while enrolled in the program.

Goal: All clients enrolled in the Homeless program will receive formal, validated screening for depression and supports in accessing follow up evaluation and care if necessary.

Definition: **Numerator-**
The number of clients in the denominator who received a formal, validated depression screening at least quarterly while enrolled in the program.

Denominator-
Total number of client encounters.

Data Source: Chart audits or query of 100% of the **total** population of patients as described in the denominator.

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #2

Measure: Percent of clients who had positive screening results and were further evaluated for depression.

Goal: All clients enrolled in the Homeless program will receive formal, validated screening for depression and supports in accessing follow up evaluation and care if necessary.

Definition: **Numerator-**
The number of clients in the denominator who received further evaluation for depression.

Denominator-
Total number of clients served in the past fiscal year that required further evaluation for depression as indicated by a formal, validated depression screening instrument.

Data Source: Chart audits or query of 100% of the **total** population of patients as described in the denominator.

PRIMARY CARE FOR THE HOMELESS
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Primary Care for the Homeless Performance Measure #3

Measure: Percent of adult client encounters with blood pressure recorded.

Goal: All clients enrolled in the Primacy Care for the Homeless program will receive consistent, high quality care for hypertension.

Definition: **Numerator-**
The number of adult clients in the denominator who have their blood pressure documented at each encounter.

Denominator-
Total number of adult clients served in the past fiscal year.

Data Source: Chart audits or query of 100% of the **total** population of patients as described in the denominator.

PRIMARY CARE FOR THE HOMELESS
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Primary Care for the Homeless Performance Measure #4

Measure:* 58%** of adult patients 18 – 85 years of age diagnosed with hypertension will have a blood pressure measurement less than 140/90 mm at the time of their last measurement.

Goal: To ensure patients diagnosed with hypertension are adequately controlled.

Definition: **Numerator-**
Number of patients from the denominator with blood pressure measurement less than 140/90 mm at the time of their last measurement.

Denominator-
Number of patients age 18 – 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)

Data Source: Chart audits or query of 100% of the **total** population of patients as described in the denominator.

*Measure based on the National Quality Forum 0018

**2020 National Target 61.2%

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #5

Measure: Percent of adult clients with a documented formal, validated screening for alcohol or other substance abuse annually while enrolled in the program.

Goal: All clients enrolled in the Primacy Care for the Homeless program will receive formal, validated screening for alcohol and substance abuse in accessing follow up evaluation and care if necessary.

Definition: **Numerator-**
The number of clients in the denominator who received a formal, validated screening for alcohol or other drug substance abuse at least annually while enrolled in the program.

Denominator-
Total number of clients served in the past fiscal year.

Data Source: Chart audits or query of 100% of the **total** population of patients as described in the denominator.

PRIMARY CARE FOR THE HOMELESS
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Primary Care for the Homeless Performance Measure #6

Measure: Percent of adult clients who had positive screening results and received treatment for alcohol or substance abuse.

Goal: All clients enrolled in the Primacy Care for the Homeless program will receive formal, validated screening for alcohol and substance abuse in accessing follow up evaluation and care if necessary.

Definition: **Numerator-**
The number of clients who received treatment, directly by the agency or through referral, for treatment of alcohol or other substance abuse.

Denominator-
Total number of clients identified with an alcohol or other substance abuse problem.

Data Source: Chart audits or query of 100% of the **total** population of patients as described in the denominator.

Exhibit B-1 (2014) - Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Harbor Homes, Inc.

Budget Request for: MCH Primary Care
(Name of RFP)

Budget Period: SFY 2014

1. Total Salary/Wages	$ 12,700.00	$ -	$ 12,700.00
2. Employee Benefits	$ 4,064.00	$ -	$ 4,064.00
3. Consultants	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -
Rental	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -
Educational	$ -	$ -	$ -
Lab	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -
Medical	$ -	$ -	$ -
Office	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -
Telephone	$ -	$ -	$ -
Postage	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -
Insurance	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -
9. Software	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -
12. Subcontracts/Agreements	$ 942.00	$ -	$ 942.00
13. Other (specific details mandatory):	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
TOTAL	**$ 17,706.00**	**$ -**	**$ 17,706.00**

Indirect As A Percent of Direct 0.0%

Contractor Initials: KJ

Date: 3/18/14

Exhibit B-1 (2015) - Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Harbor Homes, Inc.

Budget Request for: MCH Primary Care
(Name of RFP)

Budget Period: SFY 2015

1. Total Salary/Wages	$ 59,739.00	$ -	$ 59,739.00
2. Employee Benefits	$ 19,116.00	$ -	$ 19,116.00
3. Consultants	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -
Rental	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -
Educational	$ -	$ -	$ -
Lab	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -
Medical	$ 3,000.00	$ -	$ 3,000.00
Office	$ 120.00	$ -	$ 120.00
6. Travel	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -
Telephone	$ 1,112.00	$ -	$ 1,112.00
Postage	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -
Insurance	$ 2,500.00	$ -	$ 2,500.00
Board Expenses	$ -	$ -	$ -
9. Software	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -
12. Subcontracts/Agreements	$ 3,200.00	$ -	$ 3,200.00
13. Other (specific details mandatory):	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
TOTAL	$ 88,787.00	$ -	$ 88,787.00

Indirect As A Percent of Direct 0.0%

Contractor Initials: [illegible]

Date: 3/18/14

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH Division of Public Health Services

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 10, 2012

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

APPROVED F/C _____
DATE _____
APPROVED G&C #68
DATE 6/6/12
NOT APPROVED _____

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section to enter into an agreement with Harbor Homes, Inc. (Vendor #155358-B001), 45 High Street, Nashua, New Hampshire 03060, in an amount not to exceed $118,552.00, to provide primary care services for individuals experiencing homelessness, to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2014. Funds are available in the following account for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budget.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080000	$59,276
SFY 2014	102-500731	Contracts for Program Services	90080000	$59,276
			Sub-Total	$118,552

EXPLANATION

Funds in this agreement will be used to provide outreach and case management services, primary medical and dental care, 24-hour emergency services, mental health and substance abuse counseling and treatment to people who are experiencing homelessness.

Typically, community health agencies deliver primary and preventive health care services to underserved people who face barriers to accessing health care, such as a lack of insurance, inability to pay, cultural and ethnic issues, and geographic isolation. However, there are populations whose needs are not traditionally fully met in an office-based health care center. In particular, homeless individuals and families needs are far more complex. People who are homeless suffer from health care problems at more than double the rate of individuals with stable

housing. Homeless individuals also experience barriers trying to access mainstream health care often due to a lack of transportation and the limited hours of service available at most community health agencies.

In New Hampshire, 4,942 individuals were sheltered in one of the State-Funded Shelters across the state in State Fiscal Year 2011.[1] Of those who received services, 3,311 were single adults, 691 adults were in 528 families with 940 children; 634 were victims of domestic violence.[2] An additional 728 individuals were the "hidden homeless," those persons who are temporarily doubled up, "couch surfing," or living precariously in overcrowded or unsafe conditions.[3]

The goals of this funding include a multidisciplinary approach to delivering care to individuals experiencing homelessness, combining aggressive street outreach with an integrated system of primary care, mental health and substance abuse services, case management, and client advocacy. Particular emphasis is placed on coordinating efforts with other community providers and social service agencies.

Should Governor and Executive Council not authorize this Request, a minimum of 2,004 low-income homeless individuals from the Southern Hillsborough County area may not have access to primary care services. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities.

Harbor Homes, Inc. was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from February 3, 2012 through March 8, 2012 soliciting proposals to cover all of Rockingham and Hillsborough counties. In addition, a bidder's conference, conference call, and web conference were held on February 9, 2012 to alert agencies to this bid.

Three proposals were received in response to the posting. There were no competing applications for the Rockingham and Hillsborough counties solicited in the Requests for Proposals. Three professionals, who work internal and external to the Department of Health and Human Services, scored each proposal. All reviewers have experience either in clinical settings, providing community-based family support services, and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health homeless services; quality assurance and performance improvement; chronic and communicable diseases; and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. This is the initial agreement with this Contractor for these services.

The performance measures used to measure the effectiveness of the agreement are attached.

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[1] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012.

[2] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012.

[3] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012.

Area served: Southern Hillsborough County.

Source of Funds: 19.95% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 80.05% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

José Thier Montero, MD
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/JF/PT/sc

Primary Care for the Homeless Performance Measures

Primary Care for the Homeless Performance Measure #1

Patient Payor Mix

Primary Care for the Homeless Performance Measure #2

Percent of clients who received at least one formal, validated depression screening annually while enrolled in the program.

Primary Care for the Homeless Performance Measure #3

Percent of clients identified that received further evaluation for depression.

Primary Care for the Homeless Performance Measure #4

Percent of adult client encounters with blood pressure recorded.

Primary Care for the Homeless Performance Measure #5

Percent of adult client encounters where either the systolic blood pressure $\geq$ 140mmHg or diastolic blood pressure is $\geq$ 90mmHg, with a documented plan of care for hypertension.

Primary Care for the Homeless Performance Measure #6

Percent of adult clients with a documented formal, validated screening for alcohol or other substance abuse annually while enrolled in the program.

Primary Care for the Homeless Performance Measure #7

Percent of adult clients identified that received treatment for alcohol or substance abuse.

Subject: Primary Care Services for the Homeless

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services	1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504
1.3 Contractor Name Harbor Homes, Inc.	1.4 Contractor Address 45 High Street Nashua, New Hampshire 03060
1.5 Contractor Phone Number 603-882-3616	1.6 Account Number 010-090-5190-102-500731
1.7 Completion Date June 30, 2014	1.8 Price Limitation $118,552
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief	1.10 State Agency Telephone Number 603-271-4501
1.11 Contractor Signature Peter Kelleher	1.12 Name and Title of Contractor Signatory Peter Kelleher, President & CEO

1.13 Acknowledgement: State of NH. County of Hillsborough

On 4/9/12 before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

[Seal] Laurel Lefavor

LAUREL A. LEFAVOR, Notary Public
My Commission Expires September 22, 2015

1.13.2 Name and Title of Notary or Justice of the Peace

Laurel Lefavor Notary

1.14 State Agency Signature	1.15 Name and Title of State Agency Signatory Brook S. Dupee ~~Joan H. Ascheim~~, Bureau Chief

1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)*

By: Director, On:

1.17 Approval by the Attorney General (Form, Substance and Execution)

By: Wayne P. Herrick, Attorney On: 15 May 2012

1.18 Approval by the Governor and Executive Council

By: On:

NH Department of Health and Human Services

Exhibit A

Scope of Services

Primary Care Services for the Homeless

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: Harbor Homes, Inc.

ADDRESS: 45 High Street
Nashua, New Hampshire 03060
President and Chief Executive Officer: Peter Kelleher
TELEPHONE: 603-882-3616

The Contractor shall:

I. General Provisions

A) Eligibility and Income Determination

1. Primary care services will be provided to homeless, low-income individuals and families (defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), in the State of New Hampshire. Using flexible hours and minimal use of appointment systems, services may be provided in:
   - Permanent office based locations
   - Mobile or temporary delivery locations

2. The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing if, at any time, the practice is closed to new patients, or maintains a wait list for new patients, or any other mechanism is used that limits access for new or existing patients for more than a one month period.

3. The Contractor shall document, for each client enrolled in the program, family income and family size, and calculate percentage of the federal poverty level. If calculations indicate that the client may be eligible for enrollment in Medicaid, the Contractor shall complete the most recent version of the 800P form with the client.

4. The Contractor shall implement, and post in a public and conspicuous location, a sliding fee payment schedule, *approved in advance by the Division of Public Health Services (DPHS),* for low-income patients. *Signage must state that no client will be denied services for inability to pay.*

   a. As an alternative, the contractor may post, in a public and conspicuous location, a notice to clients that a sliding fee scale is available and that no client will be denied services for inability to pay. The sliding fee scale must be updated annually based on USDHHS Poverty guidelines as published in the Federal Register, *submitted to* and approved by DPHS.

5. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private *and commercial* insurances, Medicare, and Medicaid for all reimbursable services rendered.

Contractor Initials: PW
Date: 4/9/12

B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 1,002 users with 1,002 medical encounters, as defined in the Data and Reporting Requirements for State Fiscal Year 2013. Clinical service reimbursements shall not exceed the Medicare rate.

C) Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services.

Cultural appropriateness in dealing with homeless populations not only addresses the specific linguistic and cultural needs of minorities, but also includes sensitivity to their unique vulnerabilities. Cultural sensitivity recognizes the distrust of providers and institutions often felt by people in these situations. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.

2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.

3. When feasible and appropriate, provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provide to them without language assistance.

4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.

5. The contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency Citation *45 CFR 80.3(b) (2)*. The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client, language line).

D) State and Federal Laws

The Contractor is responsible for compliance with all relevant state and federal laws. Special attention is called to the following statutory responsibilities:

1. *The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 301*, adopted 6/3/08.

2. Persons employed by the contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults, RSA 631:6, Assault and Related Offences and RSA 130:A, Lead Paint Poisoning and Control.

3. Immunizations shall be conducted in accordance with RSA 141-C and the Immunization Rules promulgated thereunder.

Contractor Initials: RK

Date 4/19/12

E) **Relevant Policies and Guidelines**

1. The Contractor shall design and provide the services described above to meet the unique and identified health needs of the populations within the contracted service area.

2. Primary Care for the Homeless funds shall be targeted to homeless populations in need. Homeless populations are defined as follows:

   - Individuals who lack housing including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations

   - Individuals who are residents in transitional housing.

   - Individuals who are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members may be considered homeless.

   - Individuals who are to be released from a prison or a hospital may also be considered homeless if they do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

   - Individuals may continue receiving primary care services for one year following placement in permanent housing.

3. The Contractor shall design and implement systems of governance, administration, financial management, information management, and clinical services which are adequate to assure the provision of contracted services, and to meet the data and reporting requirements. These systems shall meet the most current minimum standards described in at least one of the following: Health Resources and Services Administration (HRSA) Office of Performance Review protocols, Joint Commission on Accreditation of Health Care Organizations (JCAHO), Accreditation Association for Ambulatory Healthcare (AAAHC), Community Health Accreditation Program (CHAP) or the *Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey.*

4. The Contractor shall carry out the work as described in the performance work plan submitted with the proposal and approved by the Rural Health and Primary Care Section (RHPCS), and the Maternal and Child Health Section (MCHS).

F) **Publications Funded Under Contract**

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.

2. All documents (written, video, audio, *electronic*) produced, reproduced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.

3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C (14.1).

G) **Subcontractors**

1. If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the Division of Public Health Services (DPHS), Maternal and Child Health Section must be notified in writing *and approve the subcontractual agreement*, prior to initiation of the subcontract.

Contractor Initials: _____

Date: 4/9/12

2. In addition, the original DPHS contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

II. Minimal Standards of Core Services

A) Service Requirements

1. Medical Home

The Contractor shall provide a Medical Home that.

a) *Facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family.*

b) *Provides care facilitated by registries, information technology, health information exchange, and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.*

2. Primary Care Services

The Contractor shall provide primary care services to populations in need who reside in the contractor's service area. Primary care services shall include:

a) Health care provided by a New Hampshire licensed MD, DO, ARNP, or PA, including diagnosis and treatment of acute and chronic illnesses within the scope of family practice; preventive services, screenings, and health education according to established, documented state or national guidelines; assessment of need for social and nutrition services, and appropriate referrals to health, *oral health,* and behavioral health specialty providers.

b) Referral to WIC Nutrition Program for all eligible pregnant women, infants, and children.

c) In-hospital care for conditions within the scope of family practice must be provided at a hospital, within the agency service area, through a staff clinician with full hospital privileges, or in the alternative, through a formal referral and admissions procedure available to clients on a 24 hour/7 day a week basis.

d) Access to a healthcare provider, directly or by referral or subcontract, by telephone twenty-four hours per day, seven days per week.

e) Assessment of psychosocial risk for all clients at least annually and for children at scheduled preventive care visits, including, at a minimum, age appropriate guidance for injury prevention, domestic violence, adequacy of food and housing, care and welfare of children, transportation needs, and provision of necessary social services to address the priority needs and safety issues of clients and families.

f) Falls prevention screening for patients 65 years and older using the algorithm and guidelines of the American Geriatric Society.

g) Behavioral health care directly or by referral to an agency or provider with a sliding fee scale.

h) *Nutrition assessment for all clients as part of the health maintenance visit.* Therapeutic nutrition services shall be provided *as indicated* directly or by referral to an agency or provider with a sliding fee scale. These services shall be recorded in the medical record.

i) Formal arrangements with a local hospital for emergency care must be in place and reviewed annually.

Contractor Initials: PV
Date: 4/9/12

j) Assisted living and skilled nursing facility care by referral.

k) Oral screening, as part of the annual health maintenance visit, for all clients 19 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health. as part of the health maintenance visit.

l) Diagnosis and management of pediatric and adult patients with asthma provided according to National Heart Lung Blood Institute, National Asthma Education and Prevention Program, Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma, 2007.

3. Reproductive Health Services

The Contractor shall provide or arrange referral for prenatal, internatal and preconception medical care, social services, nutrition services, education and nursing care to all women of childbearing age. Preconceptional care includes the preconception, internatal and postpartum periods in women's health. It is recommended that preconceptional and internatal care visits focus on maintaining or achieving the optimal health of the mother, lowering the risk of future adverse pregnancy outcomes, the family's future plans, and how additional children fit into that plan. Preconceptional counseling may be done during an office, group or home visit.

a) In the event prenatal care is not provided directly by the Contractor, a formal Memorandum/a of Agreement for coordinated referral to an appropriately qualified provider must be maintained.

b) If provided directly, prenatal care shall, at minimum, be in accordance with the *Guidelines for Perinatal Care, sixth* or most current edition, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists (ACOG), and /or the Centers for Disease Control.

c) Genetic Screening:
   i. A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.
   ii. All pregnant women entering care prior to 20 weeks gestation shall be offered voluntary genetic screening for fetal chromosomal abnormalities following the recommendations found in the ACOG Compendium of Selected Publications (2006) or more recent supplements. The Contractor shall be responsible for referral to appropriate genetic testing and counseling services for any woman found to have a positive screening test.

d) Age appropriate reproductive health care shall, at a minimum, be provided in accordance with the American College of Obstetricians and Gynecologists, *Guidelines for Adolescent Preventive Services (GAPS)* or the USDHHS Centers for Disease Control (CDC) current guidelines.

e) Family planning counseling for prevention of subsequent pregnancy following an infant's birth shall be discussed with the infant's mother *at the first postpartum visit and at the infant's 2-month visit and other visits as appropriate.* Rationale for birth intervals of 18-24 months shall be presented.

f) A referral to a Title X Family Planning Clinic or other reproductive health care provider shall be made as appropriate.

Contractor Initials: IK

Date 4/9/12

4. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", *Third* Edition or most recent. Children and adolescent visits shall include:

a) Blood lead testing shall be performed in accordance with "New Hampshire Childhood Lead Poisoning Screening and Management Guidelines", issued by the New Hampshire Department of Health and Human Services, *2009* or subsequent revisions.

b) All children enrolled in either Healthy Kids-Gold or the Women, Infant, and Children (WIC) Program and/or who are ≤ 185% poverty, regardless of town of residence, are required to have a blood lead test at ages one and two years. All children ages three to six years who have not been previously tested shall have a capillary or venous blood lead test performed.

c) All children shall be screened for iron deficiency anemia as outlined in the Centers for Disease Control and Prevention document "Recommendations to Prevent and Control Iron Deficiency in the United States (4/2/98)".

d) Age-appropriate anticipatory guidance, dietary guidance, and *feeding practice counseling* for optimal oral health shall be provided at each well child visit according to the American Academy of Pediatrics' periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent edition. Starting at age 6 months, it is recommended that all children receive an oral health assessment at every well child visit.

e) *Supplemental* fluoride shall be prescribed as needed based upon the fluoride levels in the child's *drinking* water supply. The fluoride dosage regimen accepted by the American Academy of Pediatrics shall be followed. No fluoride shall be prescribed without obtaining water from private wells or noting the presence or absence of fluoride in the public water supply. *Supplemental fluoride may include bottled water containing fluoride and topical applications such as varnishes.*

f) *For infants enrolled in WIC Nutrition Program, parents shall be referred to WIC for breastfeeding support and referral to the WIC Nutrition Program peer counselors.*

5. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment for sexually transmitted infections.

a) Treatment for sexually transmitted infections shall be provided according to the United States Centers for Disease Control Sexually Transmitted Diseases Treatment Guidelines, *2010* or subsequent revisions.

b) All clients, including women, shall be offered HIV testing following the most current recommendations of the United States Centers for Disease Control.

c) The contractor shall be responsible for ensuring referral to appropriate treatment services for any woman found to screen positive.

d) Appropriate risk reduction counseling shall be provided based on client needs.

Contractor Initials: _____

Date: 4/9/12

6. Substance Use Services

a) A substance use screening history using a formal, validated screening tool shall be obtained for all clients as soon after entry into care as possible. Substance use counseling *or other substance abuse intervention, treatment, or recovery services* by an appropriately credentialed provider shall be provided on-site, or by referral, to clients with identified needs for these services. *For these identified clients, ongoing primary care services should include follow up monitoring relative to substance abuse.*

b) All clients, including pregnant women, identified as smokers shall receive counseling *using the 5 A's (ask, advise, assess, assist, and arrange) treatment available through the NH Tobacco Helpline* as cited in the U.S. Public Health Service report, "Tobacco Use and Dependence", *2008* or "Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking", American College of Obstetricians and Gynecologists, *2011. With prior approval, agencies may also opt to participate in the DPHS best practice initiative of the 2A's and R (ask, advise and refer).*

7. Immunizations

a) The Contractor shall adhere to the most current version of the "Recommended Adult Immunization Schedule United States", approved by the Advisory Committee on Immunization Practices, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians.

b) The Contractor shall administer vaccines according to the most current version of the *"Recommended Immunization Schedule for Persons Aged 0 Through 6 Years - United States", and "Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States"* approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians, based upon availability of vaccine from the New Hampshire Immunization Program.

8. Prenatal Genetic Screening

a) A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

b) All pregnant women should be offered voluntary genetic screening for fetal chromosomal abnormalities at the appropriate time following recommendations found in the American College of Obstetricians and Gynecologists' "Screening for Fetal Chromosomal Abnormalities (2007)" or more recent guidelines. The Contractor shall be responsible for ensuring referral to appropriate genetic testing and counseling for any woman found to have a positive screening test.

9. Additional Requirements

a) The Contractor's Medical Director shall participate in the development and approval of specific guidelines for medical care that supplement minimal clinical standards. Supplemental guidelines should be reviewed, signed and dated annually, and updated as indicated.

b) Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

c) The Contractor shall provide information to all employees annually about the Medical Reserve Corps Unit within their Public Health Region to enhance recruitment.

Contractor Initials: DK

Date: 4/9/12

d) *The Contractor shall provide information to all employees annually regarding the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) managed by the NH Department of Health and Human Services' Emergency Services Unit, to enhance recruitment.*

B) **Staffing Provisions**

The Contractor shall have, at minimum, the following positions:

a) executive director

b) financial director

c) registered nurse

d) clinical coordinator

e) medical *service* director (or by contract)

f) nutritionist (on site or by referral)

g) social worker

Agencies are required to provide direct services by the following professionals:

a) physician, advanced registered nurse practitioner, or physician's assistant

b) registered nurse

c) clinical coordinator

d) social worker

1. Qualifications

All health and allied health professionals shall have the appropriate New Hampshire licenses whether directly employed, contracted, or subcontracted.

In addition the following minimum qualifications shall be met for:

a) Registered Nurse
   a. A registered nurse licensed in the state of New Hampshire, Bachelor's degree preferred. Minimum of one year experience in a community health setting.

b) Nutritionists:
   a. A Bachelor's degree in nutritional sciences or dietetics, or a Master's degree in nutritional sciences, nutrition education, or public health nutrition or current Registered Dietitian status in accordance with the Commission on dietetic Registration of the American Dietetic Association.

   b. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.

c) Social Workers shall have:

Contractor Initials: PK

Date: 4/9/12

a. A Bachelor's or Master's degree in social work or Bachelor's or Master's degree in a related social science or human behavior field. A minimum of one year of experience in a community health or social services setting is preferred.

b. Individuals who perform functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.

d) Clinical Coordinators shall be:

a. A registered nurse (RN), physician, physician assistant or nurse practitioner with a license to practice in New Hampshire.

b. The coordinator is a clinical position that oversees and takes responsibility for the clinical and administrative functions of each program.

c. Coordinator may be responsible for more than one MCH funded program.

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator or any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.

3. Vacancies

a) The Contractor must notify the MCHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month. This may be done through a budget revision.

b) Before an agency hires new program personnel that do not meet the required staff qualifications, the agency shall notify the MCHS in writing requesting a waiver of the applicable staffing requirements. The Section may grant waivers based on the need of the program, individuals' experience, and additional training.

C) Coordination of Services

1. The Contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.

2. The Contractor shall engage in outreach activities to identify homeless individuals and educate them about the availability of primary care services. This should be done in coordination with other service providers, when appropriate.

3. The Contractor shall participate in activities *in the Public Health Region in which they provide services* as appropriate. These activities enhance the integration of community-based public health prevention and health care initiatives that are being implemented by the contractor and may include community needs assessments, public health performance assessments, and/or the development of regional health improvement plans.

4. The Contractor agrees to *participate in and* coordinate with public health activities as requested by the Division of Public Health during any *disease outbreak* and/or *emergency*, natural or man-made, affecting the public's health.

Contractor Initials: [illegible]

Date 4/9/12

5. The Contractor is responsible for case management of the client enrolled in the program and for program follow-up activities. Case management services shall promote effective and efficient organization and utilization of resources to assure access to necessary comprehensive medical, nutritional, and social services for clients.

6. The Contractor shall assure that *appropriate, responsive, and timely* referrals and linkages for other needed services are made, carried through, and documented. Such services shall include, but not be limited to: dental services, genetic counseling, high risk prenatal services, mental health, social services, including domestic violence crisis centers, substance abuse services; and family planning services, Early Supports and Services Program, local WIC/CSF Program, Home Visiting New Hampshire Programs and health and social service agencies which serve children and families in need of those services.

D) Meetings and Trainings

The contractor will be responsible for sending staff to meetings and training required by the MCHS program, including but not limited to:

1. MCHS Agency Directors' meetings

2. MCHS Agency Medical Directors meetings

III. Quality or Performance Improvement (QI/PI)

A) Workplans

1. Performance Workplans are required for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the RHPCS and the MCHS performance-based contracting system and of this contract. *Outcomes shall be reported by clinical site.*

2. Submit Performance Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

3. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan and activities that monitor and evaluate the agency's progress toward performance measure targets.

4. The Contractor shall comply with modifications and/or additions to the workplan and annual report format as requested by RHPCS and MCHS. *MCHS* will provide the contractor with reasonable notice of such changes.

5. Agencies contracting for Primary Care Services must submit the workplans for Primary Care *Clinical and Financial*, Child Health, and Prenatal Care.

B) Additional Reporting Requirements

In addition to Performance Workplans, the Contractor shall submit to MCHS and the following data *and information listed below which are* used to monitor program performance:

1. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be completed according to

the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.

2. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

3. Completed Uniform Data Set (UDS) tables reflecting program performance in the previous calendar year, by March 31 of each year.

4. If prenatal care is provided, Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

5. A copy of the agency's updated Sliding Fee Scale including the amount(s) of any client fees and the schedule of discounts must be submitted by March 31st of each year. The agency's sliding fee scale must be updated annually based on the US DHHS Poverty guidelines as published in the Federal Register.

6. An annual summary of program-specific patient satisfaction results obtained during the prior contract period and the method by which the results were obtained shall be submitted annually as an addendum to the Workplan Outcome/Progress reports.

C) **On-site reviews**

1. The contractor shall allow a team or person authorized by the Division of Public Health Services to periodically review the contractor's systems of governance, administration, data collection and submission, clinical and financial management, and delivery of education services in order to assure systems are adequate to provide the contracted services.

2. Reviews shall include client record reviews to measure compliance with this exhibit.

3. The contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this exhibit.

4. On-Site reviews may be waived or abbreviated at the discretion of MCHS, upon submission of satisfactory reports of reviews such as Health Services Resources Administration (HRSA): Office of Performance Review (OPR), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, the Community Health Accreditation Program (CHAP), or Accreditation Association for Ambulatory Healthcare (AAAHC). Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

Contractor Initials: [illegible]

Date: 4/9/12

NH Department of Health and Human Services

Exhibit B

Purchase of Services
Contract Price

Primary Care Services for the Homeless

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: Harbor Homes, Inc.

ADDRESS: 45 High Street
Nashua, New Hampshire 03060
President and Chief Executive Officer: Peter Kelleher
TELEPHONE: 603-882-3616

Vendor #155358-B001 Job #90080000 Appropriation #010090-51900000-102-500731

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during the period of the contract shall not exceed:

   $118,552 for Primary Care Services for the Homeless, funded from 19.95% federal funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (CFDA #93.994) and 80.05% general funds.

TOTAL: $118,552

2. The Contractor agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including, but not limited to, personnel costs and operating expenses related to the Services, as detailed in the attached budgets. Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Contractor agrees not to use or apply such funds for capital additions or improvements, entertainment costs, or any other costs not approved by the State.

3. This is a cost-reimbursement contract based on an approved budget for the contract period. Reimbursement shall be made monthly based on actual costs incurred during the month up to an amount not greater than one-twelfth of the contract amount. Reimbursement greater than one-twelfth of the contract amount in any month shall require prior, written permission from the State.

4. Invoices shall be submitted by the Contractor to the State in a form satisfactory to the State for each of the Service category budgets. Said invoices shall be submitted within twenty (20) working days following the end of the month during which the contract activities were completed, and the final invoice shall be due to the State no later than sixty (60) days after the contract Completion Date. Said invoice shall contain a description of all allowable costs and expenses incurred by the Contractor during the contract period.

5. Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Contractor to cover the costs and expenses incurred in the performances of the services.

6. The Contractor may amend the contract budget for any Service category through line item increases, decreases, or the creation of new line items provided these amendments do not exceed the contract price for that particular Service category. Such amendments shall only be made upon written request to and written approval by the State. Budget revisions will not be accepted after June 20th of each contract year.

Contractor Initials: [signature]
Date 4/9/12

7. The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars ($300) and with a useful life beyond one year.

The remainder of this page is intentionally left blank.

Contractor Initials: [signature]
Date: 4/9/12

Exhibit C

SPECIAL PROVISIONS

1. **Contractors Obligations:** The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

2. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

3. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

4. **Documentation:** In addition to the determination forms, required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

5. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

6. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

7. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

8. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party fundors for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party fundors, the Department may elect to:

   8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

Contractor Initials AK

Date 4/4/12

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

9. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

9.1 **Fiscal Records:** Books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

9.2 **Statistical Records:** Statistical, enrollment, attendance, or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

10.1 **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

10.2 **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directed connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

Contractor Initials: PK

Date: 4/9/12

Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

12. **Reports: Fiscal and Statistical**: The Contractor agrees to submit the following reports at the following times if requested by the Department

12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

12.2 Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

13. **Completion of Services:** Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14. **Credits:** All documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. **Operation of Facilities:** Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the Contractor with respect to the operation of the facility or the provision of the services at such facility. If any government license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

Contractor Initials: RK

Date: 4/19/12

16. **Insurance:** Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed $500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed $500,000, is comprehensive general liability insurance in amounts of not less than $1,000,000 per claim or occurrence and $2,000,000 in the aggregate. *These amounts may NOT be modified.*

X (1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed $500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $250,000 per claim and $2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

☐ (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

18. **Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:**

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

Contractor Initials IK

Date: 4/4/12

19. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

Contractor Initials: PV

Date 4/9/12

SPECIAL PROVISIONS – DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean the section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Whenever federal or state laws, regulations, rules, orders, and policies, etc., are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc., as they may be amended or revised from time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act. NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.

Contractor Initials: [illegible]

Date: 4/9/12

NH Department of Health and Human Services

Standard Exhibit D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act to 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I – FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES – CONTRACTORS
US DEPARTMENT OF EDUCATION – CONTRACTORS
US DEPARTMENT OF AGRICULTURE – CONTRACTORS

This certification is required by the regulations implementing Sections 5151-51-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). the January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630 of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services,
129 Pleasant Street
Concord, NH 03301

1) The grantee certifies that it will or will continue to provide a drug-free workplace by:

   (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

   (b) Establishing an ongoing drug-free awareness program to inform employee's about:

      (1) The dangers of drug abuse in the workplace;
      (2) The grantee's policy of maintaining a drug-free workplace;
      (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
      (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

   (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

   (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

      (1) Abide by the terms of the statement; and

Contractor Initials

Date: 4/9/12

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

2) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, State, zip code) (list each location)

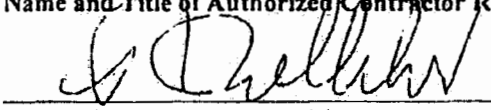
Check ☐ if there are workplaces on file that are not identified here.

Harbor Homes, Inc. — From: 7/1/12 or date of G&C Approval, whichever is later To: 6/30/14

Contractor Name — **Period Covered by this Certification**

Peter Kelleher, President & CEO

Name and Title of Authorized Contractor Representative



4/9/12

Contractor Representative Signature — **Date**

NH Department of Health and Human Services

Standard Exhibit E

CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES – CONTRACTORS
US DEPARTMENT OF EDUCATION – CONTRACTORS
US DEPARTMENT OF AGRICULTURE – CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

Contract Period: 7/1/12 or date of G&C Approval, whichever is later, through 6/30/14

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

(2) If any funds, other than Federal appropriated funds, have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions, attached and identified as Standard Exhibit E-I.

(3) The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

	Peter Kelleher, President & CEO
Contractor Signature	**Contractor's Representative Title**
Harbor Homes, Inc.	4/9/12
Contractor Name	**Date**

Standard Exhibit F

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions, execute the following Certification:

Instructions for Certification

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transition. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transition," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntary excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rule implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transaction", "provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

Contractor Initials: [illegible]
Date 4/9/10

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

   a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

   b. have not within a three-year period preceding this proposal (contract) been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

   c. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph 1 b of this certification; and

   d. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

Lower Tier Covered Transactions

By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

(b) where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Peter Kelleher, President & CEO

Contractor Signature — Contractor's Representative Title

Harbor Homes, Inc. — 4/9/12

Contractor Name — Date

NH Department of Health and Human Services

Standard Exhibit G

CERTIFICATION REGARDING THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

The contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.

[signature]	Peter Kelleher, President & CEO
Contractor Signature	**Contractor's Representative Title**
Harbor Homes, Inc.	4/9/12
Contractor Name	**Date**

Budget Form

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Harbor Care Health and Wellness Center

Budget Request for: Primary Care Services for the Homeless
(Name of RFP)

Budget Period: July 1, 2012 - June 30, 2013

	Direct	Indirect	Total	Allocation Method for Indirect/Direct Cost
1. Total Salary/Wages	$ 19,000.00	$ -	$ 19,000.00	
2. Employee Benefits	$ 5,414.00	$ -	$ 5,414.00	
3. Consultants	$ 22,250.00	$ -	$ 22,250.00	
4. Equipment:	$ -	$ -	$ -	
Rental	$ -	$ -	$ -	
Repair and Maintenance	$ -	$ -	$ -	
Purchase/Depreciation	$ -	$ -	$ -	
5. Supplies:	$ -	$ -	$ -	
Educational	$ -	$ -	$ -	
Lab	$ -	$ -	$ -	
Pharmacy	$ -	$ -	$ -	
Medical	$ 7,290.00	$ -	$ 7,290.00	
Office	$ 50.00	$ -	$ 50.00	
6. Travel	$ 1,500.00	$ -	$ 1,500.00	
7. Occupancy	$ -	$ -	$ -	
8. Current Expenses	$ -	$ -	$ -	
Telephone	$ 500.00	$ -	$ 500.00	
Postage	$ -	$ -	$ -	
Subscriptions	$ -	$ -	$ -	
Audit and Legal	$ -	$ -	$ -	
Insurance	$ 2,000.00	$ -	$ 2,000.00	
Board Expenses	$ -	$ -	$ -	
9. Software	$ -	$ -	$ -	
10. Marketing/Communications	$ 100.00	$ -	$ 100.00	
11. Staff Education and Training	$ 1,172.00	$ -	$ 1,172.00	
12. Subcontracts/Agreements	$ -	$ -	$ -	
13. Other (specific details mandatory):	$ -	$ -	$ -	
Membership Dues	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 59,276.00	$ -	$ 59,276.00	

Indirect As A Percent of Direct 0.0%

Budget Form

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Harbor Care Health and Wellness Center

Budget Request for: Primary Care Services for the Homeless
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

1. Total Salary/Wages	$ 19,000.00	$ -	$ 19,000.00
2. Employee Benefits	$ 5,414.00	$ -	$ 5,414.00
3. Consultants	$ 22,250.00	$ -	$ 22,250.00
4. Equipment:	$ -	$ -	$ -
Rental	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -
Educational	$ -	$ -	$ -
Lab	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -
Medical	$ 7,290.00	$ -	$ 7,290.00
Office	$ 50.00	$ -	$ 50.00
6. Travel	$ 1,500.00	$ -	$ 1,500.00
7. Occupancy	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -
Telephone	$ 500.00	$ -	$ 500.00
Postage	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -
Insurance	$ 2,000.00	$ -	$ 2,000.00
Board Expenses	$ -	$ -	$ -
9. Software	$ -	$ -	$ -
10. Marketing/Communications	$ 100.00	$ -	$ 100.00
11. Staff Education and Training	$ 1,172.00	$ -	$ 1,172.00
12. Subcontracts/Agreements	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
TOTAL	$ 59,276.00	$ -	$ 59,276.00

Indirect As A Percent of Direct 0.0%

State of New Hampshire
Department of Health and Human Services
Amendment #4 to the Primary Care Services Contract

This 4th Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #4") dated this, 1st day of May, 2017 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and HealthFirst Family Care Center, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 841 Central Street, Franklin, New Hampshire 03235.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #131); as amended by an agreement (Amendment #1 to the Contract) approved by the Governor and Executive Council on May 8, 2014 (Item #34A); as amended by an agreement (Amendment #2 to the Contract) approved by the Governor and Executive Council on June 24, 2015 (Item #58); as amended by an agreement (Amendment #3 to the Contract) approved by the Department on December 21, 2016; the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the Form P-37, General Provisions of the Agreement, the State may amend the contact terms and conditions by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for nine (9) months, add services to Exhibit A, Scope of Services and increase the price limitation; and.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   March 31, 2018
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $1,520,520
3. Add Exhibit A- Amendment #4, Scope of Services.
4. Add Exhibit A-1 – Amendment #4, Performance Measures
5. Add Exhibit B – Amendment #4, Method and Conditions Precedent to Payment.
6. Add Exhibit B-1 – Amendment #4 MCHS Budget.
7. Add Exhibit B-2 – Amendment #4, BCCP Budget.

5/12/17

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

5/31/17
Date

NAME: LISA MORRIS
TITLE: DIRECTOR, DPHS

Health First Family Care Center, Inc.

5/12/17
Date

NAME
TITLE

Acknowledgement:

State of NH, County of MERRIMACK on 05-12-17, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Susan D. Connolly
Name and Title of Notary or Justice of the Peace

My Commission Expires: 06-29-21

SUSAN D. CONNOLLY
Notary Public - New Hampshire
My Commission Expires June 29, 2021

RDS 5/12/17

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/5/17
Date

Name: Megan A. Lapdo
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

_____
Date

_____
Name:
Title:

RDS 5/12/17

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.6.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.6.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.6.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

Contractor's Initials: AMS

Date 5/12/17

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than thirty (30) consecutive days or any sixty (60) non-consecutive days.

2.2. The Contractor shall assist individuals with completing a Medicaid/Expanded Medicaid or other health insurance application when income calculations indicate possible eligibility.

2.3. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.4. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.4.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.4.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Perinatal services, including but not limited to access to obstetrical services either on-site or by referral.

3.1.3. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.4. Integrated Behavioral Health Services.

3.1.5. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.6. Assessment of need and follow-up/referral as indicated for:

3.1.6.1. Tobacco cessation, including referral to QuitWorks-NH, www.QuitWorksNH.org.

3.1.6.2. Social services.

3.1.6.3. Chronic Disease management, including disease specific referral and self-management education, which may include, but is not limited to referral to Diabetes Self-

Contractor's Initials: RMS
Date 5/12/17

Management Education (DSME), as recommended by the American Diabetes Association.

3.1.6.4. Nutrition services, including WIC, as appropriate.

3.1.6.5. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.1.6.6. Screening, Brief Intervention and Referral to Treatment (SBIRT) services, including but not limited to contact with the Regional Public Health Network Continuum of Care Development Initiative.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which includes but is not limited to access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.3. The Contractor shall provide enabling services, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor shall facilitate enabling services that include, but are not limited to:

3.3.1. Case management, which may include but is not limited to, care facilitated by registries; information technology; health information exchanged; and other services that ensure patients receive necessary care when and where it is needed and wanted 8in a culturally and linguistically appropriate manner.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach, which may include but is not limited to the use of community health workers.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 – Amendment #3 that include activities related to:

Contractor's Initials: RP

Date 5/12/17

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

Contractor's Initials: RLL

Date 5/12/17

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Quality Improvement

5.1. The Contractor shall conduct a minimum of two (2) quality improvement projects which consist of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall ensure:

Contractor's Initials: RVS

Date 5/12/17

5.1.1. One (1) quality improvement project focuses on the performance measure as designated by the Department.

5.1.2. One (1) quality improvement project is based on previous performance outcomes needing improvement, as selected by the Contractor.

5.2. The Contractor shall utilize Quality Improvement (QI) science to develop and implement a QI Workplan for each QI project, which shall include but not be limited to:

5.2.1. Specific goals and objectives for the project period.

5.2.2. Evaluation methods to demonstrate improvements in the quality, efficiency, and effectiveness of patient care.

5.3. The Contractor may utilize activities in QI projects that enhance clinical workflow and improve patient outcomes, which may include but are not limited to:

5.3.1. EMR prompts/alerts.

5.3.2. Protocols/Guidelines.

5.3.3. Diagnostic support.

5.3.4. Patient registries.

5.3.5. Collaborative learning sessions.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care services who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within thirty (30) days of hire.

6.4. The Contractor shall notify the MCHS, in writing, when:

6.4.1. Any critical position is vacant for more than thirty (30) days.

6.4.2. There is not adequate staffing to perform all required services for more than thirty (30) consecutive days or any sixty (60) nonconsecutive days.

Contractor's Initials: RDS

Date 5/12/17

6.5. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.5.1. A registered nurse who:

6.5.1.1. Is licensed with the NH Board of nursing; or

6.5.1.2. Has attained bachelor's degree from a recognized college or university.

6.5.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.5.1.

7. Coordination of Services

7.1. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.1.1. Community needs assessments.

7.1.2. Public health performance assessments.

7.1.3. The development of regional health improvement plans.

7.2. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

Contractor's Initials: [signature]

Date 5/12/17

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit a Performance Measure Outcome Report, which details the plan for improvement when a performance measure targeted goal is not met.

9.4. The Contractor shall submit an annual Workplan for the two (2) quality improvement projects that demonstrate improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall submit at least one (1) annual Workplan that includes a detailed description of the enabling services funded by this contract. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.6. The Contractor shall collect and submit the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st of each contract year.

9.7. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

Contractor's Initials: RMS

Date 5/12/17

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Contractor's Initials: RLS

Date 5/12/17

Exhibit A-1 – Amendment #4

1. MATERNAL AND CHILD HEALTH SECTION (MCHS) PRIMARY CARE PERFORMANCE MEASURES

1.1. **Definitions**

1.1.1. **Measurement Year** – Measurement Year is defined as the calendar year, January 1st through December 31st.

1.1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.1.4. **NQF** – National Quality Forum

1.1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.1.6. **UDS** – Uniform Data System

1.1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. **Breastfeeding**

2.1.1. **Percent of infants who are ever breastfed** (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. **Preventive Health: Lead Screening**

2.2.1. **Percent of children 3 years of age who had two or more capillary or venous lead blood test for lead poisoning by their third birthday.** (NH MCHS).

2.2.1.1. Numerator: All patient children who received at least one capillary or venous lead screening test between nine (9) months to eighteen (18) months of age **AND** one (1) capillary or venous lead screening test between nineteen (19) to thirty (30) months of age.

2.2.1.2. Denominator: All patient children who turned three (3) years old during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (HEDIS,).

Contractor Initials: RDS
Date: 5/12/17

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. **Maternal Depression Screening**

2.4.2.1. **Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative PLUS women who screened positive AND have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

2.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (NQF 0421, UDS).

2.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of

counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit OR within twenty-four (24) months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who delivered a live birth in the measurement year.

2.6.2.4. Definitions:

Contractor Initials: KPS
Date: 5/12/17

2.6.2.4.1. Tobacco Use: Includes any type of tobacco

2.6.2.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

2.7. **At Risk Population: Hypertension**

2.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHG) during the measurement year** (NQF 0018).

2.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm HG at the time of their last measurement.

2.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension (must have been diagnosed with hypertension 6 or more months before the measurement date) who had at least one (1) medical visit during the measurement year. (Excludes pregnant women and patients with End Stage Renal Disease.)

2.8. **Patient Safety: Falls Screening**

2.8.1. **Percent of patients aged 65 years and older who were screened for fall risk at least once within 12 months** (NH MCHS).

2.8.1.1. Numerator: Patients who were screened for fall risk at least once within the measurement year.

2.8.1.2. Denominator: All patients aged 65 years and older seen by a health care provider within the measurement year.

2.9. **SBIRT**

2.9.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services (NH MCHS).

2.9.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention and/or referral to services.

2.9.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.1.3. Denominator: Number of patients aged 18 years and older seen for annual/preventive visit within the measurement year.

2.9.1.4. Definitions:

2.9.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.9.1.4.2. Brief Intervention: Includes guidance or counseling.

2.9.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.9.2. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services (NH MCHS)**.**

2.9.3. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

2.9.4. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.5. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.9.6. Definitions:

2.9.6.1. Substance Use: Includes any type of alcohol or drug.

2.9.6.2. Brief Intervention: Includes guidance or counseling.

2.9.6.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

Contractor Initials: AD
Date: 5/12/17

Exhibit B-1 Amendment #4 MCHS Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: HealthFirst Family Care Center

Budget Request for: Maternal & Child Health Services

Budget Period: July 2017 to March 2018

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**
1. Total Salary/Wages	$ 148,636.80	$ 14,863.68	$ 163,500.48	$19,729.32	$ 1,972.93	$ 21,702.25	$128,907.48	$ 12,890.75	$ 141,798.23
2. Employee Benefits (22% of wages)	$ 32,700.10	$ 3,270.01	$ 35,970.11	$ 4,340.45	$ 434.05	$ 4,774.50	$ 28,359.65	$ 2,835.96	$ 31,195.61
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ 5,286.51	$ 528.65	$ 5,815.16	$ -	$ -	$ -	$ 5,286.51	$ 528.65	$ 5,815.16
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 186,623.41**	**$ 18,662.34**	**$ 205,285.75**	**$ 24,069.77**	**$ 2,406.98**	**$ 26,476.75**	**$ 162,553.64**	**$ 16,255.36**	**$ 178,809.00**
Indirect As A Percent of Direct		10.0%							

Contractor Initials: ADS

Date: 5/12/17

Exhibit B-2 - Amendment #4 BCCP Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: HealthFirst Family Care Center

Budget Request for: Breast & Cervical Cancer Program (BCCP) Services

Budget Period: July 2017 to March 2018

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 6,614.40	$ 661.44	$ 7,275.84	$3,307.20	$ 330.72	$ 3,637.92	$3,307.20	$ 330.72	$ 3,637.92
2. Employee Benefits (22% of wages)	$ 1,455.17	$ 145.52	$ 1,600.68	$ 727.58	$ 72.76	$ 800.34	$ 727.58	$ 72.76	$ 800.34
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (BCCP CLIENT SERVICE):	$ 2,274.31	$ 227.43	$ 2,501.74	$ -	$ -	$ -	$ 2,274.31	$ 227.43	$ 2,501.74
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 10,343.88**	**$ 1,034.39**	**$ 11,378.27**	**$ 4,034.78**	**$ 403.48**	**$ 4,438.26**	**$ 6,309.09**	**$ 630.91**	**$ 6,940.00**
Indirect As A Percent of Direct		10.0%							

Contractor Initials: [signature]

Date: 5/12/17

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 HEALTHFIRST FAMILY CARE CENTER, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 23. 1996. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **248976**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire.
this 24th day of April A.D. 2017.

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

(Corporation without Seal)

I, Michael Stanley, do hereby certify that:

1. I am the duly elected Vice Chairman of the Board of Directors for the Nonprofit Corporation HealthFirst Family Care Center, Inc.

2. James Wells is the duly elected Chairman of the Board of the Corporation.

3. Richard Silverberg is the duly appointed President and Chief Executive Officer (CEO) of the Corporation.

4. The following resolution was adopted at a meeting of the Board of Directors held on the 26th day of April, 2017:

   RESOLVED: That the Chairman of the Board of HealthFirst Family Care Center, Inc. and/or the President and CEO are hereby authorized on behalf of this Corporation to enter into Board-approved and previously authorized contracts with agencies of the Federal government and the State of New Hampshire and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications related thereto, as they may deem necessary, desirable, or appropriate as directed by the Board.

5. The forgoing resolution has not been amended or revoked, and remains in full force and effect as of the 12th day of May, 2017.

(Signature of Vice Chairman)

STATE OF NEW HAMPSHIRE

County of Merrimack

The forgoing instrument was acknowledged before me this 18th day of May, 2017, by Michael Stanley.

Susan D. Connolly
(Signature of Notary Public)

My Commission Expires: 06-29-2021

SUSAN D. CONNOLLY
Notary Public - New Hampshire
My Commission Expires June 29, 2021

HEALFIR-01 LMICHALS

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/24/2016

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 have ADDITIONAL INSURED provisions or 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 License # AGR8150
Clark Insurance
One Sundial Ave Suite 302N
Manchester, NH 03102

CONTACT NAME: Lorraine Michals, CIC
PHONE (A/C, No, Ext): (603) 716-2362 FAX (A/C, No): (603) 622-2854
E-MAIL ADDRESS: lmichals@clarkinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Citizens Ins Co of America	31534
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Health First Family Care Center
841 Central St
Franklin, NH 03235

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			OBVA044172	07/01/2016	07/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			OBVA044172	07/01/2016	07/01/2017	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE			OBVA044172	07/01/2016	07/01/2017	AGGREGATE	$ 1,000,000
	DED X RETENTION $ 0							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N / N/A			WBVA044167	07/01/2016	07/01/2017	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

NH Dept of Health & Human Services
129 Pleasant St
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

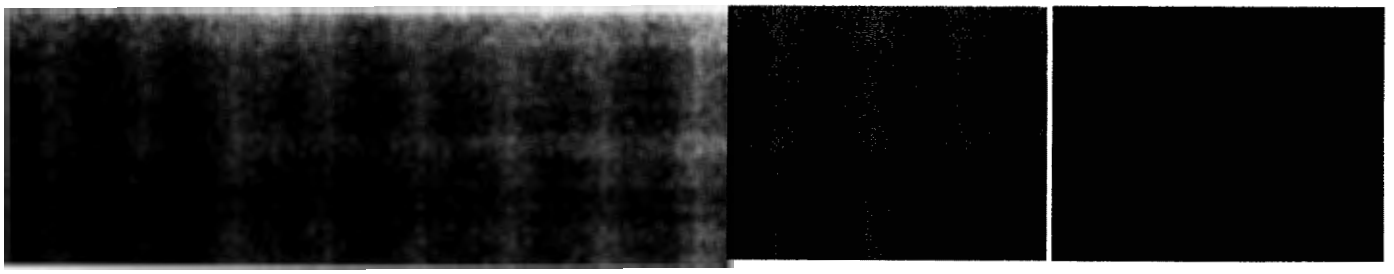
HEALTHFIRST
FAMILY CARE CENTER

Our Mission

It is the mission of HealthFirst Family Care Center, Inc. to provide high quality primary healthcare, treatment, prevention and education services required by the residents of the service area, regardless of inability to pay or insurance status, depending upon available HealthFirst resources.

HealthFirst coordinates and cooperates with other community and regional health care providers to assure the people of the region the fullest possible range of health and prevention services.

BerryDunn



HealthFirst
Family Care Center, Inc.

FINANCIAL STATEMENTS

and

REPORTS IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS* AND *THE UNIFORM GUIDANCE*

September 30, 2016 and 2015

With Independent Auditor's Report

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
HealthFirst Family Care Center, Inc.

Report on Financial Statements

We have audited the accompanying financial statements of HealthFirst Family Care Center, Inc. (the Organization), which comprise the balance sheets as of September 30, 2016 and 2015, and the related statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of HealthFirst Family Care Center, Inc. as of September 30, 2016 and 2015, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Other Matter

Our audit was conducted for the purposes of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated February 7, 2017 on our consideration of HealthFirst Family Care Center, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering HealthFirst Family Care Center, Inc.'s internal control over financial reporting and compliance.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
February 7, 2017

HEALTHFIRST FAMILY CARE CENTER, INC.

Balance Sheets

September 30, 2016 and 2015

ASSETS

	2016	2015
Current assets		
Cash and cash equivalents	**$ 915,383**	$ 461,297
Patient accounts receivable, less allowance for uncollectible accounts of $65,000 in 2016 and $60,000 in 2015	**389,664**	553,581
Grants receivable	**73,697**	121,357
Other current assets	**4,897**	1,647
Total current assets	**1,383,641**	1,137,882
Investment in limited liability company	**16,203**	-
Assets limited as to use	**146,213**	136,375
Property and equipment, net	**1,398,055**	1,471,649
Total assets	**$ 2,944,112**	$ 2,745,906

LIABILITIES AND NET ASSETS

Current liabilities		
Line of credit	**$ 23,279**	$ 52,279
Accounts payable and accrued expenses	**114,018**	98,463
Accrued payroll and related expenses	**237,984**	183,324
Deferred revenue	**45,710**	21,529
Current portion of long-term debt	**43,088**	45,442
Total current liabilities	**464,079**	401,037
Long-term debt, less current portion	**1,312,944**	1,356,032
Total liabilities	**1,777,023**	1,757,069
Net assets		
Unrestricted	**1,167,089**	988,837
Total liabilities and net assets	**$ 2,944,112**	$ 2,745,906

The accompanying notes are an integral part of these financial statements.

HEALTHFIRST FAMILY CARE CENTER, INC.

Statements of Operations and Changes in Net Assets

Years Ended September 30, 2016 and 2015

	2016	2015
Operating revenue		
Patient service revenue	**$ 3,116,971**	$ 2,979,446
Provision for bad debts	**(360,209)**	(439,124)
Net patient service revenue	**2,756,762**	2,540,322
Grants, contracts and contributions	**1,807,029**	1,597,110
Equity in earnings of limited liability company	**16,203**	-
Other operating revenue	**24,347**	16,264
Total operating revenue	**4,604,341**	4,153,696
Operating expenses		
Salaries and benefits	**2,820,353**	2,602,720
Other operating expenses	**1,476,561**	1,019,980
Depreciation	**76,385**	75,089
Interest expense	**52,790**	61,396
Total operating expenses	**4,426,089**	3,759,185
Excess of revenue over expenses and increase in unrestricted net assets	**178,252**	394,511
Net assets, beginning of year	**988,837**	594,326
Net assets, end of year	**$ 1,167,089**	$ 988,837

The accompanying notes are an integral part of these financial statements.

HEALTHFIRST FAMILY CARE CENTER, INC.

Statements of Cash Flows

Years Ended September 30, 2016 and 2015

	2016	2015
Cash flows from operating activities		
Change in net assets	$ 178,252	$ 394,511
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	76,385	75,089
Equity in earnings of limited liability company	(16,203)	-
Provision for bad debts	360,209	439,124
(Increase) decrease in the following assets		
Patient accounts receivable	(196,292)	(468,315)
Grants receivable	47,660	(24,875)
Prepaid expenses	(3,250)	6,988
Increase in the following liabilities		
Accounts payable and accrued expenses	15,555	15,108
Accrued payroll and related expenses	54,660	43,225
Deferred revenue	24,181	109
Net cash provided by operating activities	541,157	480,964
Cash flows from investing activities		
Capital expenditures	(2,791)	(60,177)
Increase in assets limited as to use	(9,838)	(9,836)
Net cash used by investing activities	(12,629)	(70,013)
Cash flows from financing activities		
Repayments on line of credit	(29,000)	(36,001)
Principal payments on long-term debt	(45,442)	(36,836)
Net cash used by financing activities	(74,442)	(72,837)
Net increase in cash and cash equivalents	454,086	338,114
Cash and cash equivalents, beginning of year	461,297	123,183
Cash and cash equivalents, end of year	$ 915,383	$ 461,297
Supplemental cash flow disclosure		
Cash paid for interest	$ 52,790	$ 61,396

The accompanying notes are an integral part of these financial statements.

Organization

HealthFirst Family Care Center, Inc. (the Organization) is a non-stock, non-profit corporation organized in the State of New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) providing high-quality primary healthcare, treatment, prevention, and education services required by the residents in the Twin Rivers Region of New Hampshire, commensurate with available resources, and coordinating and cooperating with other community and regional healthcare providers to ensure the people of the region the fullest possible range of health services.

1. Summary of Significant Accounting Policies

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and exclude assets limited as to use.

Allowance for Uncollectible Accounts

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts by analyzing its past history and identification of trends for patient balances for all funding sources in the aggregate. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts.

A reconciliation of the allowance for uncollectible accounts follows:

	2016	2015
Balance, beginning of year	$ 60,000	$ 100,000
Provision	360,209	439,124
Write-offs	(355,209)	(479,124)
Balance, end of year	$ 65,000	$ 60,000

The decrease in the allowance for uncollectible accounts and provision is primarily a result of a decrease in patient accounts receivable balances due to improved collections.

Grants Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

Investment in Limited Liability Company

The Organization is one of eight partners who each made a capital contribution of $500 to Primary Health Care Partners (PHCP). The purposes of PHCP are: (i) to engage and contract directly with the payers of health care to influence the design and testing of emerging payment methodologies; (ii) to achieve the three part aim of better care for individuals, better health for populations and lower growth in expenditures in connection with both governmental and non-governmental payment systems; (iii) to undertake joint activities to offer access to high quality, cost effective medical, mental health, oral health, home care and other community-based services, based upon the Patient-Centered Medical Home model of primary care delivery, that promote health and well-being by developing and implementing effective clinical and administrative systems in a manner that is aligned with the FQHC model, and to lead collaborative efforts to manage costs and improve the quality of primary care services delivered by health centers operated throughout the state of New Hampshire; and (iv) to engage in any and all lawful activities, including without limitation the negotiation of contracts, agreements and/or arrangements (with payers and other parties). The Organization's investment in PHCP is reported using the equity method and the investment amounted to $16,203 at December 31, 2015, the last reporting period of PHCP.

Assets Limited As To Use

Assets limited as to use consist of cash set aside under loan agreements for repairs and maintenance on the real property collateralizing the loan and assets designated by the Board of Directors.

Property and Equipment

Property and equipment are carried at cost, less accumulated depreciation. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used, and gifts of cash or other assets that must be used to acquire long-lived assets or used to extinguish debt related to long-lived assets, are reported as restricted support. In the absence of explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated, acquired long-lived assets are placed in service, or when gifts of cash are used for the extinguishment of debt related to long-lived assets.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

340B Drug Pricing Program

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. This program requires drug manufacturers to provide outpatient drugs to FQHCs and other identified entities at a reduced price. The Organization contracts with local pharmacies under this program. The local pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. Reimbursement received by the pharmacies is remitted to the Organization, less dispensing and administrative fees. Gross revenue generated from the program is included in patient service revenue. The cost of drug replenishments and contracted expenses incurred related to the program are included in other operating expenses.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

Functional Expenses

The Organization provides various services to residents within its geographic location. Expenses related to providing these services are as follows:

	2016	2015
Program services	$ 3,706,855	$ 3,130,981
Administrative and general	719,234	628,204
Total	$ 4,426,089	$ 3,759,185

Excess of Revenue Over Expenses

The statements of operations reflect the excess of revenue over expenses. Changes in unrestricted net assets which are excluded from the excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through February 7, 2017, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

Effective December 2, 2016, the Organization entered into a purchase and sale agreement with the owner of the Organization's medical office located in Franklin, New Hampshire to purchase the property on or before June 30, 2017.

2. Assets Limited as to Use

Assets limited as to use are as follows:

	2016	2015
U.S. Department of Agriculture Rural Development (Rural Development) loan agreements	$ 94,200	$ 84,368
Designated by the governing board for		
Working capital	40,000	40,000
Capital acquisition and maintenance	12,013	12,007
Total	$ 146,213	$ 136,375

3. Property and Equipment

Property and equipment consists of the following:

	2016	2015
Building and improvements	$ 1,684,182	$ 1,684,182
Leasehold improvements	103,276	129,687
Furniture and equipment	309,473	527,194
Total cost	2,096,931	2,341,063
Less accumulated depreciation	698,876	869,414
Property and equipment, net	$ 1,398,055	$ 1,471,649

4. Line of Credit

The Organization has a $300,000 line of credit arrangement with a local bank payable on demand, through March 2017, with interest of 5.5% at September 30, 2016. The Organization may borrow up to a maximum of 75% of accounts receivable. The outstanding balance on the line of credit was $23,279 and $52,279 at September 30, 2016 and 2015, respectively. Borrowings on the line of credit are collateralized by all of the Organization's business assets. The line of credit contains a minimum debt service coverage covenant requirement which was met at September 30, 2016.

5. Long-Term Debt

Long-term debt consists of the following:

	2016	2015
4.125% promissory note payable to Rural Development, through March 2037, paid in monthly installments of $8,186, including interest. The note is collateralized by all tangible property owned by the Organization.	$ 1,356,032	$ 1,401,474
Less current portion	43,088	45,442
Long-term debt, less current portion	$ 1,312,944	$ 1,356,032

Maturities of long-term debt for the next five years are as follows:

2017	$ 43,088
2018	44,925
2019	46,813
2020	48,781
2021	50,832

6. Patient Service Revenue

Patient service revenue is as follows:

	2016	2015
Gross charges	**$ 3,989,671**	$ 3,757,905
Less: Contractual adjustments	**(1,128,671)**	(979,123)
Sliding fee scale adjustments	**(129,465)**	(129,009)
Medical patient service revenue	**2,731,535**	2,649,773
340B pharmacy revenue	**385,436**	329,673
Total patient service revenue	**$ 3,116,971**	$ 2,979,446

The Organization has agreements with the Centers for Medicare & Medicaid Services (Medicare) and New Hampshire Medicaid. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

Medicare

The Organization is reimbursed for the care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically-adjusted rate determined by federal guidelines. Overall, reimbursement is subject to a maximum allowable rate per visit. The Organization's Medicare cost reports have been audited by the Medicare administrative contractor through September 30, 2015.

Medicaid and Other Payers

The Organization also has entered into payment agreements with Medicaid, certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively-determined rates per visit and discounts from established charges.

The Organization provides care to clients who meet certain criteria without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total gross charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization's charity care policy was $154,063 and $141,910 for the years ended September 30, 2016 and 2015, respectively.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants. Local community support consists of contributions, and United Way and municipal appropriations.

7. Retirement Plan

The Organization has a contributory defined contribution plan covering eligible employees. The Organization contributed $53,779 and $33,364 for the years ended September 30, 2016 and 2015, respectively.

8. Commitments and Contingencies

Medical Malpractice

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of September 30, 2016, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

Leases

The Organization leases office space and certain other office equipment under noncancelable operating leases. Future minimum lease payments under these leases are:

2017	$ 64,061
2018	65,519
2019	67,007
2020	68,522
2021	70,066
Thereafter	53,437
Total	$ 388,612

Lease expense was $59,514 and $62,815 in 2016 and 2015, respectively.

9. Concentration of Risk

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The financial institutions have a strong credit rating and management believes the credit risk related to these deposits is minimal.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Following is a summary of gross accounts receivable, by funding source:

	2016	2015
Medicare	27 %	36 %
Medicaid	37 %	40 %
Other	36 %	24 %
Total	100 %	100 %

SUPPLEMENTARY INFORMATION

HEALTHFIRST FAMILY CARE CENTER, INC.

Schedule of Expenditures of Federal Awards

Year Ended September 30, 2016

Federal Grant/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Contract Number	Total Federal Expenditures
United States Department of Health and Human Services			
Direct			
Health Centers Cluster			
Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		$ 218,842
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		894,988
Total Health Centers Cluster			1,113,830
Pass-Through			
State of New Hampshire Department of Health and Human Services			
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds	93.752	102-500731/90080081	7,733
Block Grants for Prevention and Treatment of Substance Abuse	93.959	102-500734/49156501	30,003
Maternal and Child Health Services Block Grant to the States	93.994	102-500731/90080000	17,637
Preventive Health and Health Services Block Grant Funded Solely with Prevention and Public Health Funds (PPHF)	93.758	102-500731/90072003	10,082
Bi-State Primary Care Association			
Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Marketplaces	93.332	1NAVA150228-01-00	41,600
Total Federal Awards, All Programs			$ 1,220,885

The accompanying notes are an integral part of this schedule.

HEALTHFIRST FAMILY CARE CENTER, INC.

Notes to Schedule of Expenditures of Federal Awards

Year Ended September 30, 2016

1. Basis of Presentation

The schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of HealthFirst Family Care Center, Inc. (the Organization). The information in this schedule is presented in accordance with the requirements of Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of HealthFirst Family Care Center, Inc..

2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years. Pass-through entity identifying numbers are presented where available. The Organization has elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

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INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors
HealthFirst Family Care Center, Inc.

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of HealthFirst Family Care Center, Inc. (the Organization), which comprise the balance sheet as of September 30, 2016, and the related statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 7, 2017.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
February 7, 2017

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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR THE MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Directors
HealthFirst Family Care Center, Inc.

Report on Compliance for the Major Federal Program

We have audited HealthFirst Family Care Center, Inc.'s (the Organization's) compliance with the types of compliance requirements described in the OMB Compliance Supplement that could have a direct and material effect on its major federal program for the year ended September 30, 2016. The Organization's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for the Organization's major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with U.S. generally accepted auditing standards; the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and the audit requirements of Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the major federal program. However, our audit does not provide a legal determination of the Organization's compliance.

Opinion on the Major Federal Program

In our opinion, HealthFirst Family Care Center, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended September 30, 2016.

Report on Internal Control Over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit, we considered the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on the major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on compliance for the major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
February 7, 2017

HEALTHFIRST FAMILY CARE CENTER, INC.

Schedule of Findings and Questioned Costs

Year Ended September 30, 2016

1. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:		Unmodified		
Internal control over financial reporting:				
Material weakness(es) identified?	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Noncompliance material to financial statements noted?	☐	Yes	☑	No

Federal Awards

Internal control over major programs:				
Material weakness(es) identified?	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Type of auditor's report issued on compliance for major programs:		Unmodified		
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	☐	Yes	☑	No

Identification of major programs:

CFDA Number	Name of Federal Program or Cluster
	Health Centers Cluster
93.224	Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)
93.527	Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program

Dollar threshold used to distinguish between Type A and Type B programs:		$750,000		
Auditee qualified as low-risk auditee?	☐	Yes	☑	No

2. Financial Statement Findings

None.

3. Federal Award Findings and Questioned Costs

None.

HEALTHFIRST FAMILY CARE CENTER, INC.

Summary Schedule of Prior Audit Findings

Year Ended September 30, 2016

Finding Number	2015-001
Condition Found	Cash and checks received at the time of the patient visit are forwarded to the billing manager by the front desk staff for reconciliation and are then provided to the accounting assistant to prepare the deposit. Checks received through the mail are forwarded to the accounting assistant by the administrative assistant to prepare the deposit. The deposits are maintained by the chief financial officer (CFO) until the deposit is made. There is currently no independent verification that all cash and checks received were properly deposited. Both the billing manager and accounting assistant have access to adjust patient balances in the billing system.
Recommendation	We recommended the following related to cash and checks received at the time of the patient visit: the billing manager should verify each deposit agrees with his/her reconciliation as a mitigating control for the accounting assistant's and CFO's access to the cash receipts. We also recommended the CFO verify amounts included on the deposits agree with the carbon copy receipt maintained by the front desk at least monthly as a mitigating control to the billing manager's access to the cash receipts. We recommended the following related to checks received through the mail: The administrative assistant should verify that each deposit agrees with his/her log.
Action Taken	The billing manager added a reconciliation signature line to the front-desk daily log sheet for cash receipts. The billing manager now signs off on each front-desk "cash box daily reconciliation sheet", which records patient received cash & checks, to verify that the amounts shown on these sheets match with each bank deposit slip. The billing manger notes on each bank deposit slip by initialing and adding the date when each deposit reconciliation was completed. The CFO performs random monthly audits of the front-desk receipt books to verify that front-desk records of cash receipts from patients match with deposited amounts.
Status	Corrected

HEALTHFIRST FAMILY CARE CENTER, INC.

Summary Schedule of Prior Audit Findings (Continued)

Year Ended September 30, 2016

Finding Number	2015-002
Condition Found	During our testing of the internal controls over payroll, we noted time sheets for 6 of 22 hourly employees did not have a supervisory signature.
Recommendation	Time sheets for both hourly and salary staff should include supervisory review in accordance with the Organization's policy. Additionally, the CFO should sign and date the payroll reports when received as evidence of review.
Action Taken	A process has been put in place to assure that supervisors/managers are reviewing and signing off on their direct report's time sheets. The administration assistant at each location receives the time sheets for each pay period on the day payroll is processed. They review each of the time sheets to ensure employee and supervisor signatures are executed. If not, they take the time sheet back for the appropriate review and signature. Once they have all been obtained, time sheets are then forwarded for payroll processing. Once completed payroll documents are received by front-desk, they are given to CFO un-opened. CFO opens PayChex package, reviews payroll register and signs front cover that documents have been reviewed.
Status	Corrected

HEALTHFIRST FAMILY CARE CENTER, INC.

Summary Schedule of Prior Audit Findings (Continued)

Year Ended September 30, 2016

Finding Number	2015-003
Condition Found	During our testing of the internal controls over billing, we noted 6 of 42 encounters were billed at the incorrect rate as a result of a number of different circumstances; 1 of 42 bills did not include a procedure code as the code was inactive in the billing system; and 1 of 2 sliding fee scale adjustments was applied to a patient balance when the sliding fee application had expired.
Recommendation	We recommended the billing manager perform a detailed review of a sample of claims and related patient activity prior to claim submission. We also recommended management stress the importance of timely follow-up on denials to ensure maximum collections on services billed.
Action Taken	The billing department has developed and documented a process for the certified coding specialist that allows for some charges prior to claim submission to be reviewed. The certified coder's process of conducting regular and detailed audits of claims before submission includes the review of proper coding, chart documentation, charges applied and patient information all prior to claim submission. This claims audit process is completed no less than weekly for two or three claims, but not less than ten claims monthly.
Status	Corrected

HEALTHFIRST FAMILY CARE CENTER, INC.

Summary Schedule of Prior Audit Findings (Continued)

Year Ended September 30, 2016

Finding Number	2015-004
Condition Found	During our testing of journal entries, we noted all journal entries were posted by the CFO. There is currently no supervisory review of the journal entries.
Recommendation	We recommended the accounting assistant be trained to prepare reconciliations and post journal entries and these journal entries be reviewed by the CFO. In the event where a journal entry is posted by the CFO, we recommended the chief executive officer review the entry. We further recommend all journal entries be supported by the underlying documents and reconciliations and the signature and date of the preparer and reviewer.
Action Taken	The finance team was expanded for a part-time data entry position to to create better separation of duties. All posting of journal entries to the general ledger have been pushed down from the CFO to the accounting assistant. The CFO reviews and approves all journal entries by signing an "unposted general ledger transaction report" before any posting of journal entries is done.
Status	Corrected

HEALTHFIRST FAMILY CARE CENTER, INC.

Summary Schedule of Prior Audit Findings (Continued)

Year Ended September 30, 2016

Finding Number	2015-005
Condition Found	During our testing of the board composition, we noted that 5 of 12 members were clients of the Organization which is only 42% client representation, not a majority.
Recommendation	We recommend management continue to actively engage in new member recruitment, with an emphasis on clients of the Organization.
Action Taken	The following outlines the plan that was put into place for recruiting additional client representatives to the board: (1) Identifying potential board members; (2) Soliciting names of appropriate client candidates from HealthFirst Family Care Center staff,via email and staff meetings; (3) Posters about the role of the board and their importance to the center are prominently posted in HealthFirst waiting and public spaces; (4) Informational flyers about the Board of Directors and the need for consumer members are available to clients at check-in; (5) Notices included in mailings sent to all HealthFirst clients asking for their help; and, (6) Asking clients with an interest in serving on the board, to make their interest known to staff, or the Board Nominating Committee Chairperson. As a result of the efforts outlined above, the Organization was able to recruit enough additional clients as board members to exceed the majority requirement.
Status	Corrected

HEALTHFIRST FAMILY CARE CENTER, INC.

Summary Schedule of Prior Audit Findings (Concluded)

Year Ended September 30, 2016

Finding Number	2015-006
Condition Found	During our testing of the Federal Financial Report (FFR), we noted that the FFR was originally filed with amounts reported in the section that is to be completed when the grant has a match component. Program income was also reported however the FFR did not report the full amount of program income for the budget period. The FFR filing was rejected and a revised filing was completed with program income removed from the report. The Program does not have a match component and therefore the section should not have been completed. The Program required reporting of program income which was omitted.
Recommendation	We recommend a revised FFR be filed as soon as possible.
Action Taken	A revised FFR reporting the correct amount of program income for the budget period was submitted on 1/12/2016.
Status	Corrected

HEALTHFIRST FAMILY CARE CENTER, INC.
Board of Directors

Last	First	Title	Classification	Current Term
Andreski	Michele	Director	Client Representative	Mar 2016 to 2019
Burns	Scott	Director	Community Representative	Jun 2015 to 2018
Davis	Robert	Director	Client Representative	Oct 2016 to 2019
Donovan	Kevin	Director	Agency Representative	Mar 2017 to 2020
Fecteau	Stephen	Director	Client Representative	Aug 2015 to 2018
Gagnon (Baillargeon)	Sarah	Director	Agency Representative	Feb 2014 to 2017
Laurent	Karen	Director	Client Representative	Mar 2016 to 2019
Lennon	Michelle	Director	Community Representative	Jun 2015 to 2018
Lipman	Henry	Director	Community Representative	Sep 2014 to 2017
Merriman	Christine	Director	Client Representative	Mar 2017 to 2020
Normandin	Barbara	Director	Agency Representative	Feb 2015 to 2018
Powers	Laura	Director	Client Representative	Mar 2015 to 2018
Purslow	William	Secretary/Treasurer	Community Representative	Jun 2014 to 2017
Stanley	Michael	Vice Chair	Client Representative	Jul 2016 to 2019
Wells	James	Chair	Client Representative	Mar 2014 to 2017
Wnuk	Susan	Director	Agency Representative	Mar 2015 to 2018

Last Updated: 5/10/2017

Richard D. Silverberg MSSW, LICSW

841 Central Street Franklin NH 03235
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rsilverberg@healthfirstfamily.org

EXPERIENCE

1995-Present	HealthFirst Family Care Center/Caring Community Network of the Twin Rivers, Franklin, NH **President and CEO**, HealthFirst Family Care Center (FQHC) **Managing Director**, Caring Community Network of the Twin Rivers
1994-Present	Synergy Works Consulting **Principal**
1979-1994 (1987-1994) (1979-1987)	Central New Hampshire Community Mental Health, Concord, NH **Vice-President**, Planning, Program Development and Community Support **Director**, Community Housing, Consultation and Education, EAPs
1978-1979	Consortium for Youth of South Central Connecticut, New Haven, CT **Community Systems Developer**
1975-1978	Human Services and Resources Center, West Haven, CT **Community Based Social Worker**
1979-Present	Appalachian Mountain Club **Director**, Winter/Spring Mountain Safety Leadership Schools for New Hampshire Chapter

TEACHING EXPERIENCE

1994-2007	University of New Hampshire, Graduate School of Social Work **Instructor**, Social Welfare Policy, Community Organization, and SW Management
1994-Present	University of New Hampshire, Graduate School of Social Work Field Instructor
1977-1993	University of Connecticut, University of New England, Plymouth State College, Boston University **Field Supervisor** and **Guest Lecturer** to graduate social work students

EDUCATION

BS, 1974, Major Biology and Social Work, University of Wisconsin, Madison
MSSW, 1975, Master of Science and Social Work, University of Wisconsin, Madison

MEMBERSHIPS/CERTIFICATIONS

National Association of Social Workers (NASW), Certified since 1978, LICSW, 1993
Appalachian Mountain Club, New Hampshire Chapter

COMMUNITY BOARDS

2015-Present	Community Health Services Network (Integrated Delivery Network Region 5), Treasurer
1995-Present	Caring Community Network of the Twin Rivers
1997-Present	Community Health Access Network (CHAN), Chair of Board
1999-Present	Bi-State Primary Care Association
2002-Present	Winnipesaukee River Trails Association, Chair of Board
2013-Present	Winnipesaukee Public Health Council, Chair of Board
2009-Present	New Hampshire Children in Nature Coalition, Chair of Board

Richard D. Silverberg MSSW, LICSW

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SKILLS

MANAGEMENT AND ADMINISTRATION

- Directed integrated health and human services, public health network
- Served as President and Chief Executive Officer of a start-up Federally-Qualified Health Center (FQHC)
- Managed nine departments with a combined staff of 75 and budget of $5 million
- Administered direct service programs for adults and children
- Directed consultation, education and Employee Assistance Programs
- Led major program reorganization and systems change efforts
- Wrote proposals and administered grant funded programs
- Recruited, trained and supervised diverse professional staff, students and volunteers
- Prepared budgets and administered financial/service contract compliance for positive bottom line
- Worked with diverse funding, Medicaid, Medicare, HMO, self-pay, and capitated contracts, cost-based

PROGRAM PLANNING AND DEVELOPMENT

- Established interdisciplinary teams of professionals to provide comprehensive services
- Conducted all-inclusive, citizen participatory regional planning processes
- Designed and administered community consultation, education and training programs
- Worked with community groups, schools, agencies, businesses and industries to assess needs and develop contracts for consultation and training services
- Designed and developed community housing continuum (150 beds)
- Created primary healthcare and prevention programs in the community
- Developed and marketed Managed Care and Employee Assistance Programs
- Organized multi-agency consortia and affiliate networks to streamline service delivery

DIRECT SERVICE

- Initiated group services which utilized adaptive Outward Bound adventure challenge techniques
- Delivered direct community needs assessment, education, consultation and training
- Carried caseload for individual, family and group treatment, and provided crises intervention services
- Planned and instituted conferences and community prevention programs

TECHNICAL SKILLS

- Facilitated planning and all aspects of site selection and design considerations for specified clinical usage
- Drafted and reviewed proposals and bid packages, and negotiated contracts for construction
- Demonstrated knowledge of building, life, safety, licensing and Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) requirements
- Managed fixed assets including buildings, vehicles and computers
- Operated computer systems with expertise including Windows, Macintosh, networks, spreadsheets, relational databases and websites
- Designed and developed networked computerized clinical database systems Electronic Health Record (HER)

OTHER

Married with two grown children, hiker, camper, canoer, cross-country skier, snowshoer, woodworker, home builder, volunteer state settings designer and builder with local theatre groups, outdoor leadership instructor

SUMMARY

Forty years of management and direct experience with agencies, organizations, businesses, community systems, networks, groups and individuals. Outstanding skills in community systems analysis, program planning and new start-ups linking innovative human and technological solutions

Susan E. Smith

www.linkedin.com/in/susan-e-smith ~ 603-387-4861 ~ ses67105@gmail.com

PROFESSIONAL SUMMARY

- Transformational leader with strategic vision and demonstrated ability to innovate, design and operationalize programs, services and processes based on research and thorough qualitative and quantitative analysis
- Effective communicator, relationship builder and facilitator to build partnerships that help achieve sustainable solutions
- Demonstrated strong leadership capabilities and management experience; strategic thinker who is detail oriented and outcome focused resulting in greater efficiency, effectiveness, fiscal management and regulatory compliance
- Highly motivated problem solver with experience in continuous quality improvement and systems analysis

PROFESSIONAL EXPERIENCE

Chief Operating Officer
HealthFirst Family Care Center, Laconia & Franklin, NH 2017 - present

- Direct, supervise and coordinate the overall clinical and day-to-day operations
- Develop and administer policies on clinical and business operations
- Strategic planning

Executive Director
NH Voices for Health, Concord, NH 2011 - 2016

- Transitioned a health policy and advocacy project to a 501 (c) 3 organization with grant funded operational budget in excess of $500,000
- Collaborated with public, private and government entities towards quality, affordable health care and healthcare system transformation
- Administered day-to-day operations and all grants, contracts and agreements
- Implemented organizational policies/procedures and advocacy evaluation measures

Administrator/Chief Operating Officer
Taylor Community, Laconia, NH 2001 - 2010

- Designed, developed and led key strategic improvement projects/initiatives and systems focused on person centered care, including center of excellence for memory loss care and services, adult day health activity based program, dementia care training, community collaborations for services to seniors, development of systems to enhance and promote best practices in senior living
- Administered day-to-day operations with a person-centered focus
- Organized and led data-driven Continuous Quality Improvement (CQI) program,

including training, with development of performance indicators for all departments to achieve quality, consistency and effective outcomes for Independent, Assisted Living and Nursing residents in long term care setting

- Established organization-wide incident reporting system with responsibility for root cause analysis of Sentinel Events, Critical Incidents and Red Flag trends
- Facilitated stakeholder focus groups with community members, residents and staff, which identified needs and issues followed by development and implementation of action plans
- Served on Department of Health and Human Services work-groups and contributed to revisions to RSA 151 (Health Facility, Residential Care, and Non-Residential Health Care licensing) and He-P 803 NH Nursing Homes Regulations, and Department of Insurance proposed legislation LSR 2400 regarding "Virtual Continuing Care Retirement Communities."
- Developed and implemented operational and capital budgets (upwards of $12 million) and exercised expense management resulting in positive operational variance

Director of Patient Care Services
Lakes Region General Healthcare, Laconia, NH 1989 – 2001

- Functioned as Associate Vice President with leadership and oversight of operational and clinical performance of OB/GYN, Pediatrics, Orthopedics, Behavioral Health (Psychiatry), Chemical Dependency, Cardiology, Neurology, Vascular, Sleep Center, Medical Imaging and Pathology/Laboratory
- Performed clinical quality data and financial analysis based on organizational priorities to better inform decision-making
- Led Continuous Quality Improvement (CQI) efforts for inpatient and outpatient services and departments leading to measurable results and performance improvement
- Facilitated multidisciplinary teams to establish and implement policies and procedures based on research of best practices to achieve quality, consistency and effective outcomes
- Active participant in Medical Executive Committee, medical service department meetings and Quality & Utilization Committee identifying opportunities for improvement in care and services and adherence to practice standards and increased accountability
- Engaged physicians and key stakeholders and served as internal consultant to design, develop and operationalize major special projects, innovations and initiatives (Breast Imaging, Special Procedures/Cardiac Catheterization program, Women and Children's Health Service, and Single Room Maternity Care) with responsibility for total project management including capital expenses, construction, staff training, policies and procedures and negotiated agreements and partnerships with other health systems including Concord Hospital, Catholic Medical Center, Concord Cardiology Associates, and Women's Health Center
- Identified multiple opportunities for expense reduction/revenue generation including enforcement of contracts, vendor negotiation, budgeting, adherence to practice standards and increased accountability
- Developed and implemented operational and capital budgets (multi-million dollars) and

exercised expense management resulting in positive operational variance

- Authored white paper on obstetric and gynecologic services at Franklin Regional Hospital based on physician, staff, and patient stakeholder engagement process
- Researched mandatory staff education and training in a rural community hospital resulting in the redesign of mandatory education for 1000 employees to be more effective and efficient through the use of interactive, computer based training modules

Various management positions
Wake Medical Center, Raleigh, NC 1977 – 1989

- Managed the operational and clinical performance in the Ambulatory Services Department (44 clinics) providing direct patient care, patient education, Quality and Appropriateness projects, staff development and training, and training program for interns and residents of the Medical School of the University of North Carolina and Duke University
- Developed and operationalized Reproductive Center (In Vitro Fertilization and sperm bank) including capital expense management, construction management, policies and procedures and collaborative agreement with the University of North Carolina.

EDUCATION, CERTIFICATION AND LICENSURE

- *Graduate Certificate in Analytics*, University of New Hampshire, Graduate School, Durham, NH
- *Master of Healthcare Administration,* University of Minnesota, Carlson School of Management, Minneapolis, MN
- *Bachelor of Science in Nursing*, Magna Cum Laude, Saint Anselm College, Manchester, NH
- *Nurse Executive, Board Certified*, American Nurses Credentialing Center (1994 – 2019)
- *Certification in Dementia Care*, Rush University Medical Center - Alzheimer's Disease Center/Life Services Network, Chicago, IL
- *Registered Nurse* – NH
- *Licensed Nursing Home Administrator* – NH (2001 – 2012)

PROFESSIONAL AFFILIATIONS

- American Nurses Association (ANA)
- NH Nurses Association (NHNA) – Government Affairs Commission
- NH Public Health Association (NHPHA)
- Leadership New Hampshire, Class of 2011

SELECTED PRESENTATIONS AND PUBLICATIONS

- Health Action 2016: Influencing Systems Transformation Through State Innovation Models
- ConsumersUnion Health Care Value Hub webinar: Releasing New Data for Maximum Impact: Early Thoughts
- Community presentation of Escape Fire – The Fight to Rescue American Healthcare film and panel discussion
- CHAD Dartmouth-Hitchcock, School Health Symposium: Health Care Reform and NH Families
- Leadership New Hampshire: Role of the Nonprofits in Health and Healthcare
- American Medical Directors Association: Contributing Editor, AMDA Assisted Living Medication Administration Manual
- Dartmouth Hitchcock Medical Center: Advanced Concepts in Gerontologic Care - Improving the Care of Older Adults
- Dartmouth Hitchcock Medical Center: Best Practices in the Care for Older Adults - A Microsystems Approach
- Taylor Community: Dementia Care Training Course (authored nine module curriculum)

COMMUNITY ENGAGEMENT

- Foundation for Healthy Communities – Healthcare Decisions Coalition
- Winnipesaukee Public Health Council – Executive Committee
- Lakes Region Partnership for Public Health – Emergency Preparedness/Medical Subcommittee; Refugee Connections Committee; School-based immunization clinics
- Lakes Region Community College Nursing Program Advisory Board
- Lakes Region Medical Reserve Corps
- NH Emergency System for Advance Registration of Volunteer Health Professionals
- Genesis Behavioral Health – Advisory Committee, past vice chair Board of Directors
- NH Roadmap for Health Advisory Board (MapNH Stakeholder Group)
- Francoeur-Babcock Memorial Tournament Committee Board of Directors
- Got Lunch! Laconia – founding member Advisory Board
- Pine Ridge Indian Reservation, South Dakota – service trip
- Hurricane Katrina work team – Back Bay Mission, Biloxi, MS 2006, 2007, 2008
- Former Belknap County Citizens Council on Children and Families, chair
- Town of Gilford, NH, former elected member of the Gilford Budget Committee

Ted Bolognani

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Professional Summary

- Solid background in senior management with strong emphasis in finance, budget, financial planning & forecasting, GL fund accounting, audit, benefit & risk insurance and technology implementation.
- Proven record of building strong operational & financial support systems for tuition based academic programs and federally funded grant programs.
- Strong knowledge of federal rules & regulations including OMB circulars, CDC, USAID and FAR & FASB compliance issues as well as A-133 audit requirements.
- Skilled in developing and implementing standardized operating policies and procedures for all aspects of administration, accounting, grants & sub-awarding as well as overseas financial operations.
- Over 10 years experience working internationally in Africa, Asia & Eastern Europe.

Experience

Health First Family Care Center & Caring Community Network of Twin Rivers (CCNTR)

Job Title: **Chief Financial Officer** 2011 - Present

- Responsibility for the integrity of the financial records and monitoring the daily business operations; duties include maintenance of the general ledger, accounts payable, accounts receivable, payroll and fixed assets.
- Prepare trial balance and financial statements and reports to the Board of Directors on the financial condition of the Center.
- Provide financial analysis data to CEO and monitors the annual budget and grants. The CFO tracks, bills and prepares the financial reporting on each of the grants.
- Develop policy & procedures for improving grant management & accounting operations.

World Learning

2008 - 2011

Job Title: **Director of Finance**

- Direct a team of analyst; lead organization wide process such as budget development ($120M annual, $60M federal grant), financial planning, quantitative analysis, multi-year forecasting and business & reporting systems.
- Develop policy & procedures for improving company administrative & accounting operations and international project management.
- Manage treasury operations, international banking, foreign exchange hedging and investment portfolio.
- Oversight on federal indirect cost control issues, granting & contracting processes and project compliance.
- Liaise with Board & business partners on investment, budget and reporting.
- Manage implementation of process improvements and tech systems include budget & reporting software, field accounting, HR & payroll information systems and web based technology for management data.

The American Youth Foundation

2005 - 2008

Job Title: **Director of Finance**

- Directed the student registrar office, accounting, human resources, audit, risk insurance and administrative functions for 3 locations (MO, MI & NH).
- Directed the information technology (IT) services for company's 3 office network, including installation of new email and communication systems and moving financial systems to web platform & Citrix desktop.
- As senior management, participated in strategic planning, policy formation and major decision making with CEO & Board of Directors.
- Served foundations Board on all financial, audit & investment matters.

Institute for Sustainable Communities 2003 - 2005

Job Title: **Director of Finance & International Operations**

- Directed administration, HR, finance & business services for headquarters and 10 country offices.
- Managed A-133 audits and responsible to insure USAID & OMB rules/regulation compliance on projects.
- Developed and implemented cost allocation plans, policies and procedures for overseas operations insuring approval of USAID indirect cost rate (NICRA).
- Directed international finance staff in country offices to insure compliance on USAID sub-award programs.
- Implemented a new ERP & accounting system for headquarters and provided overseas training
- Lead financial person for agency, presented financial statements to Board, audit committee & donors.

Global Health Council

1998 - 2003

Job Title: **Finance Director**

- Directed agency functions & policy for facilities, accounting, human resources & information technology.
- Directed grant & contract reporting & compliance on federal & privately funded projects and programs. Developed agencies first indirect cost allocation plan and negotiated indirect cost rate with USAID.
- Implemented new fund accounting package (Blackbaud).
- Directly managed employee benefit programs, including 403(b) pension, health, dental & life insurances.
- Provided oversight on hiring & firing decisions, payroll and employee evaluations, pay-raise & merit award system and welfare matters.
- Oversaw development and directed agencies IT systems & web-site implementation, includes VOIP system using dedicated PTP, administer the VPN frame relay, provided direct PC & LAN/WAN hardware support for WinNT/2000 servers, MS BackOffice & Exchange Server.

Southeastern Vermont Community Action 1993 - 1998

Job Title: **Director of Finance**

- Directed all administrative, personnel, IT & financial management functions.
- Primary liaison to Board of Directors, funders and public donors on financial matters.
- Directed agency accounting, grant reporting, Medicaid & Medicare billing, and federal & state compliance program.
- Directed grant reporting & compliance on federal, state & privately funded projects and programs.
- Managed HR systems, employee benefits, insurance and 403(b) pension plan.

CARE, International Development Agency 1988 - 1993

Job Title: **Deputy Country Director, Administration and Finance - Uganda**

- Directed HR, IT and accounting/financial functions for country-wide operations. Took lead in agency planning and major grant, contract & business negotiations
- Directed grant reporting & compliance on federal, state & privately funded projects.
- Developed training programs in HR, procurement, inventory control, planning & budgeting to comply with federal funding requirements.

Job Title: **Controller CARE Emergency Relief Office in Mogadishu - Somalia,**

- Supervise Accounting, HR and IT systems & Administrative staff for relief operations in 4 major refugee camps throughout Somalia.
- Prepared and audited monthly financial documents for reporting to headquarter on an annual budget of US 78.9 million. Managed all balance sheet & income statement accounts

Education:

- **Masters of International Administration**, World Learning's School for International Training
- **B.S. Business Administration**, University of Vermont

Alisha M. Nadeau

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EDUCATION

UNIVERSITY OF NEW HAMPSHIRE — Durham, NH
MS in Nursing, Concentration in Clinical Nurse Leadership — August 2015

THE PENNSYLVANIA STATE UNIVERSITY — University Park, PA
BS in Biology — December 2004

LICENSURE & CERTIFICATIONS

- RN Licensure, New Hampshire — Expires November 2016
- Clinical Nurse Leader Certification — Expires November 2020
- Basic Life Support for Healthcare Providers, AHA — Expires January 2016

PROFESSIONAL EXPERIENCE

Health First Family Care Center — Franklin, NH
Clinical Quality Assurance Manager — August 2015 - Present

- Responsible for overall quality assurance and quality improvement program
- Plan and implement chronic care activities
- Develop and implement Electronic Patient Registries
- Improve client self-management goals
- Facilitate project planning and implementation
- Gather and analyze quality assurance data
- Develop quality measures
- Help agency achieve NCQA, PCMH, and Meaningful Use certifications
- Provide consultation and technical assistance to staff
- Train personnel

NH Public Health Laboratories — Concord, NH
Laboratory Scientist III, Molecular Diagnostics Unit — April 2008 – January 2014

- Performed daily complex molecular testing on human, animal and environmental specimens
- Interpreted and reported the results to healthcare and public health professionals
- Performed Pulsed Field Gel Electrophoresis to identify and track foodborne outbreaks of infectious organisms
- Experience in DNA and RNA purification, gel electrophoresis, PCR, spectrophotometer, and sequencing
- Researched and investigated scientific methodologies to advance and expand existing laboratory methods
- Developed, validated, and implemented new standard operating procedures
- Experience with grant preparation and progress reports, budget construction and management
- Trained personnel on laboratory procedures and analytical techniques
- Oversaw inventory of supplies, reagents, and instruments
- Member of the Quality Assurance & Quality Control Committee and Safety Committee

Rite Aid Pharmacy — Manchester, NH
Pharmacy Technician — February 2009 – October 2012

- Provided a safe and clean pharmacy by complying with procedures, rules, and regulations
- Maintained records by recording and filing physicians' orders and prescriptions
- Protected patients and employees by adhering to infection-control policies and protocols
- Oversaw inventory of pharmacy medications, supplies, and reagents
- Provided quality customer service to patients and other healthcare providers
- Expanded knowledge and understanding of medication risks and benefits

Repromedix — Woburn, MA

Senior Medical Laboratory Technologist — March 2005 – March 2008

- Performed daily intricate molecular testing on plasma, serum, semen, and blood for infertility determination
- Experience in DNA purification, gel electrophoresis, PCR, spectrophotometer, and the Luminex 100
- Researched, developed, validated, and implemented new scientific procedures to expand clinical testing capabilities
- Performed quality control analysis on outgoing test results
- Evaluated and reported experimental analysis and outcomes to regulating agencies
- Supervised various tests and problem solved their deviations
- Trained new employees on laboratory procedures and analytical techniques
- Managed 10 laboratory technologists during the absence of the Laboratory Supervisor

PROFESSIONAL ORGANIZATIONS

- Member, Sigma Theta Tau Honorary Society of Nursing — March 2015 – Present
- Member, Alpha Epsilon Delta Honorary Society — March 2003 – Present
- Member, Sigma Sigma Sigma Sorority — April 2001 – Present

CLINICAL EXPERIENCE

Dartmouth Hitchcock Medical Center — Lebanon, NH

Clinical Nursing Leadership Clinical — January 2015 – July 2015

- 500 hour clinical rotation

Concord Hospital — Concord, NH

Medical-Surgical Nursing — September 2014 – December 2014

- 135 hour clinical rotation

Lawrence General Hospital — Lawrence, MA

Maternal-Child Nursing — June 2014 – July 2014

- 90 hour clinical rotation

New Hampshire Hospital — Concord, NH

Mental Health Nursing — May 2014 – June 2014

- 90 hour clinical rotation

Concord Hospital — Concord, NH

Nursing Fundamentals — January 2014 – May 2014

- 90 hour clinical rotation

PUBLICATIONS

- Cavallo, S.J., Daly, E.R., Seiferth, J., Nadeau, A.M., Mahoney, J., Finnigan, J., Wikoff, P. (2015). Human Outbreak of *Salmonella* Typhimurium Associated with Exposure to Locally-made Chicken Jerky Pet Treats, New Hampshire, 2013. *Foodborne Pathogens and Disease, 12*(5).
- Daly, E.R., Smith, C.M., Wikoff, P., Seiferth, J., Finnigan, J., Nadeau, A.M., Welch, J.J. (2010). *Salmonella* Enteritidis Infections Associated with a Contaminated Immersion Blender, New Hampshire, 2009. *Foodborne Pathogens and Disease, 7*(9), 1083-1088.

Sheryl Russell
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OBJECTIVE

To obtain employment that will enable me to use my administrative and medical skills to both benefit the company and myself.

SKILLS PROFILE

- Medical Assisting - Hesser College 3.8 GPA
- Emergency Medical Technician
- Certified Nursing Assistant
- Medication Training
- CPR/AED/First Aid

EMPLOYMENT HISTORY

Support Provider, Community Bridges — 2001- 2003
Concord, NH

- Working with developmentally disabled adults.
- Teaching job skills.
- ADL skills
- Monthly and quarterly progress reports for the State, Region and Legal guardians
- Med. observation

C.I.S, Capital Connections — 1996-2001
Concord, NH

- Working with developmentally disabled adults.
- Teaching job skills.
- ADL skills
- Monthly and quarterly progress reports for the State, Region and Legal guardians
- Vital signs and Med. observation

Assistant Store Manager/Buyer, 1989-1996
McQuade's Inc.
Manchester and Concord, NH

- Assistant in operations of the store
- Merchandising
- Complete money management of children's department
- Assistant buyer to men's department
- Customer relations/Problem solving
- Phone operations

CNA, McKerley Nursing Home 1981-1987
Concord, NH

- Provided assistance to elderly clients with ADL's
- Vitals and medicine observations
- Other jobs as instructed

ACTIVITIES

Volunteer, Several Community based business
Continuing Education in the medical field
Computers
Outdoor activities

HEALTH FIRST
FAMILY CARE CENTER

Patient Care Coordinator
Job Description
October 2015

Department: Quality Assurance/ Quality Improvement
Reports to: Quality Assurance Manager

Educational Requirement: Medical Assistant with 2-3 years experience, preferably in a Primary Care office. LPN/RN desired and strongly encouraged to apply.

Position Objective: The Patient Care Coordinator will work closely with clinical staff in the agency to assist in the continuation of coordinated chronic disease care management and clinical quality assurance programs for all clients of Health First Family Care Center to help improve patient-centered care and outcomes.

Position Description: The Patient Care Coordinator will assist in assuring that clinical staff are planning and implementing chronic care activities in a coordinated fashion according to best practices from national and local programs to help improve client self-management goals. This position will assist the agency with achieving NCQA, Medical Home and Meaningful Use certifications through data collection and follow-up.

Job Duties:

- Provide assistance to the Quality Assurance Manager
- Participate in meetings of stakeholders, trainings, and promotional events
- Participate on HFFCC committees and project teams as appropriate
- Maintain communication with team members and patients regarding activities and events related to current projects
- Participate in regional and agency QI/QA activities.
- Contribute to quality improvement projects and help assess project success
- Help implement quality improvement activities in the agency and/or community
- Participate in continuous quality improvement activities
- Gather clinical data within EMR, ensuring consistency in use of terms and entry
- Help champion best practices related to chronic disease and care management
- Help clients understand, develop, and implement health management plans and goals
- Establish positive, supportive relationships with clients and provide feedback
- Motivate clients to be active, engaged participants in their health and healthcare decisions
- Assist with disease management activities to help support client health maintenance goals
- Follow-up with health management/care plans with both clients and providers
- Effectively communicate with patients, team members, and organizations to promote client goals and disease management
- Assist in tracking clients and providing follow-up
- Additional duties, as required

Qualifications:

1. Strong attention to detail.
2. Clear communication skills, both written and verbal.
3. Ability to communicate effectively on a business/professional level.
4. Ability to work independently under the supervision of immediate supervisor, as well as in a team environment.
5. Flexibility and strong multi-tasking skills.
6. Must be able to work in an office environment and maintain a professional appearance and demeanor at all times.
7. Strong computer software skills, proficiency in Windows and Microsoft Office.
8. Reliable transportation and a valid driver's license.

HEALTHFIRST
FAMILY CARE CENTER

Certified Administrative Medical Assistant
Job Description
January 2015

Department: Clinical
Reports to: Nurse Manager
Educational Requirement: Graduate of a medical assistant training program or equivalent training including phlebotomy skills. Certified through American Association of Medical Assistants

Position Description: This position is a combination of administrative and clinical duties. The primary responsibility is in administrative support to medical providers and medical assistants so that doctors and other medical staff are free to provide the highest level of care to patients.

Job Duties:

Administrative Job Duties
- Manage prescription lines for both facilities.
- Entering health histories and immunizations into EMR for new patients.
- Processing prior authorizations.
- Maintain inventory of medical supplies.
- Assist other medical assistant as necessary, both clinically and administratively.
- Maintaining the Laconia facility lab schedule.

Medical Assistant Duties

- Welcomes patients by greeting them, in person or on the telephone; answering or referring inquiries.
- Prepares patients for the health care visit by directing and/or accompanying them to the examining room; providing examination gowns and drapes; helping them to position themselves for the examination and/or treatment; arranging examining room instruments, supplies, and equipment.
- Verifies patient information by interviewing patient; reviewing and/or recording medical history; taking vital signs; confirming purpose of visit or treatment.
- Supports patient care delivery by helping health care providers during examinations; preparing laboratory specimens; performing basic laboratory tests on the premises; disposing of contaminated supplies; sterilizing medical instruments; administering medications on the premises; authorizing drug refills as directed; telephoning prescriptions to pharmacies; drawing blood; preparing patients for xrays; taking electrocardiograms; removing sutures; changing dressings.
- Educates patients by providing medication and diet information and instructions; answering questions.
- Completes records by recording patient examination, treatment, and test results.

- Generates revenues by recording billing information of services rendered; completing insurance forms; responding to insurance and other third-party inquiries.

- Keeps supplies ready by inventorying stock; placing orders; verifying receipt.
- Keeps equipment operating by following operating instructions; troubleshooting breakdowns; maintaining supplies; performing preventive maintenance; calling for repairs.
- Maintains safe, secure, and healthy work environment by following, and enforcing standards and procedures; complying with legal regulations.
- Maintains patient confidence and protects operations by keeping patient care information confidential.
- Serves and protects the physician or health care provider practice by adhering to professional standards, policies and procedures, federal, state, and local requirements, and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards.
- Updates job knowledge by participating in educational opportunities; reading professional publications; maintaining personal networks; participating in professional organizations.
- Enhances health care practice reputation by accepting ownership for accomplishing new and different requests; exploring opportunities to add value to job accomplishments.

Skill Requirement:

Excellent people skills, professional, detail orientated, organized, proficient in writing and verbal communication and the ability to work independently

Approved by:_____ Date:_____
Lisa Tremblay, RN, Nurse Manager

Approved by: _____ Date:_____
Richard D. Silverberg, Executive Director

HEALTHFIRST FAMILY CARE CENTER, INC.

MCHS Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Amero, Diane	Patient Care Coordinator	$53,560.00	67.5%	$36,153.00
Bolognani, Ted	Chief Financial Officer	$108,700.00	0%	0%
Dion, Karen	Certified Medical Assistant	$32,136.00	75%	$24,102.00
Nadeau, Alisha	Clinical Quality Assurance Manager	$77,209.60	67.5%	$52,116.48
Russell, Sheryl	Quality Medical Assistant	$44,096.00	37.5%	$16,536.00
Silverberg, Richard	President and CEO	$142,251.00	0%	0%
Smith, Susan	Chief Operating Officer	$94,994.00	0%	0%

HEALTHFIRST FAMILY CARE CENTER, INC.

BCCP Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Amero, Diane	Patient Care Coordinator	$53,560.00	0%	0%
Bolognani, Ted	Chief Financial Officer	$108,700.00	0%	0%
Dion, Karen	Certified Medical Assistant	$32,136.00	0%	0%
Nadeau, Alisha	Clinical Quality Assurance Manager	$77,209.60	0%	0%
Russell, Sheryl	Quality Medical Assistant	$44,096.00	7.5%	$3,307.20
Silverberg, Richard	President and CEO	$142,251.00	0%	0%
Smith, Susan	Chief Operating Officer	$94,994.00	0%	0%

State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Primary Care Services Contract

This 3rd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #3") dated this, 20th day of October, 2016 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and HealthFirst Family Care Center, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 841 Central Street, Franklin, New Hampshire 03235.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #131), and amended on May 8, 2014 (Item #34A), and on June 24, 2015 (Item #58) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Exhibit B Amendment #2, paragraph 10, notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2, and within the Price Limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council, and

WHEREAS, the State and the Department agree to adjust budget amounts between State Fiscal Years 2016 and 2017, within the Price Limitation and within the Completion Date.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Except as specifically amended and modified by the terms and conditions in this Amendment #3, the obligations of the parties shall remain in full force and effect in accordance with the terms and conditions set forth in the Contract as referenced above.

2. Delete in its entirety Exhibit B-3 Amendment #2, and replace with Exhibit B-3 Amendment #3.

3. Delete in its entirety Exhibit B-6 Amendment #2, and replace with Exhibit B-6 Amendment #3.

AMS 10/24/16

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/21/16
Date

NAME: LISA MORRIS
TITLE: DIRECTOR

Health First Family Care Center, Inc.

10/26/16
Date

NAME RICHARD D. SILVERBERG
TITLE PRESIDENT & CEO

Acknowledgement:

State of NH, County of Merrimack on 10/26/16, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Susan D. Connolly

Name and Title of Notary or Justice of the Peace: SUSAN D. CONNOLLY, ESQ.

My Commission Expires: 06/29/2021

SUSAN D. CONNOLLY
Notary Public - New Hampshire
My Commission Expires June 29, 2021

RDS 10/26/16

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date

Name:
Title:

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

10/24/16

EXHIBIT B-3 AMENDMENT #3

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: HealthFirst Family Care Center, Inc.

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 22,484.50	$ 2,248.45	$ 24,732.95	$ -	$ -	$ -	$ 22,484.50	$ 2,248.45	$ 24,732.95
2. Employee Benefits	$ 4,834.17	$ 483.42	$ 5,317.59	$ -	$ -	$ -	$ 4,834.17	$ 483.42	$ 5,317.59
3. Consultants	$ 4,449.47	$ -	$ 4,449.47	$ -	$ -	$ -	$ 4,449.47	$ -	$ 4,449.47
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 6,093.75	$ -	$ 6,093.75	$ -	$ -	$ -	$ 6,093.75	$ -	$ 6,093.75
SFY 2016 Carry Fwd	$ (5,777.59)	$ -	$ (5,777.59)	$ -	$ -	$ -	$ (5,777.59)	$ -	$ (5,777.59)
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 33,084.29	$ 2,731.87	$ 35,816.16	$ -	$ -	$ -	$ 33,084.29	$ 2,731.87	$ 35,816.16
Indirect As A Percent of Direct		8.3%							

Contractor Initials RMS

Date 10/26/16

EXHIBIT B-6 AMENDMENT #3

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: HealthFirst Family Care Center, Inc.

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 2,031.25	$ -	$ 2,031.25	$ -	$ -	$ -	$ 2,031.25	$ -	$ 2,031.25
SFY 2016 Carry Fwd	$ 5,777.59	$ -	$ 5,777.59	$ -	$ -	$ -	$ 5,777.59	$ -	$ 5,777.59
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 7,808.84	$ -	$ 7,808.84	$ -	$ -	$ -	$ 7,808.84	$ -	$ 7,808.84
Indirect As A Percent of Direct		0.0%							

Contractor Initials: RDS

Date: 10/24/16

APPROVED
G&C #58
DATE 6/24/15

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF
Public Health Services

Nicholas A. Toumpas
Commissioner

Marcella Jordan Bobinsky
Acting Director

June 1, 2015

Her Excellency, Governor Margaret Wood Hassen
And the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **sole source** amendments with the vendors listed in the table below for the provision of primary care services, breast and cervical cancer screening services and screening, brief intervention and referral to treatment for alcohol and drug misuse by increasing the total price limitation by $8,986,056 from $10,143,156 to $19,129,212 and extending the completion date from June 30, 2015 to June 30, 2017 upon Governor and Executive Council approval. 75.2% General Funds / 24.8% Federal Funds

The original contract, approved in 2012, included a two (2) year renewal option. The Department exercised a one (1) year renewal in 2014. The Department is now seeking to extend the contracts for two (2) two additional years through these sole source amendments. The Governor and Executive Council approved the original contracts and subsequent amendments as follows:

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Ammonoosuc Community Health Services, Inc. (177755-R001)	North Grafton/ South Coos	6/20/12 (Item #128)	5/8/14 (Item #34A)	$667,687	$540,879	$1,208,566
Concord Hospital, Inc. (177653-B011)	Merrimack/ Hillsborough	6/20/12 (Item #133)	5/8/14 (Item #34A)	$992,198	$788,937	$1,781,135
Coos County Family Health Services (155327-B001)	Eastern Coos	6/20/12 (Item #130)	5/8/14 (Item #34A)	$427,142	$371,229	$798,371
Families First of the Greater Seacoast (166629-B001)	Seacoast Area	6/20/12 (Item #134)	5/8/14 (Item #34A)	$624,540	$506,291	$1,130,831

Families First of the Greater Seacoast (166629-B001)	Seacoast Area - Homeless	6/6/12 (Item #69)	5/8/14 (Item #34B)	$218,537	$240,101	$458,638
Goodwin Community Health Center (154703-B001)	Strafford County	6/20/12 (Item #135)	5/8/14 (Item #34A)	$1,095,268	$825,647	$1,920,915
Harbor Homes (155358-B001)	Southern Hillsborough County - Homeless	6/6/12 (Item #68)	5/8/14 (Item #34B)	$225,045	$209,393	$434,438
Health First Family Care Center (158221-B001)	Central/East ern Belknap	6/20/12 (#131)	5/8/14 (Item #34)	$748,658	$586,113	$1,334,771
Indian Stream Health Center (165274-B001)	Northern Coos	6/20/12 (Item #125)	5/8/14 (Item #34A)	$259,157	$239,237	$498,394
Lamprey Health Care (177677-B001)	Central Southern/ Eastern NH	6/20/12 (Item #136)	5/8/14 (Item #34A)	$1,696,513	$1,299,195	$2,995,708
Manchester Community Health Center (157274-B001)	Greater Manchester	6/20/12 (Item #132)	5/8/14 (Item #34A)	$1,051,425	$1,435.139	$2,486,564
Manchester Health Department (177433-B009)	Greater Manchester - Homeless	6/20/12 (Item #124)	5/8/14 (Item #34B)	$232,205	$250,169	$482,374
Mid-State Health Center (158055-B001)	Central Northern Belknap	6/20/12 (Item #126)	5/8/14 (Item #34A)	$444,862	$406,811	$851,673
New London Hospital Association, Inc. (177167-R005)	Sullivan County	6/20/12 (Item #129)	5/8/14 (Item #34A)	$587,923	$487,419	$1,075,342
Weeks Medical Center (177171-R001)	Western Coos	7/11/12 (Item #31)	5/8/14 (Item #34A)	$292,483	$306,707	$599,190
White Mountain Community Health Center (174170-R001)	Northern Carroll	6/20/12 (Item #127)	5/8/14 (Item #34A)	$579,513	$492,789	$1,072,302
			Total:	**$10,143,156**	**$8,986,056**	**$19,129.212**

Funds are anticipated to be available in the following accounts for State Fiscal Years 2016 and in State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budgets with the ability to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified without further approval from the Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

Please see attachment for fiscal details.

EXPLANATION

These amendments are **sole source** because the Department is renewing the contracts for two (2) additional years after exercising a one (1) year renewal option in 2014 as allowable in Exhibit C, Special Provisions, paragraph 17 of the contracts, and adding to the scope of services for community health centers that provide primary care services, statewide.

This package includes sixteen (16) of sixteen (16) contracts being amended.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

Breast and cervical cancer screening services are provided as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap smears and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or

diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will add infrastructure to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will use funding to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. This request includes three (3) vendors who provide primary care and universal screening services to homeless individuals, who otherwise would have no access to health care. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, low-income individuals statewide may not have adequate access to primary care services. Some women may not receive recommended breast and cervical cancer screenings, which would increase their risk of having an untreatable stage of cancer. Additionally, undetected alcohol and drug misuse could result in increases of alcohol and drug related accidents and deaths, which would negatively impact NH citizens.

Area Served: Statewide.

Source of Funds: 75.2% General Funds

24.8% Federal Funds (CFDA #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse. FAIN #T1010035-14; CFDA #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds. FAIN # U58DP003930; CFDA #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States. FAIN #B04MC28113.)

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

Marcella Bobinsky
Acting Director
Division of Public Health Services

for Diane Langley
Acting Director
Division of Community Based Care Services

Approved by:
Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services Contract

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") dated this, 30th day of April, 2015 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Health First Family Care Center (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 841 Central Street Franklin, New Hampshire 03235.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #131) and amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34A), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, and Exhibit C, Special Provisions, Paragraph 17, the State may amend the contract terms and conditions and renew the contract for two (2) additional years by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for two additional years, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   June 30, 2017
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $1,334,771
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read:
   Eric D. Borrin
4. Form P-37, General Provisions, Item 1.10, State Agency Telephone Number, to read:
   (603) 271-9558
5. Delete Exhibit A, Scope of Services and Exhibit A-1 Amendment 1, Scope of Services and replace with Exhibit A – Amendment #2.
6. Delete Exhibit A-1 Amendment #1 - Performance Measures and replace with Exhibit A-1 Amendment #2 – Performance Measures.

7. Delete Exhibit B, Purchase of Services Contract Price and replace with Exhibit B – Amendment #2, Method and Conditions Precedent to Payment.
8. Add Exhibit B-1 Amendment #2, Budget Form Primary Care through Exhibit B-6 Amendment #2, Budget Form SBIRT.
9. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Period Covered by this Certification, to read:

   From 7/1/2012 to 6/30/2017
10. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read:

    July 1, 2012 through June 30, 2017
11. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

6/2/15
Date

NAME: Brook Dupee
TITLE: Bureau Chief

Health First Family Care Center

5/15/15
Date

NAME Jim Wells
TITLE HealthFirst, Board Chair

Acknowledgement:
State of NH, County of Merrimack on May 15th 2015, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Theresa L. French
Name and Title of Notary or Justice of the Peace

THERESA L. FRENCH, Notary Public
My Commission Expires July 16, 2019

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/16/15
Date

Name:
Title:

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. **Provisions Applicable to All Services**

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services shall be provided to all individuals who seek services described in Section 1.4 and Section 1.5, above.

1.7. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.7.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.7.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.7.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than a one month period.

2.2. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

2.2.1. Family income.

2.2.2. Family size.

2.2.3. Income in relation to the Federal Poverty Guidelines.

2.3. The Contractor shall assist individuals with completing a Medicaid application when income calculations indicate possible Medicaid eligibility.

2.4. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.5. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.5.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.5.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.3. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.4. Assessment of need for:

3.1.4.1. Tobacco cessation, including referral to NH Quitworks, as appropriate.

3.1.4.2. Social services.

3.1.4.3. Nutrition services, including WIC, as appropriate.

3.1.4.4. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.2.2. Care facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health.

3.2.3.2. Oral health.

3.2.3.3. Use of navigators and case management.

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

3.3. The Contractor can choose to provide enabling services, if the budget allows, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor can facilitate enabling services that include, but are not limited to:

3.3.1. Case management.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

3.4. The Contractor must elect to do at least one (1) quality improvement project which consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall facilitate a minimum of one (1) quality improvement project that includes, but is not limited to:

3.4.1. Enhancing clinical workflow/improve patient outcomes by methods that may include, but are not limited to:

3.4.1.1. Alerts.

3.4.1.2. Guidelines.

3.4.1.3. Diagnostic support.

3.4.1.4. Patient registries.

3.4.1.5. Collaborative learning sessions, etc.)

3.4.2. Implementing projects that lead to measurable improvements on any of the performance measures and indicators identified in Exhibit A-1 Amendment #2

3.4.3. Utilizing defined improvement processes to coordinate quality improvement activities.

3.4.4. Identifying and defining specific goals and objectives to be achieved in the project period.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

5.1. The Contractor shall develop the infrastructure necessary to provide and record Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance use for all eligible individuals ages nineteen (19) to sixty-five (65) years and for all pregnant women, regardless of age, receiving services in Section 3 and/or Section 4. The Contractor shall:

5.1.1. Provide training to integrated primary care and behavioral health teams to ensure SBIRT activities are conducted with fidelity to the model in Section 5.1.

5.1.2. Modify and/or adapt current Electronic Health Records (EHR) systems in order to track SBIRT:

5.1.2.1. Activities

5.1.2.2. Completions.

5.1.2.3. Recommendations and referrals.

5.1.2.4. Follow-ups.

5.1.3. Utilize Substance Use Disorder (SUD) codes in the EHR for billing that shall:

5.1.3.1. Enable submission for payment through NH Managed Care/Medicaid and other insurance companies.

5.1.3.2. Allow the generation of reports.

5.2. The Contractor shall implement SBIRT services by ensuring sufficient qualified staff are available to conduct SBIRT services according to the SBIRT model described by the Centers for Disease Control (CDC), available on-line at http/www.dcd.gov/ncddd/fasd/documents/alcoholsbiimplementationguide.pdf. The Contractor shall:

5.2.1. Implement SBIRT services by including SBIRT activities in daily operations.

5.2.2. Use one or more of the screening instruments listed in Appendix E of "Systems-Level Implementation of Screening, Brief Intervention and Referral to Treatment. TAP 33" (2013 edition) (http://www.integration.samhsa.gov/sbirt/TAP33.pdf) and document screening in the electronic health record (EHR).

5.2.3. Conduct brief interventions with patients who screen positive for potential substance use concerns and document activities in the EHR.

5.2.4. Refer patients to Substance Use Disorder (SUD) treatment services as necessary, and ensure each patient has connected with the specific service

provider by documenting in the EHR, which is audited to ensure appropriate follow up.

5.2.5. Conduct SBIRT with covered populations that include all adults on an annual basis and pregnant women on a trimester basis.

5.3. Coordinate care between community health center (CHC) services and external treatment providers by collaborating with entities that provide SUD treatment services not available at the CHC. The Contractor shall:

5.3.1. Obtain client consents to contact service providers in order to resolve any barriers to accessing services.

5.3.2. Refer patients for SUD services, as needed.

5.3.3. Follow up with patient and/or SUD service provider to ensure appropriate services are provided.

5.3.4. Work with Regional Public Health Networks (RPHNs) to identify new SUD referral resources as they become available.

5.4. The Contractor shall test SBIRT fidelity with a subset of the target population prior to full implementation for all adults ages nineteen (19) to sixty-five (65) annually and pregnant women at each trimester.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall ensure staff delivering SBIRT services have, at minimum, one of the following:

6.3.1. Masters prepared behavioral health practitioners. This includes individuals licensed under the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board.

6.3.2. Masters prepared and in the process of obtaining a license from the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board, while under the supervision of a licensed practitioner of the same profession.

6.3.3. Physicians or Advanced Practice Registered Nurses licensed to practice in NH.

6.3.4. Physician Assistants or other practitioners under the supervision of a Physician licensed to practice in NH.

6.4. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.4.1. A registered nurse who:

6.4.1.1. Is licensed with the NH Board of nursing; or

6.4.1.2. Has attained bachelor's degree from a recognized college or university.

6.4.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.4.1.

6.5. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within one month of hired.

6.6. The Contractor shall notify the MCHS, in writing, when:

6.6.1. Any critical position is vacant for more than one month.

6.6.2. There is not adequate staffing to perform all required services for more than one month.

7. Coordination of Services

7.1. The Contractor shall coordinate referrals for continued care of treatment, or breast or cervical healthcare, with other service providers within the community, where possible.

7.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.2.1. Community needs assessments.

7.2.2. Public health performance assessments.

7.2.3. The development of regional health improvement plans.

7.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit an annual Workplan and Workplan Outcome Report for the quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.4. If utilizing any portion of this contract for enabling services, the Contractor shall submit an annual Workplan and Workplan Outcome Report that includes at least one (1) performance measure for each type of enabling service provided. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st.

9.6. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.7. The Contractor shall submit monthly Outcome Reports for SBIRT services according to the schedule and instructions provided by the MCHS. The Contractor shall:

9.7.1. Collect information that includes, but is not limited to:

9.7.1.1. Description of the training provided, including but not limited to:

9.7.1.1.1. The content of the training provided.

9.7.1.1.2. The number of staff who received training.

9.7.1.2. The number of:

9.7.1.2.1. Qualified staff conducting SBIRT

9.7.1.2.2. SBIRT billing codes developed.

9.7.1.2.3. SBIRT services billed to insurance.

9.7.1.3. Updates on any changes, enhancements or adaptations to SBIRT procedures in:

9.7.1.3.1. Technology based systems.

9.7.1.3.2. Staffing.

9.7.1.3.3. Coding and billing.

9.7.1.4. The total number of clients receiving SBIRT delineated by:

9.7.1.4.1. Percentage of clients receiving only screening.

9.7.1.4.2. Percentage of clients receiving brief interventions.

9.7.1.4.3. Percentage of clients referred for more intensive services who initiated services.

9.7.1.4.4. Percentage of clients referred for more intensive services who had problems connecting to services.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.2.3. SBIRT documentation, which includes but is not limited to:

10.2.3.1. SBIRT policies and procedures.

10.2.3.2. Staff credentials for all staff delivering SBIRT services

10.2.3.3. SBIRT procedures utilized and documented in patient records.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

1. PRIMARY CARE PERFORMANCE MEASURES

1.1. Breastfeeding

1.1.1. **Percent of infants who are ever breastfed** (Title V PM #10).

1.1.1.1. Numerator: Infants who were ever breastfed or received breast milk

1.1.1.2. Denominator: All infants born in a state fiscal year

1.2. Preventive Health: Lead Screening

1.2.1. **Percent of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.** (CMS, Hedis).

1.2.1.1. Numerator: At least one capillary or venous blood test on or before the child's second birthday.

1.2.1.2. Denominator: Children who turn 2 years old during the state fiscal year.

1.3. Preventive Health: Adolescent Well-Care Visit

1.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (Hedis, Title V PM #7).

1.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

1.3.1.2. Denominator: Number of adolescents, ages 12 through 21 years of age.

1.4. Preventive Health: Depression Screening

1.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (ACO 18, NQF 0418).

1.4.1.1. Numerator: Patients who are screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan documented.

1.4.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.1.3. Denominator: All patients 12 years and older.

1.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

Contractor Initials: RW
Date: 5/15/15

1.4.2. **Maternal Depression Screening** (Developmental: not required for FY 16)

1.4.2.1. **Percentage of women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.**

1.4.2.1.1. Numerator: Women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool and screen negative.

AND

Women who are screened for depression during the post-partum visit using an appropriate standardized depression screening tool, screen positive, AND have a follow-up plan documented.

1.4.2.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.2.1.3. Denominator: All women who are at least 6 weeks post-partum in a state fiscal year.

1.4.2.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

1.5. **Preventive Health: Obesity Screening**

1.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (ACO 16, NQF 0421, HRSA UDS).

1.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

1.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters.

1.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist,

occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

1.5.1.4. Denominator: All patients aged 18 years and older who had at least one medical visit during the state fiscal year.

1.5.2. Percent of patients aged 2 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (HRSA UDS).

1.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

1.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

1.6. Preventive Health: Tobacco Screening

1.6.1. Percent of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user (ACO 17, NQF 0028, HRSA UDS).

1.6.1.1. Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.1.2. Definitions:

1.6.1.2.1. Tobacco Use: Includes any type of tobacco

1.6.1.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.1.3. Denominator: All patients aged 18 years and older seen for at least two visits ever

1.6.2. Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user (Title V, PM #15).

1.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.2.2. Definitions:

1.6.2.2.1. Tobacco Use: Includes any type of tobacco

1.6.2.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.2.3. Denominator: All women who delivered a live birth in a state fiscal year

1.7. **At Risk Population: Hypertension**

1.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year** (ACO 28, NQF 0018).

1.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm Hg at the time of their last measurement.

1.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)

1.8. **Patient Safety: Falls Screening**

1.8.1. **Percent of patients aged 65 years and older who were screened for future fall risk at least once within 12 months** (ACO 13, NQF0101).

1.8.1.1. Numerator: Patients who were screened for future fall risk at least once within 12 months.

1.8.1.2. Definition of Fall: a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force.

1.8.1.3. Numerator note: Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year.

1.8.1.4. Denominator: All patients aged 65 years and older

1.8.1.5. Excluded from denominator population: (Exclusion only applied if patient was not screened for future fall risk) Documentation of medical reason(s) for not screening for future fall risk (e.g. patient is not ambulatory)

2. BCCP PERFORMANCE MEASURES

2.1. BCCP Performance Measure #1

2.1.1. **Measure:*** 78% of female patients age 24 through 64 years of age screened for cervical cancer per USPSTF guidelines.

2.1.2. **Numerator** – Number of female patients 24 through 29 years of age who have had a documented pap in the past 3 years AND female patients 30-64 who have either had a pap in the past 3 years OR an HPV test and a pap in the past 5 years

2.1.3. **Denominator** – Number of female patients 24 through 64 years of age who have had a visit in the past year and do not have evidence of having had a total hysterectomy.

2.1.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.1.5. *Measure based on the UDS measure

2.1.6. **Healthy People 2020 National Target is 93%

2.2. BCCP Performance Measure #2

2.2.1. **Measure:*** 75% of female patients age 52 through 74 years of age screened for breast cancer per USPSTF guidelines.

2.2.2. **Numerator** – Number of female patients 52 through 74 years of age who have had a documented mammogram in the past 24 months.

2.2.3. **Denominator** – Number of female patients 52 through 74 years of age who have had a visit in the past year and do not have evidence of having had a bilateral mastectomy.

2.2.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.2.5. *Measure based on the USPSTF Guidelines

2.2.6. ** Healthy People 2020 National Target is 81.1%

Contractor Initials: JCW
Date 5/15/15

3. SBIRT PERFORMANCE MEASURES

3.1. Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services

3.1.1. **Numerator:** Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention or referral to services.

3.1.2. Definitions

3.1.2.1. Substance Use: Includes any type of alcohol or drug.

3.1.2.2. Brief Intervention: Includes guidance or counseling.

3.1.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.1.3. Denominator: Number of patients aged 18 years and older seen for annual visit within 12 months.

3.2. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

3.2.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

3.2.2. Definitions:

3.2.2.1. Substance Use: Includes any type of alcohol or drug.

3.2.2.2. Brief Intervention: Includes guidance or counseling.

3.2.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the state fiscal year.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   - 2.1. #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse.
   - 2.2. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   - 2.3. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #2, Scope of Services, in accordance with Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2.
4. The Contractor shall use and apply the amount in the SBIRT line item in Exhibit B-3 and Exhibit B-6 on actual SBIRT services provided.
5. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
6. Payment for said services shall be made as follows:
   - 6.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for:
     - 6.1.1. Authorized expenses incurred in the prior month.
     - 6.1.2. The units of SBIRT services provided, in accordance with Exhibit A – Amendment #2, Section 5.2.2 through Section 5.2.5 and Section 5.3.1 through Section 5.3.3, which shall be paid on a fee-for-service basis at the following rates:
       - 6.1.2.1. $29.86 for each unit of service that is 15-30 minutes.
       - 6.1.2.2. $57.31 for each unit of service that is more than 30 minutes.
   - 6.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   - 6.3. The invoice must be submitted by mail or e-mail to:

     Financial Manager
     Department of Health and Human Services
     129 Pleasant Street
     Concord, NH 03301

     E-mail: dphscontractbilling@dhhs.state.nh.us

Contractor Initials: JcW
Date: 5/15/15

7. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
8. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
9. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
10. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: JCW
Date: 5/15/15

EXHIBIT B-3 AMENDMENT #2

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: HealthFirst Family Care Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

Line Item	Total Program Cost: Direct Incremental	Total Program Cost: Indirect Fixed	Total Program Cost: Total	Contractor Share / Match: Direct Incremental	Contractor Share / Match: Indirect Fixed	Contractor Share / Match: Total	Funded by DHHS contract share: Direct Incremental	Funded by DHHS contract share: Indirect Fixed	Funded by DHHS contract share: Total
1. Total Salary/Wages	$ 22,484.50	$ 2,248.45	$ 24,732.95	$ -	$ -	$ -	$ 22,484.50	$ 2,248.45	$ 24,732.95
2. Employee Benefits	$ 4,834.17	$ 483.42	$ 5,317.59	$ -	$ -	$ -	$ 4,834.17	$ 483.42	$ 5,317.59
3. Consultants	$ 4,449.47	$ -	$ 4,449.47	$ -	$ -	$ -	$ 4,449.47	$ -	$ 4,449.47
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 6,093.75	$ -	$ 6,093.75	$ -	$ -	$ -	$ 6,093.75	$ -	$ 6,093.75
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 38,861.89	$ 2,731.87	$ 41,593.76	$ -	$ -	$ -	$ 38,861.89	$ 2,731.87	$ 41,593.76
Indirect As A Percent of Direct		7.0%							

Contractor Initials: JW

Date: 5/15/15

EXHIBIT B-8 AMENDMENT #2

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: HealthFirst Family Care Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 2,031.25	$ -	$ 2,031.25	$ -	$ -	$ -	$ 2,031.25	$ -	$ 2,031.25
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 2,031.25	$ -	$ 2,031.25	$ -	$ -	$ -	$ 2,031.25	$ -	$ 2,031.25
Indirect As A Percent of Direct		0.0%							

Contractor Initials: Jew

Date: 5/15/15

5/8/14
34A MJ

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

G+C Approved
Date 5/8/14
Item #34A

March 28, 2014

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Retroactive
Sole Source

13% Federal Funds
87% General Funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend agreements with 13 vendors by increasing the total price limitation by $4,293,569 from $5,173,800 to $9,467,369 to provide primary care services. This amount includes a request to **retroactively** enter into **sole-source** amendments in an amount of $648,347, effective **retroactive** to July, 1, 2013 through June 30, 2014 and to exercise a one-year renewal option with the same 13 vendors in an amount of $3,645,222, extending the completion date from June 30, 2014 to June 30, 2015, effective upon Governor and Council approval. Twelve of these agreements were originally approved by Governor and Council on June 20, 2012, Item numbers 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, and one agreement was originally approved by Governor and Council on July 11, 2012, Item number 31.

Summary of contracted amounts by vendor.

Vendor	Location	SFY 2014 Amount	SFY 2015 Amount	Total Increase
Ammonoosuc Community Health	North Grafton/ South Coos	$42,661	$254,172	$296,833
Concord Hospital, Inc.	Merrimack/ Hillsborough	$64,413	$376,377	$440,790
Coos County Family Health	Eastern Coos	$24,351	$159,685	$184,036
Families First of the Greater Seacoast	Seacoast Area	$41,892	$242,094	$283,986
Goodwin Community Health	Strafford County	$74,293	$420,579	$494,872
Health First Family Care Center	Central/Eastern Belknap	$55,968	$292,214	$348,182
Indian Stream Health Center	Northern Coos & Colebrook	$18,030	$100,409	$118,439
Lamprey Health Care, Inc.	Central Southern/Eastern NH	$119,828	$654,249	$774,077
Manchester Community Health Center	Greater Manchester Area	$71,392	$407,637	$479,029
Mid-State Health Center	Central Northern Belknap	$35,001	$175,511	$210,512
The New London Hospital, Inc.	Sullivan County	$39,566	$225,093	$264,659
Weeks Medical Center	Western Coos	$20,652	$113,557	$134,209
White Mountain Community Health	Northern Carroll	$40,300	$223,645	$263,945
TOTAL		**$648,347**	**$3,645,222**	**$4,293,569**

Funds to support this request are available in the following accounts for SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

See attachment for financial details

EXPLANATION

Approval is requested **retroactive** to July 1, 2013. The services provided by these contracts are consistent with prior contracts and were included in the operating budget for SFY 2014 and SFY 2015. Contracts were delayed, however, since the exact amount of funding available was only recently determined. The SFY 2014 amendments are **sole source** because they exceed more than 10% of the original contract amount.

This requested action seeks approval of 13 amendments that represents $4,293,569 total anticipated to be spent statewide to continue breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services, and because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program

provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, low-income individuals statewide may not have adequate access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Contracts were awarded to Primary Care agencies through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by teams of three professionals. All reviewers have between three to 20 years' experience managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, these competitively procured Agreements have the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Department is exercising one year of this renewal option.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. All Primary Care vendors are making adequate progress in meeting clinical performance measures and the Departments wishes to continue working with the vendors for another year.

The performance measures as described in the contract amendment Exhibit A – Amendment 1 – Performance Measures, will be used to continue to measure the effectiveness of the agreement.

Area to be served is statewide.

Source of Funds: 13.09% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau; Centers for Disease Control and Prevention and 86.91% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

José Thier Montero, MD, MHCDS
Director

Approved by:
Nicholas A. Toumpas
Commissioner

5/8/14
34A

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Health First Family Care Center

This 1st Amendment to the Health First Family Care Center, contract (hereinafter referred to as "Amendment One") dated this 21st day of March, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Health First Family Care Center, (hereinafter referred to as "the Contractor"), a corporation with a place of business at 841 Central Street, Franklin, New Hampshire 03235.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the Department desires to provide additional primary health care services for preventive and episodic health care for acute and chronic health conditions for people of all ages.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $748,658

- Exhibit A, Scope of Services to add:
  Exhibit A – Amendment 1

- Exhibit B, Purchase of Services, Contract Price, to add:

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $55,968 for SFY 2014 and $292,214 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $55,968 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $280,648 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

Contractor Initials JW
Date 3/21/14

- $11,566 from 05-95-90-902010-5659-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.283;

  Add Paragraph 8
  8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

- Budget, to add:
  Exhibit B-1 (2014) - Amendment 1,
  Exhibit B-1 (2015) - Amendment 1

This amendment shall be in effect July 1, 2013, effective upon the date of Governor and Executive Council approval.

Contractor Initials:
Date: 3/21/14

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

3/28/14
Date

Brook Dupee
Bureau Chief

Health First Family Care Center

3/21/2014
Date

Name: Jane White
Title: Board Chair

Acknowledgement:

State of NH, County of Belknap on 3/21/2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public ~~or Justice of the Peace~~

ELIZABETH KANTOWSKI, Notary Public
My Commission Expires September 14, 2016

Name and Title of Notary or Justice of the Peace

Contractor Initials
Date: 3/21/14

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4-2-14
Date

Name: Rosemary Wiant
Title: Asst. Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials
Date: 3/4/14

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 2, 2012

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

APPROVED G&C #131
DATE 6/20/12

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with Health First Family Care Center (Vendor #158221-B001), 841 Central Street, Franklin, New Hampshire 03235, in an amount not to exceed $400,476.00, to provide primary care services and breast and cervical cancer screening, to be effective July 1, 2012 or date of Governor and Executive Council approval, whichever is later, through June 30, 2014. Funds are available in the following accounts for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budgets.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080000	$187,367
SFY 2014	102-500731	Contracts for Program Services	90080000	$187,367
			Sub-Total	$374,734

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080081	$12,871
SFY 2014	102-500731	Contracts for Program Services	90080081	$12,871
			Sub-Total	$25,742
			Total	$400,476

EXPLANATION

Funds in this agreement will be used to provide breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. This agreement provides funds for services as a last resort; contractor is required to make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. For example, in State Fiscal Year 2011:

- 88% of eligible children served were enrolled in Medicaid/Healthy Kids Gold.
- 86% of children 24-35 months, served received the appropriate schedule of immunizations.
- 82% of infants born to women served received prenatal care beginning in the first trimester of pregnancy.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, a minimum of 7,000 low-income individuals from the following areas Alexandria, Andover, Ashland, Belmont, Bridgewater, Bristol, Center Harbor, Danbury, Franklin, Gilford, Gilmanton, Groton, Hebron, Hill, Laconia, Meredith, Moultonborough, New Hampton, Northfield, Salisbury, Sanbornton, Sandwich and Tilton may not have access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

José Thier Montero, MD
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/PMT/sc

Program Name DPHS, Maternal and Child Health
Contract Purpose Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Ammonoosuc Community Health Services, Inc., 25 Mount Eustis Rd., Littleton, NH 03561	Coos County Family Health Services, Inc., 54 Willow St., Berlin, NH 03570	Concord Hospital, Inc., 250 Pleasant St., Concord, NH 03301	Families First of the Greater Seacoast, 100 Campus Drive, Portsmouth, NH 03801	Goodwin Community Health, 311 Route 108, Somersworth, NH 03878	Health First Family Care Center, 841 Central St., Franklin, NH 03235	Manchester Community Health Center, 145 Hollis St., Manchester, NH 03101	Mid-State Health Center, 101 Boulder Point Dr., Plymouth, NH 03264
Agy Capacity	30	29.00	28.00	28.00	29.00	29.00	25.00	29.00	28.00
Program Structure	50	46.00	45.00	47.00	48.00	48.00	39.00	46.00	45.00
Budget & Justification	15	14.00	15.00	15.00	15.00	12.00	13.00	15.00	12.00
Format	5	4.00	5.00	5.00	5.00	4.00	4.00	5.00	5.00
Total	100	93.00	93.00	95.00	97.00	93.00	81.00	95.00	90.00

BUDGET REQUEST								
Year 01	$339,156.25	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 02	$347,976.97	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 03	$0.00	-	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET REQUEST	$687,133.22	237,918.00	$551,408.00	$327,586.00	$584,604.00	$398,254.00	$556,404.00	$234,350.00
BUDGET AWARDED								
Year 01	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 02	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 03	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET AWARDED	$370,854.00	$243,106.00	$551,408.00	$340,554.00	$600,396.00	$400,476.00	$572,396.00	$234,350.00

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal & child health, quality assurance & performance improvement, chronic and communicable diseases and public health infrastructure
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	
7	Terry Ohlson-Martin	Co-Director	Family Voices	
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm	
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	

Program Name: DPHS, Maternal and Child Health
Contract Purpose: Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	The New London Hospital, Inc., 273 County Rd., New London, NH 03257	Weeks Medical Center, 170 Middle St., Lancaster, NH 03584	White Mountain Community Health Center, 298 White Mountain Hwy., Conway, NH 03818	Lamprey Health Care, Inc., 207 South Main St., Newmarket, NH 03857	Indian Stream Health Center, 141 Corliss Lane, Colebrook, NH 03576	0	0	0
Agy Capacity	30	27.00	28.00	21.00	29.00	23.00	0.00	0.00	0.00
Program Structure	50	40.00	43.00	38.00	45.00	35.00	0.00	0.00	0.00
Budget & Justification	15	9.00	15.00	15.00	13.00	9.00	0.00	0.00	0.00
Format	5	4.00	5.00	3.00	5.00	5.00	0.00	0.00	0.00
Total	100	80.00	91.00	77.00	92.00	72.00	0.00	0.00	0.00

BUDGET REQUEST									
Year 01		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 02		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET REQUEST		$312,900.00	$158,274.00	$313,346.00	$912,662.00	$272,712.00	-	-	-
BUDGET AWARDED									
Year 01		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 02		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET AWARDED		$323,264.00	$158,274.00	$315,568.00	$922,436.00	$140,718.00	-	-	-

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three
2	Rhonda Siegel	TP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	to twenty years experience
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	either in clinical settings
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	providing community-based
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	family support services and or
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	managing agreements with
7	Terry Ohlson-Martin	Co-Director	Family Voices	vendors for various public
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	health programs. Areas of
9	Lindsey Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	specific expertise include
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm.	maternal & child health,
11	Lissa Suros	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	quality assurance & performance
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	improvement, chronic and
				communicable diseases and
				public health infrastructure

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Prenatal (PN) Performance Measure #1

Measure: Percent of infants born to women receiving prenatal care beginning in the first trimester of pregnancy.

Primary Care Prenatal (PN) Performance Measure #2

Measure: Percent of pregnant women identified as cigarette smokers that are referred to QuitWorks-New Hampshire.

Primary Care Prenatal (PN) Performance Measure #3

Measure: Percent of pregnant women who were screened, using a formal valid screening tool, for alcohol and other drug use during every trimester the patient was enrolled.

Primary Care Child Health Direct (CH – D) Performance Measure #1

Measure: Percent of eligible children enrolled in Medicaid

Primary Care Child Health Direct (CH – D) Performance Measure #2

Measure: Percent of at-risk children who were screened for blood lead between 18 and 30 months of age

Primary Care Child Health Direct (CH – D) Performance Measure #3

Measure: Percent of children age two to nineteen years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85th percentile with documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Primary Care Child Health Direct (CH – D) Performance Measure #4

Measure: Percent of eligible infants and children with client record documentation of enrollment in Women Infant Children Program.

Primary Care Child Health Direct (CH – D) Performance Measure #5

Measure: Percent of infants who were exclusively breastfed for the first three months, at their four month well baby visit.

Primary Care Financial (PC) Performance Measure #1

Measure: Patient Payor Mix

Primary Care Financial (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Primary Care Financial (PC) Performance Measure #3

Measure: Current Ratio

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: Percent of adolescents aged 10-21 years who received annual health maintenance visits in the past 12 months.

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure: Percent of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid.

Scope: Primary Care Services

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Health First Family Care Center		1.4 Contractor Address 841 Central Street Franklin, New Hampshire 03235	
1.5 Contractor Phone Number 603-934-0177	1.6 Account Number 010-090-5190-102-500731 010-090-5656-102-500731	1.7 Completion Date June 30, 2014	1.8 Price Limitation $400,476
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature [signature]		1.12 Name and Title of Contractor Signatory Glenna Goodman Board of Directors, Chair	

1.13 Acknowledgement: State of NH, County of Belknap

On 3/28/12 before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or ~~Justice of the Peace~~

Elizabeth Kantowski

[Seal]

1.13.2 Name and Title of Notary ~~or Justice of the Peace~~

Elizabeth Kantowski, Notary

ELIZABETH KANTOWSKI, Notary Public
My Commission Expires September 14, 2016

1.14 State Agency Signature [signature]	1.15 Name and Title of State Agency Signatory Joan H. Ascheim, Bureau Chief
1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:	Director, On:
1.17 Approval by the Attorney General (Form, Substance and Execution) By: Jeanne P. Herrick, Attorney	On: 14 May 2012
1.18 Approval by the Governor and Executive Council By:	On:

Exhibit C

SPECIAL PROVISIONS

1. **Contractors Obligations:** The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

2. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

3. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

4. **Documentation:** In addition to the determination forms, required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

5. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

6. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

7. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

8. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party fundors for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party fundors, the Department may elect to:

    8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established,

Contractor Initials

Date March 28, 2013

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs.

8.3 Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

9. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

9.1 **Fiscal Records:** Books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

9.2 **Statistical Records:** Statistical, enrollment, attendance, or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

10.1 **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

10.2 **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directed connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

12. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department

12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

12.2 Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

13. **Completion of Services:** Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14. **Credits:** All documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. **Operation of Facilities:** Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the Contractor with respect to the operation of the facility or the provision of the services at such facility. If any government license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

Contractor Initials: _____
Date: March 28, 2012

16. **Insurance:** Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed $500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed $500,000, is comprehensive general liability insurance in amounts of not less than $1,000,000 per claim or occurrence and $2,000,000 in the aggregate. *These amounts may NOT be modified*

X (1) The contractor certifies that it IS a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does not exceed $500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $250,000 per claim and $2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

(2) The contractor certifies it does NOT qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

18. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:

4. CONDITIONAL NATURE OF AGREEMENT.
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

19. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

Health First Family Care Center was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by three professionals, who work internal and external to the Department of Health and Human Services. All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services, and managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. In those instances where scores were less than ideal, agency specific remedial actions were recommended and completed. Some primary care agencies are being funded at levels higher than they requested. Agencies were instructed to develop budgets based on previous allocations. While some proposed budgets higher than what was available for funding, others proposed budgets lower than what was available. There was an increase in breast and cervical cancer screening funds that bidders were unaware of when they drafted budgets. Adjustments were made accordingly for those agencies that proposed budgets at levels lower than available funds. This is a contract where that situation occurred. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. These services were contracted previously with this agency in SFY 2011 and SFY 2012 in the amount of $689,460. This represents a decrease of $288,984. The decrease is due to budget reductions.

The performance measures used to measure the effectiveness of the agreement are attached.

Area served: Alexandria, Andover, Ashland, Belmont, Bridgewater, Bristol, Center Harbor, Danbury, Franklin, Gilford, Gilmanton, Groton, Hebron, Hill, Laconia, Meredith, Moultonborough, New Hampton, Northfield, Salisbury, Sanbornton, Sandwich and Tilton.

Source of Funds: 25.10% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 74.90% General Funds.

State of New Hampshire
Department of Health and Human Services
Amendment #4 to the Primary Care Services Contract

This 4th Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #4") dated this, 1st day of May, 2017 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Indian Stream Health Care, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business located at 141 Corliss Lane, Colebrook, NH 03576.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #125) as amended by an agreement (Amendment #1 to the Contract) approved by the Governor and Executive Council on May 8, 2014 (Item #34A); as amended by an agreement (Amendment #2 to the Contract) approved by the Governor and Executive Council on June 24, 2015 (Item #58); as amended by an agreement (Amendment #3 to the Contract) approved by the Department on December 21, 2016; the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement the State may amend the contract terms and conditions by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for nine (9) months, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   March 31, 2018
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $564,005
3. Add Exhibit A- Amendment #4, Scope of Services.
4. Add Exhibit A-1 – Amendment #4, Performance Measures
5. Add Exhibit B – Amendment #4, Method and Conditions Precedent to Payment.
6. Add Exhibit B-1 – Amendment #4 MCHS Budget.
7. Add Exhibit B-2 – Amendment #4, BCCP Budget.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

5/31/17
Date

NAME: LISA MORRIS
TITLE: DIRECTOR, DPHS

Indian Stream Health Center, Inc.

5/11/2017
Date

NAME Jonathan W. Brown
TITLE CEO

Acknowledgement:
State of NH, County of Coos on 5/11/17, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace

SHARON [illegible], Notary Public
[illegible]

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/5/17
Date

Name: Megan A. Yeaw
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

_____
Date

_____
Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.6.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.6.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.6.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than thirty (30) consecutive days or any sixty (60) non-consecutive days.

2.2. The Contractor shall assist individuals with completing a Medicaid/Expanded Medicaid or other health insurance application when income calculations indicate possible eligibility.

2.3. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.4. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.4.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.4.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Perinatal services, including but not limited to access to obstetrical services either on-site or by referral.

3.1.3. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.4. Integrated Behavioral Health Services.

3.1.5. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.6. Assessment of need and follow-up/referral as indicated for:

3.1.6.1. Tobacco cessation, including referral to QuitWorks-NH, www.QuitWorksNH.org.

3.1.6.2. Social services.

3.1.6.3. Chronic Disease management, including disease specific referral and self-management education, which may include, but is not limited to referral to Diabetes Self-

Management Education (DSME), as recommended by the American Diabetes Association.

3.1.6.4. Nutrition services, including WIC, as appropriate.

3.1.6.5. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.1.6.6. Screening, Brief Intervention and Referral to Treatment (SBIRT) services, including but not limited to contact with the Regional Public Health Network Continuum of Care Development Initiative.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which includes but is not limited to access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.3. The Contractor shall provide enabling services, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor shall facilitate enabling services that include, but are not limited to:

3.3.1. Case management, which may include but is not limited to, care facilitated by registries; information technology; health information exchanged; and other services that ensure patients receive necessary care when and where it is needed and wanted 8in a culturally and linguistically appropriate manner.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach, which may include but is not limited to the use of community health workers.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 – Amendment #3 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Quality Improvement

5.1. The Contractor shall conduct a minimum of two (2) quality improvement projects which consist of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall ensure:

5.1.1. One (1) quality improvement project focuses on the performance measure as designated by the Department.

5.1.2. One (1) quality improvement project is based on previous performance outcomes needing improvement, as selected by the Contractor.

5.2. The Contractor shall utilize Quality Improvement (QI) science to develop and implement a QI Workplan for each QI project, which shall include but not be limited to:

5.2.1. Specific goals and objectives for the project period.

5.2.2. Evaluation methods to demonstrate improvements in the quality, efficiency, and effectiveness of patient care.

5.3. The Contractor may utilize activities in QI projects that enhance clinical workflow and improve patient outcomes, which may include but are not limited to:

5.3.1. EMR prompts/alerts.

5.3.2. Protocols/Guidelines.

5.3.3. Diagnostic support.

5.3.4. Patient registries.

5.3.5. Collaborative learning sessions.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care services who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within thirty (30) days of hire.

6.4. The Contractor shall notify the MCHS, in writing, when:

6.4.1. Any critical position is vacant for more than thirty (30) days.

6.4.2. There is not adequate staffing to perform all required services for more than thirty (30) consecutive days or any sixty (60) nonconsecutive days.

6.5. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.5.1. A registered nurse who:

6.5.1.1. Is licensed with the NH Board of nursing; or

6.5.1.2. Has attained bachelor's degree from a recognized college or university.

6.5.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.5.1.

7. Coordination of Services

7.1. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.1.1. Community needs assessments.

7.1.2. Public health performance assessments.

7.1.3. The development of regional health improvement plans.

7.2. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit a Performance Measure Outcome Report, which details the plan for improvement when a performance measure targeted goal is not met.

9.4. The Contractor shall submit an annual Workplan for the two (2) quality improvement projects that demonstrate improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall submit at least one (1) annual Workplan that includes a detailed description of the enabling services funded by this contract. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.6. The Contractor shall collect and submit the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st of each contract year.

9.7. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Exhibit A-1 – Amendment #4

1. MATERNAL AND CHILD HEALTH SECTION (MCHS) PRIMARY CARE PERFORMANCE MEASURES

1.1. Definitions

1.1.1. **Measurement Year** – Measurement Year shall consist of 365 days and is defined as either:

1.1.1.1. The calendar year (January 1st through December 31st); or

1.1.1.2. The state fiscal year (July 1st through June 30th).

1.1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.1.4. **NQF** – National Quality Forum

1.1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.1.6. **UDS** – Uniform Data System

1.1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. **Percent of infants who are ever breastfed** (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Screening

2.2.1. **Percent of children 3 years of age who had two or more capillary or venous lead blood test for lead poisoning by their third birthday.** (NH MCHS).

2.2.1.1. Numerator: All patient children who received at least one capillary or venous lead screening test between nine (9) months to eighteen (18) months of age **AND** one (1) capillary or venous lead screening test between nineteen (19) to thirty (30) months of age.

2.2.1.2. Denominator: All patient children who turned three (3) years old during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. Preventive Health: Adolescent Well-Care Visit

Contractor Initials: _____
Date: 5/11/17

2.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (HEDIS,).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. **Maternal Depression Screening**

2.4.2.1. **Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative PLUS women who screened positive AND have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

2.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (NQF 0421, UDS).

2.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit OR within twenty-four (24) months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who delivered a live birth in the measurement year.

2.6.2.4. Definitions:

2.6.2.4.1. Tobacco Use: Includes any type of tobacco

2.6.2.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

2.7. **At Risk Population: Hypertension**

2.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHG) during the measurement year** (NQF 0018).

2.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm HG at the time of their last measurement.

2.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension (must have been diagnosed with hypertension 6 or more months before the measurement date) who had at least one (1) medical visit during the measurement year. (Excludes pregnant women and patients with End Stage Renal Disease.)

2.8. **Patient Safety: Falls Screening**

2.8.1. **Percent of patients aged 65 years and older who were screened for fall risk at least once within 12 months** (NH MCHS).

2.8.1.1. Numerator: Patients who were screened for fall risk at least once within the measurement year.

2.8.1.2. Denominator: All patients aged 65 years and older seen by a health care provider within the measurement year.

2.9. **SBIRT**

2.9.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services (NHMCHS).

2.9.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention and/or referral to services.

2.9.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.1.3. Denominator: Number of patients aged 18 years and older seen for annual/preventive visit within the measurement year.

2.9.1.4. Definitions:

2.9.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.9.1.4.2. Brief Intervention: Includes guidance or counseling.

2.9.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.9.2. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services (NH MCHS)**.**

2.9.3. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

2.9.4. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.5. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.9.6. Definitions:

2.9.6.1. Substance Use: Includes any type of alcohol or drug.

2.9.6.2. Brief Intervention: Includes guidance or counseling.

2.9.6.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A – Amendment #4, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   2.1. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   2.2. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #4, Scope of Services, in accordance with Exhibit B-1 Amendment #4 through Exhibit B-2 Amendment #4.
4. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
5. Payment for said services shall be made as follows:
   5.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
   5.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   5.3. The invoice must be submitted by mail or e-mail to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

   E-mail: dphscontractbilling@dhhs.state.nh.us
6. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
8. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
9. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #4 through Exhibit B-2 Amendment #4 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: _____
Date: 5/11/17

Exhibit B-1 Amendment #4 MCHS Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Indian Stream Health Center

Budget Request for: Primary Care Maternal/Child Health

Budget Period: July 1, 2017 - March 31, 2018

Line Item	Total Program Cost: Direct Incremental	Total Program Cost: Indirect Fixed	Total Program Cost: Total	Contractor Share / Match: Direct Incremental	Contractor Share / Match: Indirect Fixed	Contractor Share / Match: Total	Funded by DHHS contract share: Direct Incremental	Funded by DHHS contract share: Indirect Fixed	Funded by DHHS contract share: Total
1. Total Salary/Wages	$ 57,603.00	$ -	$ 57,603.00	$ -	$ -	$ -	$ 57,603.00	$ -	$ 57,603.00
2. Employee Benefits	$ 16,129.00	$ -	$ 16,129.00	$ 16,129.00	$ -	$ 16,129.00	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 73,732.00	$ -	$ 73,732.00	$ 16,129.00	$ -	$ 16,129.00	$ 57,603.00	$ -	$ 57,603.00

Indirect As A Percent of Direct 0.0%

Contractor Initials: JP

Date: 5/11/17

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Indian Stream Health Center

Budget Request for: Breast and Cervical Cancer Program

Budget Period: July 1, 2017 - March 31, 2018

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 11,356.00	$ 6,000.00	$ 17,356.00	$ 11,356.00	$ -	$ 11,356.00		$ 6,000.00	$ 6,000.00
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Clinical services	$ -	$ 2,008.00	$ 2,008.00	$ -	$ -	$ -	$ -	$ 2,008.00	$ 2,008.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 11,356.00**	**$ 8,008.00**	**$ 19,364.00**	**$ 11,356.00**	**$ -**	**$ 11,356.00**	**$ -**	**$ 8,008.00**	**$ 8,008.00**

Indirect As A Percent of Direct

Contractor Initials: [signature]

Date: 5/11/17

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 INDIAN STREAM HEALTH CENTER, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on June 01, 2004. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **476373**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 2nd day of November A.D. 2016.

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

(Corporation without Seal)

I, Gail Fisher, do hereby certify that:
(Name of Clerk of the Corporation; cannot be contract signatory)

1. I am a duly elected Clerk of Indian Stream Health Center.
(Corporation Name)
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on April 26, 2017:
(Date)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, , for the provision of

Primary Care services.

RESOLVED: That the Chief Executive Officer or Chief Financial Officer
(Title of Contract Signatory)

is hereby authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 11th day of May, 2017.
(Date Contract Signed)

4. CEO or CFO is the duly elected
Jonathan Brown, Chief Executive Officer
(Name of Contract Signatory) or (Title of Contract Signatory)
Graham Rae, Chief Financial Officer,
of the Corporation.

Gail Fisher
(Signature of Clerk of the Corporation)

STATE OF NEW HAMPSHIRE

County of Coos

The forgoing instrument was acknowledged before me this 26th day of April, 2017,

By Gail Fisher.
(Name of Clerk of the Corporation)

Sharon Cleveland
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: _____

SHARON CLEVELAND, Notary Public
My Commission Expires March 26, 2019

INDISTR-01 LMICHALS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/11/2017

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 have ADDITIONAL INSURED provisions or 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 License # AGR8150 Clark Insurance One Sundial Ave Suite 302N Manchester, NH 03103	CONTACT NAME: Lorraine Michals, CIC PHONE (A/C, No, Ext): (603) 716-2362 FAX (A/C, No): (603) 622-2854 E-MAIL ADDRESS: lmichals@clarkinsurance.com
INSURED Indian Stream Health Center, Inc. 141 Corliss Lane Colebrook, NH 03576	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Tri-State Insurance Company of Minnesota — 31003 INSURER B : Acadia — 31325 INSURER C : AIX Specialty Insurance Co — 12833 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR			ADV5262378-10	07/01/2016	07/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS			ADV5262378-10	07/01/2016	07/01/2017	BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB CLAIMS-MADE			CUA5263140-10	07/01/2016	07/01/2017	AGGREGATE	$ 10,000,000
	DED X RETENTION $ 0							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N	N/A		WCA5262647-10	07/01/2016	07/01/2017	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
C	FTCA GAP Liability			L1V A633646-00	07/01/2016	07/01/2017	Limit Each Claim	1,000,000
C	(Errors & Omissions)			L1V A633646-00	07/01/2016	07/01/2017	Aggregate Limit	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Medical Professional Liability coverage is provided on a claims made basis. Coverage excludes claims covered by the Federal Tort Claims Act.

CERTIFICATE HOLDER

NH DHHS
129 Pleasant St
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

INDIAN STREAM HEALTH CENTER

"MAXIMIZING THE QUALITY OF LIFE OF AREA RESIDENTS"

Our Mission:

"Our mission is to provide excellent preventive, acute, and wellness-focused health care to residents within the organization's service area regardless of a patient's ability to pay.

We will focus our resources to maximize the quality of life of area residents in a cost-effective and efficient manner."

141 Corliss Lane
Colebrook NH 03576
Telephone: (603) 237-8336 Facsimile: (603) 237-4467
www.indianstream.org

BerryDunn

INDIAN STREAM HEALTH CENTER

FINANCIAL STATEMENTS

December 31, 2015 and 2014

With Independent Auditor's Report

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Indian Stream Health Center, Inc.

We have audited the accompanying financial statements of Indian Stream Health Center, Inc., which comprise the balance sheet as of December 31, 2015, and the related statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Indian Stream Health Center, Inc. as of December 31, 2015, and the results of its operations, changes in its net assets and its cash flows for the year then ended, in accordance with U.S. generally accepted accounting principles.

Prior Period Financial Statements

The financial statements as of December 31, 2014 were audited by Brad Borbidge, P.A., who subsequently merged with Berry Dunn McNeil & Parker, and whose report dated July 29, 2015 expressed an unmodified opinion on those financial statements.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
May 25, 2016

INDIAN STREAM HEALTH CENTER, INC.

Balance Sheets

December 31, 2015 and 2014

ASSETS

	2015	2014
Current assets		
Cash and cash equivalents	**$ 865,296**	$ 352,633
Patient accounts receivable, less allowance for uncollectible accounts of $125,859 in 2015 and $209,651 in 2014	**323,901**	301,811
Grants receivable	**727,546**	359,172
Inventory	**139,127**	107,260
Prepaid expenses	**28,730**	29,967
Total current assets	**2,084,600**	1,150,843
Assets limited as to use	**65,000**	65,000
Property and equipment, net	**1,786,689**	1,870,668
Other assets	**5,107**	5,312
Total assets	**$ 3,941,396**	$ 3,091,823

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	**$ 191,980**	$ 152,171
Accrued payroll and related expenses	**122,618**	99,431
Deferred revenue	**357,870**	295,095
Current maturities of long-term debt	**38,898**	37,322
Total current liabilities	**711,366**	584,019
Long-term debt, less current maturities	**316,472**	353,926
Total liabilities	**1,027,838**	937,945
Net assets		
Unrestricted	**2,913,558**	2,153,878
Total liabilities and net assets	**$ 3,941,396**	$ 3,091,823

The accompanying notes are an integral part of these financial statements.

INDIAN STREAM HEALTH CENTER, INC.

Statements of Operations and Changes in Net Assets

Years Ended December 31, 2015 and 2014

	2015	2014
Operating revenue		
Patient service revenue	**$ 3,666,674**	$ 2,997,035
Recovery of (provision for) bad debts	**10,608**	(82,824)
Net patient service revenue	**3,677,282**	2,914,211
Grant revenue	**1,704,540**	1,348,429
Community benefit grants	**-**	50,000
Other operating revenue	**239,964**	121,151
Total operating revenue	**5,621,786**	4,433,791
Operating expenses		
Salaries and benefits	**3,072,060**	2,810,134
Other operating expenses	**1,688,606**	1,711,317
Depreciation and amortization	**84,184**	78,026
Interest expense	**17,256**	19,053
Total operating expenses	**4,862,106**	4,618,530
Excess (deficit) of revenue over expenses	**759,680**	(184,739)
Grants received for capital acquisition	**-**	150,000
Increase (decrease) in unrestricted net assets	**759,680**	(34,739)
Net assets, beginning of year	**2,153,878**	2,188,617
Net assets, end of year	**$ 2,913,558**	$ 2,153,878

The accompanying notes are an integral part of these financial statements.

INDIAN STREAM HEALTH CENTER, INC.

Statements of Cash Flows

Years Ended December 31, 2015 and 2014

	2015	2014
Cash flows from operating activities		
Change in net assets	**$ 759,680**	$ (34,739)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
(Recovery of) provision for bad debts	**(10,608)**	82,824
Depreciation and amortization	**84,184**	78,026
Grants received for capital acquisition	**-**	(150,000)
(Increase) decrease in the following assets		
Patient accounts receivable	**(11,482)**	(43,068)
Grants receivable	**(368,374)**	308,804
Inventory	**(31,867)**	(29,225)
Prepaid expenses	**1,237**	(3,751)
Increase (decrease) in the following liabilities		
Accounts payable and accrued expenses	**39,809**	88,464
Accrued payroll and related expenses	**23,187**	37,750
Deferred revenue	**62,775**	(272,824)
Net cash provided by operating activities	**548,541**	62,261
Cash flow from investing activities		
Capital expenditures	**-**	(250,646)
Cash flows from financing activities		
Grants received for capital acquisition	**-**	150,000
Principal payments on long-term debt	**(35,878)**	(34,080)
Net cash (used) provided by financing activities	**(35,878)**	115,920
Net increase (decrease) in cash and cash equivalents	**512,663**	(72,465)
Cash and cash equivalents, beginning of year	**352,633**	425,098
Cash and cash equivalents, end of year	**$ 865,296**	$ 352,633
Supplemental disclosures of cash flow information		
Cash paid for interest	**$ 17,256**	$ 19,053

The accompanying notes are an integral part of these financial statements.

1. Summary of Significant Accounting Policies

Organization

Indian Stream Health Center, Inc. (the Organization) is a non-stock, not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) which provides outpatient health care and disease prevention services to residents of rural communities located in New Hampshire, Vermont, and Maine.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding assets limited as to use.

Allowance For Uncollectible Accounts

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts by analyzing its past history and identification of trends for all funding sources in the aggregate. Balances in excess of 120 days are 100% reserved. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for doubtful accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts. The Organization has not changed its methodology for estimating the allowance for doubtful accounts at December 31, 2015 and 2014.

A reconciliation of the allowance for uncollectible accounts follows:

	2015	2014
Balance, beginning of year	$ 209,651	$ 206,006
(Recovery) provision	(10,608)	82,824
Write-offs	(73,184)	(79,179)
Balance, end of year	$ 125,859	$ 209,651

The decrease in the allowance and current year recovery are due to changes in the billing process and the collection agency used.

Inventory

Inventory consists of pharmaceutical drugs which are valued at the lower of cost or market.

Governmental and Private Grants

Grants are provided to support specific programs and are subject to various budgetary restrictions. The difference between the full grant award and the amount received to date is recognized as a receivable. The difference between the full grant award and the amount earned to date is reported as deferred revenue.

Assets Limited As To Use

Assets limited as to use consist of assets designated by the board of directors as a working capital reserve.

Property and Equipment

Property and equipment are carried at cost, less accumulated depreciation. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets.

Temporarily and Permanently Restricted net Assets

Temporarily restricted net assets are those whose use by the Organization has been limited by donors for a specific time or purpose. The Organization has no temporarily restricted net assets at December 31, 2015 and 2014.

Permanently restricted net assets are restricted by donors to be maintained by the Organization in perpetuity. The Organization has no permanently restricted net assets at December 31, 2015 and 2014.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of activities as net assets released from restrictions. Donor-restricted contributions whose restrictions are met in the same year as received are reflected as unrestricted contributions in the accompanying financial statements.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

340B Drug Pricing Program

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. The program requires drug manufacturers to provide outpatient drugs to FQHC's and other identified entities at a reduced price. The Organization operates a pharmacy and also contracts with local pharmacies under this program. The local contracted pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. Reimbursement received by the pharmacies is remitted to the Organization, less dispensing and administrative fees. Gross revenue generated from the program is included in patient service revenue. The cost of drug replenishments and contracted expenses incurred related to the contracted program are included in other operating expenses. Expenses related to the operation of the Organization's pharmacy are categorized in the applicable operating expense classifications.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

Functional Expenses

The Organization provides various services to residents within its geographic location. Expenses related to providing these services are as follows:

	2015	2014
Program services	$ 4,036,726	$ 3,831,330
Administrative and general	825,380	787,200
Total	$ 4,862,106	$ 4,618,530

Excess (Deficit) of Revenue over Expenses

The statements of operations reflect the excess (deficit) of revenue over expenses. Changes in unrestricted net assets which are excluded from the excess (deficit) of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through May 25, 2016, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Property and Equipment

Property and equipment consists of the following:

	2015	2014
Land	$ 30,000	$ 30,000
Building and improvements	2,038,880	2,038,880
Furniture, fixtures, and equipment	135,370	135,370
Total cost	2,204,250	2,204,250
Less accumulated depreciation	417,561	333,582
Property and equipment, net	$ 1,786,689	$ 1,870,668

The Organization has made renovations to buildings with Federal grant funding under the Capital Improvement Program and the Capital Development Program. In accordance with the grant agreements, a Notice of Federal Interest (NFI) is required to be filed in the appropriate official records of the jurisdiction in which the property is located. The NFI is designed to notify any prospective buyer or creditor that the Federal Government has a financial interest in the real property acquired under the aforementioned grant; that the property may not be used for any purpose inconsistent with that authorized by the grant program statute and applicable regulations; that the property may not be mortgaged or otherwise used as collateral without the written permission of the Associate Administrator of the Office of Federal Assistance Management, Health Resources and Services Administration (OFAM, HRSA); and that the property may not be sold or transferred to another party without the written permission of the Associate Administrator of OFAM and HRSA.

3. Line of Credit

The Organization has a $130,000 line of credit with a local bank, matures on July 31, 2016 The line of credit is collateralized by the Organization's business assets with interest at the prime rate plus 1% (4.5% at December 31, 2015). There was no balance outstanding at December 31, 2015 and 2014.

4. Long-Term Debt

Long-term debt consists of the following:

	2015	2014
Mortgage note, payable to a local bank in monthly installments of principal and interest of $2,466 with an interest rate fixed at 4.6% through December 2023 at which time the remaining principal is due; collateralized by a first mortgage on property and equipment with 90% of balance guaranteed by the United States Department of Agriculture.	**$ 197,742**	$ 217,766
Note payable to a local bank with an interest rate fixed at 4.6%, with monthly payments of principal and interest of $1,962 through December 2023, collateralized by a second mortgage on property and equipment with 90% of balance guaranteed by the United States Department of Agriculture.	**157,628**	173,482
Total long-term debt	**355,370**	391,248
Less current maturities	**38,898**	37,322
Long-term debt, less current maturities	**$ 316,472**	$ 353,926

Maturities of long-term debt for the next five years are as follows:

2016	$ 38,898
2017	40,541
2018	42,253
2019	44,037
2020	45,897

5. Patient Service Revenue

Patient service revenue is as follows:

	2015	2014
Medicare	**$ 1,136,483**	$ 734,006
Medicaid	**582,177**	391,382
Other third-party payers and private pay	**376,161**	532,497
Medical patient service revenue	**2,094,821**	1,657,885
340B pharmacy revenue	**1,571,853**	1,339,150
Total	**$ 3,666,674**	$ 2,997,035

The Organization has agreements with the Centers for Medicare and Medicaid Services (Medicare) and New Hampshire and Vermont Medicaid. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

Medicare

Effective January 1, 2015, the Organization began to be reimbursed for the care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically adjusted rate determined by Federal guidelines. Prior to January 1, 2015, the Organization was reimbursed at specified interim contractual rates during the year. Differences between the Medicare interim contractual rate and the cost of care as defined by the Principles of Reimbursement governing the program were determined and settled on a retrospective basis. Overall, reimbursement was and continues to be subject to a maximum allowable rate per visit. The Organization's Medicare cost reports have been audited by the Medicare administrative contractor through December 31, 2013.

Vermont Medicaid

Primary care services rendered to Vermont Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Organization is reimbursed at a tentative encounter rate with final settlement determined after submission of an annual cost report by the Organization and audit thereof by the Administrative Contractor. The Organization's Vermont Medicaid cost reports have been retroactively settled through December 31, 2013.

New Hampshire Medicaid and Other Payers

The Organization also has entered into payment agreements with New Hampshire Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively determined rates per visit, discounts from established charges and capitated arrangements for primary care services on a per member, per month basis.

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, the revenue is recorded net of the free care allowance. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total gross charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization's charity care policy amounted to $253,223 and $393,660 for the years ended December 31, 2015 and 2014, respectively.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

6. Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional (gap) medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of the year ended December 31, 2015, there were no known malpractice claims outstanding which in the opinion of management, will be settled for amounts in excess of both FTCA and gap medical malpractice insurance coverage nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional gap medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

7. Retirement Plan

The Organization sponsors a SIMPLE IRA defined contribution plan. The Organization made contributions to the plan in the amount of $46,094 and $35,176 for the years ended December 31, 2015 and 2014, respectively.

8. Concentration of Risk

The Organization has cash deposits in major financial institutions in excess of $250,000, which exceeds federal depository insurance limits. The financial institution has a strong credit rating and management believes the credit risk related to these deposits is minimal.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Following is a summary of accounts receivable, by funding source at December 31, 2015 and 2014.

	2015	2014
Medicare	**37 %**	25 %
Medicaid	**30 %**	27 %
Other	**33 %**	48 %
Total	**100 %**	100 %

INDIAN STREAM HEALTH CENTER

BOARD OF DIRECTOR'S MEMBERSHIP TERMS

As of October 26, 2016

BOARD MEMBER	OFFICER TERM	1ST Full TERM DIRECTORSHIP EXPIRES	2ND Full TERM DIRECTORSHIP EXPIRES	3RD Full Term DIRECTORSHIP EXPIRES
GAIL FISHER	**PRESIDENT** 6/16 - 6/17	6/12	6/15	6/18
BILL FREEDMAN	**TREASURER** 10/26/16 - 6/17	6/13	6/16	6/19
STEVE ELLIS	**SECRETARY** 10/26/16 - 6/17	6/14	6/17	6/20
DALLAS CHASE	-	6/16	6/19	6/22
LINDA LOMASNEY	**VICE PRESIDENT** 10/26/16 - 6/17	6/16	6/19	6/22
OPEN (elected by 6/17)	-	6/20	6/23	6/26
RICK TILLOTSON	-	6/17	6/20	6/23
BEN YOUNG	-	6/17	6/20	6/23
CHAD FOURNIER	-	6/18	6/21	6/24
JENNIFER NOYES	-	6/19	6/22	6/25
OPEN (elected by 6/17)	-	6/20	6/23	6/26
OPEN (elected by 6/17)	-	6/20	6/23	6/26

Tanya Young, RN

P.O. Box 186
2178 North Main Street
Pittsburg, NH 03592
603-538-9501

Summary of Qualifications

1988-1990 New Hampshire Vocational Technical College
Berlin, NH
- Associate Degree in Nursing

1990-Current
- Registered Nurse in the State of New Hampshire
  License # 036365-21
- Registered Nurse in the State of Vermont
  License # 026.0103128

Current
- AHA BLS Provider

Professional Experience

1989-1990
Upper Connecticut Valley Hospital as a GPN, working in the Emergency Room, Medical Surgical Floor and Obstetrics while attending college for my Associates Degree in Nursing

1990-2010
Upper Connecticut Valley Hospital in Colebrook, NH
- Staff RN cross-trained in Labor & Delivery, Newborn Care, Emergency Dept., Medical-Surgical Dept. and Post Anesthesia Care Unit
- Charge Nurse of Med-Surg. Staff as needed (1991-2000)

1990-2007
- Perioperative Nursing (Scrub & Circulate)
- Interim OR/PACU Supervisor (1995-1996)

1996-1997
- Camp Nurse – Eckerd Family Youth Alternatives
  Camp E-Toh-Anee Coleman State Park Colebrook, NH

1997-2010
- School Nurse – Pittsburg School in Pittsburg, NH
- Active member of Teen Task Force (Pregnancy Prevention)
- Leader in the Buckle – Up for Safety Program
- Leader in the Risk Watch Program (Injury Prevention Program)
- Instructor in Prevention Programs
  -Sun Safety
  -Healthy Eating/Exercise

-Dental Hygiene
-Hand washing/Cough Etiquette
-Helmet Safety
-Puberty Education
-Poison Prevention

- Provide annual Health Screenings and Immunizations

2001-2004
- Assist Physicians with School-Based Clinic
  Pittsburg School

2010 – Present
Indian Stream Health Center

2010 – 1/2016
- Nursing Staff and Women's Health Program Supervisor including Family Planning Administration/Employee Health

1/2016 – 8/2016
- Assistant Clinical Operations/Quality Assurance/NH Grants Manager/ACO Champion/Employee Health

8/2016 – 2/2017
- Risk Manager/NH Grants Manager/ACO Champion/Employee Health

2/2017 – Present
- Clinical Outreach Director/NH Grants Manager/Employee Health

ALLIE WHITE

IT Director

742 US Route 3
Stratford, NH 03590
awhite@indianstream.org
(603) 388-2440

Skills

Director/Management

- Foster team success by implementing progressive strategies and clear action plans while leading the team through changing environments.
- Coordinate with executive management and other departments to achieve strategic technological goals while also identifying and implementing key business requirements and prioritizing projects to meet those objectives.

Hardware/Software

- End User Equipment
- Servers
- Networking Equipment
- Microsoft
- VMWare
- Cisco
- Adobe

EDUCATION

Chemistry-Physics, Bachelor of Science — August 2003 – May 2007
Keene State College, Keene, NH

Independent Study Research — Spring 2007
Keene State College, Keene, NH
Investigated and compared the effect of oxygenated and regular race fuel on engine performance under the supervision of physics professor.

WORK EXPERIENCE

IT Director — Fall 2012 – Present
Indian Stream Health Center, Colebrook, NH
Information System Director at a Federally Qualified Health Center. Plan, configure, implement, and follow through on all networking, end user, and server equipment for multiple organizational sites. Manage the Electronic Medical record, all interfacing and interoperability, and reporting functionality. Perform all clinical data analytics and external reporting to HRSA, DHHS, etc. for quality metrics.

IT Assistant / Administrative Assistant — Fall 2010 – Fall 2012
Indian Stream Health Center, Colebrook, NH
Assistant to the Information Systems Manager. Lead designer and developer for the organization's web site and promotional digital media (newsletters, advertisements, etc.). Provide daily help desk support for staff. Maintain organization's IT inventory database, and place orders for replacement equipment, toner, and parts. Act as the liaison to Bi-State Primary Care Association's Marketing Director.
http://www.indianstream.org

Screen Printing and Independent Graphic Design — Spring 2008 – Fall 2012
Hazardous Design, Colebrook, NH
Self-started business of screen printing with eco-friendly materials. Design and create custom screen printing on many sorts of apparel. Design, create, and install vinyl lettering and decals, signage, and vinyl wall art. Provide graphic design services; designing logos, templates, and marketing material for clients. Utilize contemporary design to create web sites for specific client needs.

Teacher Assistant — Spring 2009 – Spring 2010
Brook's Colebrook Country Day School, Colebrook, NH

Manufacturing Operator — Winter 2007 – Summer 2008
LONZA Biologics, Inc., Portsmouth, NH

ACTIVITIES / AFFILIATIONS / LEADERSHIP

Small Community Grants Board, Neil and Louise Tillotson Fund (2014-Present)
Community Practitioner's Network, Neil and Louise Tillotson Fund (2011-2014)
Mentor, Softball Coach, Girl's Middle School Team, Colebrook, NH (2009)
Volunteer, Youth Connection Afterschool Program, Somersworth, NH (2007 - 2008)
Volunteer, Harrisville After-School Program, Harrisville, NH (2006 –2007)
Member, RHA, Residential Hall Association (2005)
Member, Women's Rugby Club (2005 – 2007)

Holly Meehan

213 West Rd, Clarksville, NH 03592
Ph: (603)246-7793 Cell: (603)723-0327
hrmeehan@yahoo.com

Professional Summary

I have extensive experience as an assistantant to a group of engineers with 8 years background in computer hardware maintenance and repair. Core competencies include interacting with customers, excellent communication and time management skills. I handle tasks with accuracy and efficiency.

Skills

- Time management
- Quality Control
- Data Entry
- ISO experience
- Resource management
- Computer repair/maintenance
- Equipment maintenance
- Microsoft Office

Experience

Indian Stream Health Center – Colebrook, NH **March 2016 - Present**
Information Systems Support

- Run daily/weekly/monthly/yearly reports for both external organizations and internal quality reporting.
- Provide user-end support for Greenway Health's SuccessEHS.

Libby's Bistro & Saalt Pub – Gorham, NH **May 2014-Oct 2015**
Kitchen Asst.

- Assisted in all areas of prep as well as organizing the kitchen and delivery orders

Rainbow Grille, Pittsburg, NH **May 2013-May 2014**
Breakfast/Prep Cook

- Grill, cook, and fry foods such as eggs and pancakes.
- Clean food preparation equipment, work areas, and counters or tables.
- Restock kitchen supplies, rotate food, and stamp the time and date on food in coolers.
- Perform food preparation tasks, such as making sandwiches, baking breads and desserts.
- Perform general cleaning activities in kitchen and dining areas

First Run Home Entertainment – Colebrook, NH **Sept 2006-May 2013**
Deli Clerk/Manager

- Expedite orders and deliveries to ensure quick service
- Record customer orders and cash them out
- Clean and organize eating, service, and kitchen areas.

- Notify kitchen personnel of shortages or special orders.
- Communicate with customers regarding orders, comments, and complaints.
- Prepare daily food items, and cook simple foods and beverages, such as sandwiches, salads, soups, and pizza using proper safety precautions and sanitary measures.
- Perform personnel activities such as supervising and training employees and created monthly employee schedule.
- Monitor and order supplies or food items and movies and restock as necessary to maintain inventory.
- Promoted to manager in 2012

Celestica - Salem, NH **Dec 1995-Aug 2003**
Computer Test Operator

- Supported product and test engineers with qualifications, new product integration and build support of fiber optic networking systems.
- Administrator for the SFDM database for the production line.
- Assisted with reconfiguring production layouts and process improvements.
- Performed first response troubleshooting, root cause and corrective action analysis of production problems.
- Maintained and updated process packages and trained operators on changes.
- Taught fiber handling and fusion splicing classes to new employees.
- Responsible for repair and maintenance of all fusion splicing equipment on the production line.
- Interacted with the customers on product updates as well as traveled to the customer site to learn new processes
- Promoted to Line Lead in 1998
- Promoted to Engineering Technician in 2000
- ISO 9002 certification
- Lean Manufacturing training

CHANTAL R. DOSTIE, RN

587 Hollow Road, Stewartstown, NH 03576
603-237-8151 • cdostie@wildblue.net

QUALIFICATIONS SUMMARY

Skilled and detail-oriented Registered Nurse prepared to leverage related practicum, experience, and education to excel as a **Family Practice Nurse**.

- **Healthcare Procedures:** In-depth knowledge of a range of standard procedures, including administering medication, creating and maintaining patient charts, conducting assessments, and monitoring patients for change. Healthcare Provider BLS Certified April 2010 (ME-NH-VT), Healthcare Provider ACLS Certified April 2010 and Healthcare Provider PALS Certified March 2010.
- **Patient Care:** Proven track record of building patient trust and providing high-caliber care to ensure effective disease management and return to health. Experience with developing, tracking, and evaluating care plans, ensuring patients understand and are equipped to facilitate recovery.
- **Leadership & Communication:** Results-oriented leader with ability to supervise / mentor colleagues, manage duty schedules, and provide mentoring and guidance focused on patient care. Possess communication skills, highly adept at interacting with physicians, translating patient symptoms, and verifying physician orders.
- **Key Strengths:** Ability to remain calm and poised in highly stressful and dynamic environments, able to address emergency situations with focus and professionalism. Highly organized and committed team-player with demonstrated willingness to collaborate and partner with colleagues.

EDUCATIONAL BACKGROUND

Associate of Science Degree in Nursing, 2008 • WHITE MOUNTAINS COMMUNITY·COLLEGE, Berlin, NH
Health Sciences Certificate ~ Phi Theta Kappa

PROFESSIONAL EXPERIENCE

WEEKS MEDICAL CENTER, LANCASTER, NH

Registered Nurse / Med surg

Provide comprehensive care to patients who are acute, or in need of skilled nursing, pre op and post op patients from general surgery, orthopedic , urological and gynecological, and of all ages from 6 months to 98 years of age. Conduct wound assessments of various degrees of wounds from stage IV pressure ulcers with wound vacs, and venous stasis ulcers, skin tears and surgical wounds. Process admission and discharge of patients. Facilitate information to other facilities when necessary for a patient whom is being transferred. Communicate regularly with physicians and transcribe orders.

COOS COUNTY NURSING HOSPITAL & COOS COUNTY HOUSE OF CORRECTIONS, West Stewartstown, NH

Registered Nurse / Night Charge Nurse (2008 – Present) / **Licensed Practical Nurse** (2007 – 2008) / **Licensed Nursing Assistant** (1999 – 2001; 2006 – 2007)

Provide comprehensive care to 80+ nursing home residents and inmates, including performing patient assessments and administering medication. Process admissions, readmissions, and transfers. Chart and monitor care plans. Conduct wound assessments, prepare treatment, and apply dressings. Handle detox situations and enact protocols in a timely manner. Communicate regularly with physicians and transcribe orders. Serve as supervisor for 6 LNAs. In earlier roles, assisted patients with ADLs, charted care plans, and assisted staff with general care.

continued...

- Leverage effective communication skills to build rapport with patients and gather detailed medical histories to effectively assess problems; relay information to physicians and verify care plans.
- Consistently demonstrate outstanding work ethic and willingness to exceed expectations to ensure optimal patient care.

WHITE MOUNTAINS COMMUNITY COLLEGE, Berlin, NH

Nursing Student (2005 – 2008)

Completed intensive program focusing on nursing practices, as well as anatomy, physiology, microbiology, and psychology. Gained hands-on experience performing a range of procedures and care strategies, including addressing common illnesses, emergency situations, nutrition, and integrated care for patients with multiple illnesses.

- Successfully prepared comprehensive care plans each semester based on patient assessments.
- Prepared detailed research paper for Mass Casualty incident.

UPPER CONNECTICUT VALLEY HOSPITAL, Colebrook, NH

Emergency Medical Technician (1995 – 2001)

Served as volunteer EMT / Ambulance Attendant. Provided first response to emergency situations and performed basic EMT care.

- Developed outstanding hands on experience with patient care, emergency situations, and medical practices.

~ Excellent references available upon request. ~

Louise Owen

376 Hollow Road / Stewartstown, NH 03576 / 603-237-5067 / bruceowen@myfairpoint.net

CAREER OBJECTIVE To obtain a position with the opportunity for growth.

EDUCATION *Certificates from White Mountain Community College* *December 2008*

Medical Office Assistant and Medical Coding.

Relevant courses: Formatting in Word, Excel, Access Medical Office Procedures, Medical Coding, Medical Billing, Medical Terminology,. Medical software used: Medisoft and Office Hours.

EXPERIENCE *Indian Stream Health Center* *March 2009-Current Employment*

Job Title: *Data Entry Clerk*

Responsibilities include:

- Scan incoming medical records.
- Request medical records from other providers or hospitals.
- Answer the telephone when at registration desk.
- Check in patients, check insurance, collect co pays, and input any new or changed information.
- Answer any questions the patient has or direct the patient to the person who can.

Wausau Paper, Groveton, NH *June 1998-December 2007*

Job Title: Senior Pulper Operator, Stock Preparation

Responsibilities included:

- Supplied stock to the paper machines and data entry for daily order processing.
- Responsible for situational analysis and troubleshooting.
- Inventory control.

First Colebrook Bank *1993-1998*
Job Title: Bookkeeping 111

Responsibilities included:

- Administrative data processing on a mainframe computer system.
- Collaborated with computer support personnel to resolve any problems.
- Customer support for both bank officers and clients.

REFERENCES Available on request.

Indian Stream Health Center

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Allie White, Holly Meehan	Information Systems Personnel	$88,280	24%	$21,053.00
Chantal Dostie, RN	Care Management	$52,000	25%	$13,000.00
Tanya Young, RN	Clinical Outreach	$59,880	25%	$14,970.00
Louise Owen	Patient Services Administrative Support	$34,320	25%	$8,580.00

State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Primary Care Services Contract

This 3rd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #3") dated this, 20th day of October, 2016 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Indian Stream Health Center, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 141 Corliss Lane, Colebrook, New Hampshire 03576.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #125), and amended on May 8, 2014 (Item #34A), and on June 24, 2015 (Item #58) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Exhibit B Amendment #2, paragraph 10, notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2, and within the Price Limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council, and

WHEREAS, the State and the Department agree to adjust budget amounts between State Fiscal Years 2016 and 2017, within the Price Limitation and within the Completion Date.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Except as specifically amended and modified by the terms and conditions in this Amendment #3, the obligations of the parties shall remain in full force and effect in accordance with the terms and conditions set forth in the Contract as referenced above.

2. Delete in its entirety Exhibit B-3 Amendment #2, and replace with Exhibit B-3 Amendment #3.

3. Delete in its entirety Exhibit B-6 Amendment #2, and replace with Exhibit B-6 Amendment #3.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/21/16
Date

NAME: LISA MORRIS
TITLE: Director

Indian Stream Health Center, Inc.

11/01/2016
Date

NAME: Jonathan W. Brown
TITLE: CEO

Acknowledgement:

State of NH, County of Coos on 11/1/16, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace

SHARON CLEVELAND, Notary Public
My Commission Expires March 26, 2019

My Commission Expires:

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date

Name:
Title:

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

EXHIBIT B-3 AMENDMENT #3

SBIRT BUDGET SHEETS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Indian Stream Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 9,000.00	$ -	$ 9,000.00	$ -	$ -	$ -	$ 9,000.00	$ -	$ 9,000.00
2. Employee Benefits	$ 2,700.00	$ -	$ 2,700.00	$ -	$ -	$ -	$ 2,700.00	$ -	$ 2,700.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ 5,000.00	$ -	$ 5,000.00	$ -	$ -	$ -	$ 5,000.00	$ -	$ 5,000.00
5. Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 1,500.00	$ -	$ 1,500.00	$ -	$ -	$ -	$ 1,500.00	$ -	$ 1,500.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 4,000.00	$ -	$ 4,000.00	$ -	$ -	$ -	$ 4,000.00	$ -	$ 4,000.00
Lost Revenue for 6 hrs of training	$ 2,760.00	$ -	$ 2,760.00	$ -	$ -	$ -	$ 2,760.00	$ -	$ 2,760.00
SFY 2016 Carry Fwd	$ (4,960.00)	$ -	$ (4,960.00)	$ -	$ -	$ -	$ (4,960.00)	$ -	$ (4,960.00)
TOTAL	$ 20,000.00	$ -	$ 20,000.00	$ -	$ -	$ -	$ 20,000.00	$ -	$ 20,000.00
Indirect As A Percent of Direct		0.0%							

Contractor Initials 11/1/2016
Date

EXHIBIT B-6 AMENDMENT #3

SBIRT BUDGET SHEETS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Indian Stream Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Direct Fixed	Total	Direct Incremental	Direct Fixed	Total	Direct Incremental	Direct Fixed	Total
1. Total Salary/Wages		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 4,125.00	$ -	$ 4,125.00	$ -	$ -	$ -	$ 4,125.00	$ -	$ 4,125.00
SFY 2016 Carry Fwd Amt	$ 4,000.00	$ -	$ 4,000.00	$ -	$ -	$ -	$ 4,000.00	$ -	$ 4,000.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 8,125.00	$ -	$ 8,125.00	$ -	$ -	$ -	$ 8,125.00	$ -	$ 8,125.00

Indirect As A Percent of Direct 0.0%

Contractor Initials 1/11/2016
Date

APPROVED
G&C #58
DATE 6/24/15

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF
Public Health Services

Nicholas A. Toumpas
Commissioner

Marcella Jordan Bobinsky
Acting Director

June 1, 2015

Her Excellency, Governor Margaret Wood Hassen
And the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **sole source** amendments with the vendors listed in the table below for the provision of primary care services, breast and cervical cancer screening services and screening, brief intervention and referral to treatment for alcohol and drug misuse by increasing the total price limitation by $8,986,056 from $10,143,156 to $19,129,212 and extending the completion date from June 30, 2015 to June 30, 2017 upon Governor and Executive Council approval. 75.2% General Funds / 24.8% Federal Funds

The original contract, approved in 2012, included a two (2) year renewal option. The Department exercised a one (1) year renewal in 2014. The Department is now seeking to extend the contracts for two (2) two additional years through these sole source amendments. The Governor and Executive Council approved the original contracts and subsequent amendments as follows:

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Ammonoosuc Community Health Services, Inc. (177755-R001)	North Grafton/ South Coos	6/20/12 (Item #128)	5/8/14 (Item #34A)	$667,687	$540,879	$1,208,566
Concord Hospital, Inc. (177653-B011)	Merrimack/ Hillsborough	6/20/12 (Item #133)	5/8/14 (Item #34A)	$992,198	$788,937	$1,781,135
Coos County Family Health Services (155327-B001)	Eastern Coos	6/20/12 (Item #130)	5/8/14 (Item #34A)	$427,142	$371,229	$798,371
Families First of the Greater Seacoast (166629-B001)	Seacoast Area	6/20/12 (Item #134)	5/8/14 (Item #34A)	$624,540	$506,291	$1,130,831

Families First of the Greater Seacoast (166629-B001)	Seacoast Area - Homeless	6/6/12 (Item #69)	5/8/14 (Item #34B)	$218,537	$240,101	$458,638
Goodwin Community Health Center (154703-B001)	Strafford County	6/20/12 (Item #135)	5/8/14 (Item #34A)	$1,095,268	$825,647	$1,920,915
Harbor Homes (155358-B001)	Southern Hillsborough County - Homeless	6/6/12 (Item #68)	5/8/14 (Item #34B)	$225,045	$209,393	$434,438
Health First Family Care Center (158221-B001)	Central/Eastern Belknap	6/20/12 (#131)	5/8/14 (Item #34)	$748,658	$586,113	$1,334,771
Indian Stream Health Center (165274-B001)	Northern Coos	6/20/12 (Item #125)	5/8/14 (Item #34A)	$259,157	$239,237	$498,394
Lamprey Health Care (177677-B001)	Central Southern/ Eastern NH	6/20/12 (Item #136)	5/8/14 (Item #34A)	$1,696,513	$1,299,195	$2,995,708
Manchester Community Health Center (157274-B001)	Greater Manchester	6/20/12 (Item #132)	5/8/14 (Item #34A)	$1,051,425	$1,435.139	$2,486,564
Manchester Health Department (177433-B009)	Greater Manchester - Homeless	6/20/12 (Item #124)	5/8/14 (Item #34B)	$232,205	$250,169	$482,374
Mid-State Health Center (158055-B001)	Central Northern Belknap	6/20/12 (Item #126)	5/8/14 (Item #34A)	$444,862	$406,811	$851,673
New London Hospital Association, Inc. (177167-R005)	Sullivan County	6/20/12 (Item #129)	5/8/14 (Item #34A)	$587,923	$487,419	$1,075,342
Weeks Medical Center (177171-R001)	Western Coos	7/11/12 (Item #31)	5/8/14 (Item #34A)	$292,483	$306,707	$599,190
White Mountain Community Health Center (174170-R001)	Northern Carroll	6/20/12 (Item #127)	5/8/14 (Item #34A)	$579,513	$492,789	$1,072,302
			Total:	**$10,143,156**	**$8,986,056**	**$19,129.212**

Funds are anticipated to be available in the following accounts for State Fiscal Years 2016 and in State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budgets with the ability to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified without further approval from the Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

Please see attachment for fiscal details.

EXPLANATION

These amendments are **sole source** because the Department is renewing the contracts for two (2) additional years after exercising a one (1) year renewal option in 2014 as allowable in Exhibit C, Special Provisions, paragraph 17 of the contracts, and adding to the scope of services for community health centers that provide primary care services, statewide.

This package includes sixteen (16) of sixteen (16) contracts being amended.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

Breast and cervical cancer screening services are provided as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap smears and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or

diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will add infrastructure to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will use funding to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. This request includes three (3) vendors who provide primary care and universal screening services to homeless individuals, who otherwise would have no access to health care. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, low-income individuals statewide may not have adequate access to primary care services. Some women may not receive recommended breast and cervical cancer screenings, which would increase their risk of having an untreatable stage of cancer. Additionally, undetected alcohol and drug misuse could result in increases of alcohol and drug related accidents and deaths, which would negatively impact NH citizens.

Area Served: Statewide.

Source of Funds: 75.2% General Funds

24.8% Federal Funds (CFDA #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse. FAIN #T1010035-14; CFDA #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds. FAIN # U58DP003930; CFDA #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States. FAIN #B04MC28113.)

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

Marcella Bobinsky
Acting Director
Division of Public Health Services

for Diane Langley
Acting Director
Division of Community Based Care Services

Approved by: Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services Contract

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") dated this, 30th day of April, 2015 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Indian Stream Health Care, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business located at 141 Corliss Lane, Colebrook, NH 03576.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #125) and amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34A), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, and Exhibit C, Special Provisions, Paragraph 17, the State may amend the contract terms and conditions and renew the contract for two (2) additional years by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for two additional years, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   June 30, 2017
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $498,394
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read:
   Eric D. Borrin
4. Form P-37, General Provisions, Item 1.10, State Agency Telephone Number, to read:
   (603) 271-9558
5. Delete Exhibit A, Scope of Services and Exhibit A-1 Amendment 1, Scope of Services and replace with Exhibit A – Amendment #2.
6. Delete Exhibit A-1 Amendment #1 - Performance Measures and replace with Exhibit A-1 Amendment #2 – Performance Measures.

7. Delete Exhibit B, Purchase of Services Contract Price and replace with Exhibit B – Amendment #2, Method and Conditions Precedent to Payment.
8. Add Exhibit B-1, Budget Form Primary Care through Exhibit B-6, Budget Form SBIRT.
9. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Period Covered by this Certification, to read:

   From 7/1/2012 to 6/30/2017
10. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read:

    July 1, 2012 through June 30, 2017
11. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

6/3/15
Date

NAME: Brook Dupee
TITLE: Bureau Chief

Indian Stream Health Center, Inc.

5/27/2015
Date

NAME Jonathan Brown
TITLE CEO

Acknowledgement:
State of NH, County of Coos on 5/27/15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace

SHARON CLEVELAND, Notary Public
My Commission Expires March 26, 2019

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/10/15
Date

Name: Megan A. Yeh
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

_____
Date

_____
Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services shall be provided to all individuals who seek services described in Section 1.4 and Section 1.5, above.

1.7. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.7.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.7.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.7.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than a one month period.

2.2. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

2.2.1. Family income.

2.2.2. Family size.

2.2.3. Income in relation to the Federal Poverty Guidelines.

2.3. The Contractor shall assist individuals with completing a Medicaid application when income calculations indicate possible Medicaid eligibility.

2.4. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.5. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.5.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.5.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.3. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.4. Assessment of need for:

3.1.4.1. Tobacco cessation, including referral to NH Quitworks, as appropriate

3.1.4.2. Social services.

3.1.4.3. Nutrition services, including WIC, as appropriate.

3.1.4.4. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.2.2. Care facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health.

3.2.3.2. Oral health.

3.2.3.3. Use of navigators and case management.

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

3.3. The Contractor can choose to provide enabling services, if the budget allows, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor can facilitate enabling services that include, but are not limited to:

3.3.1. Case management.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

3.4. The Contractor must elect to do at least one (1) quality improvement project which consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall facilitate a minimum of one (1) quality improvement project that includes, but is not limited to:

3.4.1. Enhancing clinical workflow/improve patient outcomes by methods that may include, but are not limited to:

3.4.1.1. Alerts.

3.4.1.2. Guidelines.

3.4.1.3. Diagnostic support.

3.4.1.4. Patient registries.

3.4.1.5. Collaborative learning sessions, etc.)

3.4.2. Implementing projects that lead to measurable improvements on any of the performance measures and indicators identified in Exhibit A-1 Amendment #2

3.4.3. Utilizing defined improvement processes to coordinate quality improvement activities.

3.4.4. Identifying and defining specific goals and objectives to be achieved in the project period.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

5.1. The Contractor shall develop the infrastructure necessary to provide and record Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance use for all eligible individuals ages nineteen (19) to sixty-five (65) years and for all pregnant women, regardless of age, receiving services in Section 3 and/or Section 4. The Contractor shall:

5.1.1. Provide training to integrated primary care and behavioral health teams to ensure SBIRT activities are conducted with fidelity to the model in Section 5.1.

5.1.2. Modify and/or adapt current Electronic Health Records (EHR) systems in order to track SBIRT:

5.1.2.1. Activities

5.1.2.2. Completions.

5.1.2.3. Recommendations and referrals.

5.1.2.4. Follow-ups.

5.1.3. Utilize Substance Use Disorder (SUD) codes in the EHR for billing that shall:

5.1.3.1. Enable submission for payment through NH Managed Care/Medicaid and other insurance companies.

5.1.3.2. Allow the generation of reports.

5.2. The Contractor shall implement SBIRT services by ensuring sufficient qualified staff are available to conduct SBIRT services according to the SBIRT model described by the Centers for Disease Control (CDC), available on-line at http/www.dcd.gov/ncddd/fasd/documents/aloholsbiimplementationguide.pdf. The Contractor shall:

5.2.1. Implement SBIRT services by including SBIRT activities in daily operations.

5.2.2. Use one or more of the screening instruments listed in Appendix E of "Systems-Level Implementation of Screening, Brief Intervention and Referral to Treatment. TAP 33" (2013 edition) (http://www.integration.samhsa.gov/sbirt/TAP33.pdf) and document screening in the electronic health record (EHR).

5.2.3. Conduct brief interventions with patients who screen positive for potential substance use concerns and document activities in the EHR.

5.2.4. Refer patients to Substance Use Disorder (SUD) treatment services as necessary, and ensure each patient has connected with the specific service

provider by documenting in the EHR, which is audited to ensure appropriate follow up.

5.2.5 Conduct SBIRT with covered populations that include all adults on an annual basis and pregnant women on a trimester basis.

5.3. Coordinate care between community health center (CHC) services and external treatment providers by collaborating with entities that provide SUD treatment services not available at the CHC. The Contractor shall:

5.3.1. Obtain client consents to contact service providers in order to resolve any barriers to accessing services.

5.3.2. Refer patients for SUD services, as needed.

5.3.3. Follow up with patient and/or SUD service provider to ensure appropriate services are provided.

5.3.4. Work with Regional Public Health Networks (RPHNs) to identify new SUD referral resources as they become available.

5.4. The Contractor shall test SBIRT fidelity with a subset of the target population prior to full implementation for all adults ages nineteen (19) to sixty-five (65) annually and pregnant women at each trimester.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall ensure staff delivering SBIRT services have, at minimum, one of the following:

6.3.1. Masters prepared behavioral health practitioners. This includes individuals licensed under the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board.

6.3.2. Masters prepared and in the process of obtaining a license from the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board, while under the supervision of a licensed practitioner of the same profession.

6.3.3. Physicians or Advanced Practice Registered Nurses licensed to practice in NH.

6.3.4. Physician Assistants or other practitioners under the supervision of a Physician licensed to practice in NH.

6.4. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.4.1. A registered nurse who:

6.4.1.1. Is licensed with the NH Board of nursing; or

6.4.1.2. Has attained bachelor's degree from a recognized college or university.

6.4.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.4.1.

6.5. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within one month of hired.

6.6. The Contractor shall notify the MCHS, in writing, when:

6.6.1. Any critical position is vacant for more than one month.

6.6.2. There is not adequate staffing to perform all required services for more than one month.

7. Coordination of Services

7.1. The Contractor shall coordinate referrals for continued care of treatment, or breast or cervical healthcare, with other service providers within the community, where possible.

7.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.2.1. Community needs assessments.

7.2.2. Public health performance assessments.

7.2.3. The development of regional health improvement plans.

7.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit an annual Workplan and Workplan Outcome Report for the quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.4. If utilizing any portion of this contract for enabling services, the Contractor shall submit an annual Workplan and Workplan Outcome Report that includes at least one (1) performance measure for each type of enabling service provided. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st.

9.6. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.7. The Contractor shall submit monthly Outcome Reports for SBIRT services according to the schedule and instructions provided by the MCHS. The Contractor shall:

9.7.1. Collect information that includes, but is not limited to:

9.7.1.1. Description of the training provided, including but not limited to:

9.7.1.1.1. The content of the training provided.

9.7.1.1.2. The number of staff who received training.

9.7.1.2. The number of:

9.7.1.2.1. Qualified staff conducting SBIRT

9.7.1.2.2. SBIRT billing codes developed.

9.7.1.2.3. SBIRT services billed to insurance.

9.7.1.3. Updates on any changes, enhancements or adaptations to SBIRT procedures in:

9.7.1.3.1. Technology based systems.

9.7.1.3.2. Staffing.

9.7.1.3.3. Coding and billing.

9.7.1.4. The total number of clients receiving SBIRT delineated by:

9.7.1.4.1. Percentage of clients receiving only screening.

9.7.1.4.2. Percentage of clients receiving brief interventions.

9.7.1.4.3. Percentage of clients referred for more intensive services who initiated services.

9.7.1.4.4. Percentage of clients referred for more intensive services who had problems connecting to services.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1 Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

Contractor's Initials JWB

Date 5-27-15

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.2.3. SBIRT documentation, which includes but is not limited to:

10.2.3.1. SBIRT policies and procedures.

10.2.3.2. Staff credentials for all staff delivering SBIRT services

10.2.3.3. SBIRT procedures utilized and documented in patient records.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Exhibit A-1 – Amendment #2

1. PRIMARY CARE PERFORMANCE MEASURES

1.1. Breastfeeding

1.1.1. **Percent of infants who are ever breastfed** (Title V PM #10).

1.1.1.1. Numerator: Infants who were ever breastfed or received breast milk

1.1.1.2. Denominator: All infants born in a state fiscal year

1.2. Preventive Health: Lead Screening

1.2.1. **Percent of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.** (CMS, Hedis).

1.2.1.1. Numerator: At least one capillary or venous blood test on or before the child's second birthday.

1.2.1.2. Denominator: Children who turn 2 years old during the state fiscal year.

1.3. Preventive Health: Adolescent Well-Care Visit

1.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (Hedis, Title V PM #7).

1.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

1.3.1.2. Denominator: Number of adolescents, ages 12 through 21 years of age.

1.4. Preventive Health: Depression Screening

1.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (ACO 18, NQF 0418)

1.4.1.1. Numerator: Patients who are screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan documented.

1.4.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.1.3. Denominator: All patients 12 years and older.

1.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

1.4.2. **Maternal Depression Screening** (Developmental: not required for FY 16)

1.4.2.1. **Percentage of women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.**

1.4.2.1.1. Numerator: Women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool and screen negative.

AND

Women who are screened for depression during the post-partum visit using an appropriate standardized depression screening tool, screen positive, AND have a follow-up plan documented.

1.4.2.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.2.1.3. Denominator: All women who are at least 6 weeks post-partum in a state fiscal year.

1.4.2.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

1.5. **Preventive Health: Obesity Screening**

1.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (ACO 16, NQF 0421, HRSA UDS).

1.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

1.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters.

1.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist,

occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

1.5.1.4. Denominator: All patients aged 18 years and older who had at least one medical visit during the state fiscal year.

1.5.2. Percent of patients aged 2 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (HRSA UDS).

1.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

1.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

1.6. **Preventive Health: Tobacco Screening**

1.6.1. Percent of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user (ACO 17, NQF 0028, HRSA UDS)

1.6.1.1. Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.1.2. Definitions:

1.6.1.2.1. Tobacco Use: Includes any type of tobacco

1.6.1.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.1.3. Denominator: All patients aged 18 years and older seen for at least two visits ever

1.6.2. Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user (Title V, PM #15).

1.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.2.2. Definitions:

1.6.2.2.1. Tobacco Use: Includes any type of tobacco

1.6.2.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.2.3. Denominator: All women who delivered a live birth in a state fiscal year

1.7. **At Risk Population: Hypertension**

1.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year** (ACO 28, NQF 0018).

1.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm Hg at the time of their last measurement.

1.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)

1.8. **Patient Safety: Falls Screening**

1.8.1. **Percent of patients aged 65 years and older who were screened for future fall risk at least once within 12 months** (ACO 13, NQF0101).

1.8.1.1. Numerator: Patients who were screened for future fall risk at least once within 12 months.

1.8.1.2. Definition of Fall: a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force.

1.8.1.3. Numerator note: Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year.

1.8.1.4. Denominator: All patients aged 65 years and older

1.8.1.5. Excluded from denominator population: (Exclusion only applied if patient was not screened for future fall risk) Documentation of medical reason(s) for not screening for future fall risk (e.g. patient is not ambulatory)

2. BCCP PERFORMANCE MEASURES

2.1. BCCP Performance Measure #1

2.1.1. **Measure:*** 78% of female patients age 24 through 64 years of age screened for cervical cancer per USPSTF guidelines.

2.1.2. **Numerator** – Number of female patients 24 through 29 years of age who have had a documented pap in the past 3 years AND female patients 30-64 who have either had a pap in the past 3 years OR an HPV test and a pap in the past 5 years

2.1.3. **Denominator** – Number of female patients 24 through 64 years of age who have had a visit in the past year and do not have evidence of having had a total hysterectomy.

2.1.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.1.5. *Measure based on the UDS measure

2.1.6. **Healthy People 2020 National Target is 93%

2.2. BCCP Performance Measure #2

2.2.1. **Measure:*** 75% of female patients age 52 through 74 years of age screened for breast cancer per USPSTF guidelines.

2.2.2. **Numerator** – Number of female patients 52 through 74 years of age who have had a documented mammogram in the past 24 months.

2.2.3. **Denominator** – Number of female patients 52 through 74 years of age who have had a visit in the past year and do not have evidence of having had a bilateral mastectomy.

2.2.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.2.5. *Measure based on the USPSTF Guidelines

2.2.6. ** Healthy People 2020 National Target is 81.1%

3. SBIRT PERFORMANCE MEASURES

3.1. **Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services**

3.1.1. **Numerator:** Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention or referral to services.

3.1.2. Definitions

3.1.2.1. Substance Use: Includes any type of alcohol or drug.

3.1.2.2. Brief Intervention: Includes guidance or counseling.

3.1.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.1.3. Denominator: Number of patients aged 18 years and older seen for annual visit within 12 months.

3.2. **Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services**

3.2.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

3.2.2. Definitions:

3.2.2.1. Substance Use: Includes any type of alcohol or drug.

3.2.2.2. Brief Intervention: Includes guidance or counseling.

3.2.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the state fiscal year.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   2.1. #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse.
   2.2. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   2.3. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #2, Scope of Services, in accordance with Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2.
4. The Contractor shall use and apply the amount in the SBIRT line item in Exhibit B-3 and Exhibit B-6 on actual SBIRT services provided.
5. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
6. Payment for said services shall be made as follows:
   6.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for:
      6.1.1. Authorized expenses incurred in the prior month.
      6.1.2. The units of SBIRT services provided, in accordance with Exhibit A – Amendment #2, Section 5.2.2 through Section 5.2.5 and Section 5.3.1 through Section 5.3.3, which shall be paid on a fee-for-service basis at the following rates:
         6.1.2.1. $29.86 for each unit of service that is 15-30 minutes.
         6.1.2.2. $57.31 for each unit of service that is more than 30 minutes.
   6.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   6.3. The invoice must be submitted by mail or e-mail to:

      Financial Manager
      Department of Health and Human Services
      129 Pleasant Street
      Concord, NH 03301

      E-mail: dphscontractbilling@dhhs.state.nh.us

7. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
8. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
9. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
10. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials JWB
Date 5/27/15

EXHIBIT B-1 AMENDMENT #2

SBIRT BUDGET SHEETS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Indian Stream Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 9,000.00	$ -	$ 9,000.00	$ -	$ -	$ -	$ 9,000.00	$ -	$ 9,000.00
2. Employee Benefits	$ 7,700.00	$ -	$ 7,700.00	$ -	$ -	$ -	$ 2,700.00	$ -	$ 2,700.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ 5,000.00	$ -	$ 5,000.00	$ -	$ -	$ -	$ 5,000.00	$ -	$ 5,000.00
5. Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 1,500.00	$ -	$ 1,500.00	$ -	$ -	$ -	$ 1,500.00	$ -	$ 1,500.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 4,000.00	$ -	$ 4,000.00	$ -	$ -	$ -	$ 4,000.00	$ -	$ 4,000.00
Lost Revenue for 8 hrs of training	$ 2,760.00	$ -	$ 2,760.00	$ -	$ -	$ -	$ 2,760.00	$ -	$ 2,760.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 24,960.00	$ -	$ 24,960.00	$ -	$ -	$ -	$ 24,960.00	$ -	$ 24,960.00

Indirect As A Percent of Direct 0.0%

Contractor Initials JWB

Date 5-27-15

EXHIBIT B-6 AMENDMENT #2

SBIRT BUDGET SHEETS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Indian Stream Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 10, 2017 (SFY 17)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages		$ -	$ -	$	$ -	$ -	$	$ -	$ -
2. Employee Benefits		$ -	$ -	$	$ -	$ -	$	$ -	$ -
3. Consultants	$	$ -	$ -	$	$ -	$ -	$	$	$
4. Equipment	$ -	$ -	$ -	$	$ -	$ -	$	$ -	$ -
Rental	$ -	$ -	$ -	$	$	$ -	$	$	$
Repair and Maintenance	$	$	$	$	$	$	$	$	$
Purchase/Depreciation		$ -	$ -	$	$	$ -	$	$	$ -
5. Supplies	$	$ -	$ -	$	$ -	$ -	$	$ -	$ -
Educational	$ -	$ -	$ -	$	$ -	$ -	$	$ -	$ -
Lab	$ -	$	$	$	$	$	$	$	$
Pharmacy	$ -	$	$	$	$	$	$	$	$
Medical	$	$ -	$	$	$	$	$	$	$
Office	$ -	$	$	$	$ -	$	$	$	$
6. Travel	$ -	$ -	$ -	$	$ -	$	$	$	$
7. Occupancy	$ -	$	$	$	$	$	$	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$	$	$	$	$	$
Telephone	$	$	$	$	$	$	$	$	$
Postage	$	$	$	$	$	$	$	$	$
Subscriptions	$	$	$	$	$	$	$	$	$
Audit and Legal	$	$	$	$	$	$	$	$	$
Insurance	$	$	$	$	$	$	$	$	$
Board Expenses	$	$	$	$	$	$	$	$	$
9. Software	$ -	$	$	$	$	$	$	$	$
10. Marketing/Communications	$	$	$	$	$	$	$	$	$
11. Staff Education and Training	$	$	$	$	$	$	$	$	$
12. Subcontracts/Agreements	$	$	$	$	$	$	$	$	$
13. Other	$	$	$	$	$	$	$	$	$
SBIRT Services	$ 4,125.00	$ -	$ 4,125.00	$	$	$	$ 4,125.00	$	$ 4,125.00
	$	$ -	$	$	$	$	$	$	$
	$	$ -	$	$	$	$	$	$	$
TOTAL	$ 4,125.00	$ -	$ 4,125.00	$	$ -	$ -	$ 4,125.00	$ -	$ 4,125.00

Indirect As A Percent of Direct 0.0%

Contractor Initials JWB

Date 5-27-15

5/8/14
34A MJ

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

G+C Approved
Date 5/8/14
Item #34A

March 28, 2014

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Retroactive
Sole Source
13% Federal Funds
87% General Funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend agreements with 13 vendors by increasing the total price limitation by $4,293,569 from $5,173,800 to $9,467,369 to provide primary care services. This amount includes a request to **retroactively** enter into **sole-source** amendments in an amount of $648,347, effective **retroactive** to July, 1, 2013 through June 30, 2014 and to exercise a one-year renewal option with the same 13 vendors in an amount of $3,645,222, extending the completion date from June 30, 2014 to June 30, 2015, effective upon Governor and Council approval. Twelve of these agreements were originally approved by Governor and Council on June 20, 2012, Item numbers 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, and one agreement was originally approved by Governor and Council on July 11, 2012, Item number 31.

Summary of contracted amounts by vendor:

Vendor	Location	SFY 2014 Amount	SFY 2015 Amount	Total Increase
Ammonoosuc Community Health	North Grafton/ South Coos	$42,661	$254,172	$296,833
Concord Hospital, Inc.	Merrimack/ Hillsborough	$64,413	$376,377	$440,790
Coos County Family Health	Eastern Coos	$24,351	$159,685	$184,036
Families First of the Greater Seacoast	Seacoast Area	$41,892	$242,094	$283,986
Goodwin Community Health	Strafford County	$74,293	$420,579	$494,872
Health First Family Care Center	Central/Eastern Belknap	$55,968	$292,214	$348,182
Indian Stream Health Center	Northern Coos & Colebrook	$18,030	$100,409	$118,439
Lamprey Health Care, Inc.	Central Southern/Eastern NH	$119,828	$654,249	$774,077
Manchester Community Health Center	Greater Manchester Area	$71,392	$407,637	$479,029
Mid-State Health Center	Central Northern Belknap	$35,001	$175,511	$210,512
The New London Hospital, Inc.	Sullivan County	$39,566	$225,093	$264,659
Weeks Medical Center	Western Coos	$20,652	$113,557	$134,209
White Mountain Community Health	Northern Carroll	$40,300	$223,645	$263,945
TOTAL		**$648,347**	**$3,645,222**	**$4,293,569**

Funds to support this request are available in the following accounts for SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

See attachment for financial details

EXPLANATION

Approval is requested **retroactive** to July 1, 2013. The services provided by these contracts are consistent with prior contracts and were included in the operating budget for SFY 2014 and SFY 2015. Contracts were delayed, however, since the exact amount of funding available was only recently determined. The SFY 2014 amendments are **sole source** because they exceed more than 10% of the original contract amount.

This requested action seeks approval of 13 amendments that represents $4,293,569 total anticipated to be spent statewide to continue breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services, and because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program

provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, low-income individuals statewide may not have adequate access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Contracts were awarded to Primary Care agencies through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by teams of three professionals. All reviewers have between three to 20 years' experience managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, these competitively procured Agreements have the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Department is exercising one year of this renewal option.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. All Primary Care vendors are making adequate progress in meeting clinical performance measures and the Departments wishes to continue working with the vendors for another year.

The performance measures as described in the contract amendment Exhibit A – Amendment 1 – Performance Measures, will be used to continue to measure the effectiveness of the agreement.

Area to be served is statewide.

Source of Funds: 13.09% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau; Centers for Disease Control and Prevention and 86.91% 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,

Brook Dupee for

José Thier Montero, MD, MHCDS
Director

Approved by:

Nicholas A. Toumpas
Commissioner

5/8/14
34A

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Indian Stream Health Center, Inc.

This 1st Amendment to the Indian Stream Health Center, Inc., contract (hereinafter referred to as "Amendment One") dated this 11th day of March, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Indian Stream Health Center, Inc., (hereinafter referred to as "the Contractor"), a corporation with a place of business at 141 Corliss Lane, Colebrook, New Hampshire 03576.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the Department desires to provide additional primary health care services for preventive and episodic health care for acute and chronic health conditions for people of all ages.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $259,157

- Exhibit A, Scope of Services to add:
  Exhibit A – Amendment 1

- Exhibit B, Purchase of Services, Contract Price, to add:

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $18,030 for SFY 2014 and $100,409 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $18,030 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $90,409 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

Contractor Initials: SMP
Date: 3-11-14

- $10,000 from 05-95-90-901010-7965-102-500731, 100% General Funds.

  Add Paragraph 8
  8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

- Budget, to add:
  Exhibit B-1 (2014) - Amendment 1,
  Exhibit B-1 (2015) - Amendment 1

This amendment shall be in effect July 1, 2013, effective upon the date of Governor and Executive Council approval.

Contractor Initials: SMP
Date 3.11.14

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

3/26/14
Date

Brook Dupee
Bureau Chief

Indian Stream Health Center, Inc.

3/11/2014
Date

Name: Shirley M. Powell
Title: CEO

Acknowledgement:

State of NH, County of Coos on 3/11/2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Brenda Kay Puglisi
Signature of Notary Public or Justice of the Peace

My Commission Expires: 11, 017

Name and Title of Notary or Justice of the Peace

Contractor Initials SMP
Date 3-11-14

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4-2-14
Date

Name: Rosemary Wiant
Title: Asst. Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 1, 2012

APPROVED F/C _____
DATE _____
APPROVED G&C # 125
DATE 6/20/12
NOT APPROVED _____

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with Indian Stream Health Center, Inc. (Vendor #165274-B001), 141 Corliss Lane, Colebrook New Hampshire 03576, in an amount not to exceed $140,718, to provide primary care services, to be effective July 1, 2012 or date of Governor and Executive Council approval, whichever is later, through June 30, 2014. Funds are available in the following accounts for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budgets.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080000	$60,359
SFY 2014	102-500731	Contracts for Program Services	90080000	$60,359
			Sub-Total	$120,718

05-95-90-901010-5149 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90073001	$10,000
SFY 2014	102-500731	Contracts for Program Services	90073001	$10,000
			Sub-Total	$20,000
			Total	$140,718

EXPLANATION

Funds in this agreement will be used to provide office-based primary care services for low-income and uninsured families. This agreement provides funds for services as a last resort; contractor is required to make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. For example, in State Fiscal Year 2011:

- 88% of eligible children served were enrolled in Medicaid/Healthy Kids Gold.
- 86% of children 24-35 months, served received the appropriate schedule of immunizations.
- 82% of infants born to women served received prenatal care beginning in the first trimester of pregnancy.

Should Governor and Executive Council not authorize this Request, a minimum of 8,919 low-income individuals from the Northern Coos County and Colebrook area may not have access to primary care services. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities.

Indian Stream Health Center, Inc. was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by three professionals, who work internal and external to the Department of Health and Human Services. All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services, and managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were

averaged and all proposals were recommended for funding. In those instances where scores were less than ideal, agency specific remedial actions were recommended and completed. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. These services were contracted previously with this agency in SFY 2011 and SFY 2012 in the amount of $230,586. This represents a decrease of $89,868. The decrease is due to budget reductions.

The performance measures used to measure the effectiveness of the agreement are attached.

Area served: Northern Coos County and Colebrook area.

Source of Funds: 17.11% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 82.89% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

José Thier Montero, MD
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/PMT/sc

Program Name DPHS, Maternal and Child Health
Contract Purpose Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Ammonoosuc Community Health Services, Inc., 25 Mount Eustus Rd., Littleton, NH 03561	Coos County Family Health Services, Inc., 54 Willow St., Berlin, NH 03570	Concord Hospital, Inc., 250 Pleasant St., Concord, NH 03301	Families First of the Greater Seacoast, 100 Campus Drive, Portsmouth, NH 03801	Goodwin Community Health, 311 Route 108, Somersworth, NH 03878	Health First Family Care Center, 841 Central St., Franklin, NH 03235	Manchester Community Health Center, 145 Hollis St., Manchester, NH 03101	Mid-State Health Center, 101 Boulder Point Dr., Plymouth, NH 03264
Agy Capacity	30	29.00	28.00	28.00	29.00	29.00	25.00	29.00	28.00
Program Structure	50	46.00	45.00	47.00	48.00	48.00	39.00	46.00	45.00
Budget & Justification	15	14.00	15.00	15.00	15.00	12.00	13.00	15.00	12.00
Format	5	4.00	5.00	5.00	5.00	4.00	4.00	5.00	5.00
Total	100	93.00	93.00	95.00	97.00	93.00	81.00	95.00	90.00

BUDGET REQUEST								
Year 01	$339,156.25	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 02	$347,976.97	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 03	$0.00	-	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET REQUEST	$687,133.22	237,918.00	$551,408.00	$327,586.00	$584,604.00	$398,254.00	$556,404.00	$234,350.00
BUDGET AWARDED								
Year 01	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 02	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 03	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET AWARDED	$370,854.00	$243,106.00	$551,408.00	$340,554.00	$600,396.00	$400,476.00	$572,396.00	$234,350.00

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	to twenty years experience
3	Lia Benoody	Program Coordinator	NH DHHS, DPHS, BCCP	either in clinical settings,
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	providing community-based
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	family support services and or
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	managing agreements with
7	Terry Ohlson-Martin	Co-Director	Family Voices	vendors for various public
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	health programs. Areas of
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	specific expertise include
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm	maternal & child health,
11	Lisa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	quality assurance & performance
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	improvement; chronic and
				communicable diseases and
				public health infrastructure

Program Name: DPHS, Maternal and Child Health
Contract Purpose: Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	The New London Hospital, Inc., 273 County Rd., New London, NH 03257	Weeks Medical Center, 170 Middle St., Lancaster, NH 03584	White Mountain Community Health Center, 298 White Mountain Hwy., Conway, NH 03818	Lamprey Health Care, Inc., 207 South Main St., Newmarket, NH 03857	Indian Stream Health Center, 141 Corliss Lane, Colebrook, NH 03576	0	0	0
Agy Capacity	30	27.00	28.00	21.00	29.00	23.00	0.00	0.00	0.00
Program Structure	50	40.00	43.00	38.00	45.00	35.00	0.00	0.00	0.00
Budget & Justification	15	9.00	15.00	15.00	13.00	9.00	0.00	0.00	0.00
Format	5	4.00	5.00	3.00	5.00	5.00	0.00	0.00	0.00
Total	100	80.00	91.00	77.00	92.00	72.00	0.00	0.00	0.00

BUDGET REQUEST									
Year 01		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 02		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET REQUEST		$312,900.00	$158,274.00	$313,346.00	$912,662.00	$272,712.00	-	-	-
BUDGET AWARDED									
Year 01		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 02		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET AWARDED		$323,264.00	$158,274.00	$315,568.00	$922,436.00	$140,718.00	-	-	-

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	to twenty years experience
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	either in clinical settings
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	providing community-based
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	family support services and in
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	managing agreements with
7	Terry Ohlson-Maron	Co-Director	Family Voices	vendors for various public
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	health programs. Areas of
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	specific expertise include
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm.	maternal & child health,
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	quality assurance & performance
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	improvement, chronic and
				communicable diseases and
				public health infrastructure

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Prenatal (PN) Performance Measure #1

Measure: Percent of infants born to women receiving prenatal care beginning in the first trimester of pregnancy.

Primary Care Prenatal (PN) Performance Measure #2

Measure: Percent of pregnant women identified as cigarette smokers that are referred to QuitWorks-New Hampshire.

Primary Care Prenatal (PN) Performance Measure #3

Measure: Percent of pregnant women who were screened, using a formal valid screening tool, for alcohol and other drug use during every trimester the patient was enrolled.

Primary Care Child Health Direct (CH – D) Performance Measure #1

Measure: Percent of eligible children enrolled in Medicaid

Primary Care Child Health Direct (CH – D) Performance Measure #2

Measure: Percent of at-risk children who were screened for blood lead between 18 and 30 months of age

Primary Care Child Health Direct (CH – D) Performance Measure #3

Measure: Percent of children age two to nineteen years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85th percentile with documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Primary Care Child Health Direct (CH – D) Performance Measure #4

Measure: Percent of eligible infants and children with client record documentation of enrollment in Women Infant Children Program.

Primary Care Child Health Direct (CH – D) Performance Measure #5

Measure: Percent of infants who were exclusively breastfed for the first three months, at their four month well baby visit.

Primary Care Financial (PC) Performance Measure #1

Measure: Patient Payor Mix

Primary Care Financial (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Primary Care Financial (PC) Performance Measure #3

Measure: Current Ratio

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: Percent of adolescents aged 10-21 years who received annual health maintenance visits in the past 12 months.

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure: Percent of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid.

Subject: Primary Care Services

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		**1.2 State Agency Address** 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Indian Stream Health Center, Inc.		**1.4 Contractor Address** 141 Corliss Lane Colebrook, New Hampshire 03576	
1.5 Contractor Phone Number 603-388-2422	**1.6 Account Number** 010-090-5190-102-500731 010-090-5149-102-500731	**1.7 Completion Date** June 30, 2014	**1.8 Price Limitation** $140,718
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		**1.10 State Agency Telephone Number** 603-271-4501	
1.11 Contractor Signature Shirley M. Powell		**1.12 Name and Title of Contractor Signatory** Shirley M. Powell, CEO	

1.13 Acknowledgement: State of NH, County of Coos

On March 28, 2012, before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

[Seal] Sharon L. Cleveland

SHARON L. CLEVELAND, Notary Public
My Commission Expires March 4, 2014

1.13.2 Name and Title of Notary or Justice of the Peace

SHARON CLEVELAND: NOTARY PUBLIC

1.14 State Agency Signature	**1.15 Name and Title of State Agency Signatory** Joan H. Ascheim, Bureau Chief
1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:	Director, On:
1.17 Approval by the Attorney General (Form, Substance and Execution) By: Jeanne P. Herrick, Attorney	On: 8 May 2012
1.18 Approval by the Governor and Executive Council By:	On:

NH Department of Health and Human Services

Exhibit C

SPECIAL PROVISIONS

1. **Contractors Obligations:** The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

2. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

3. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

4. **Documentation:** In addition to the determination forms, required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

5. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

6. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

7. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

8. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party fundors for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party fundors. the Department may elect to:

    8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established,

Contractor Initials SMO

Date 3/25/10

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

9. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

9.1 **Fiscal Records:** Books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

9.2 **Statistical Records:** Statistical, enrollment, attendance, or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

10.1 **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

10.2 **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directed connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

Contractor Initials [illegible]

Date 4/25/13

Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

12. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department

    12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

    12.2 Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

13. **Completion of Services:** Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14. **Credits:** All documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

    14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. **Operation of Facilities:** Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the Contractor with respect to the operation of the facility or the provision of the services at such facility. If any government license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

16. **Insurance:** Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed $500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed $500,000, is comprehensive general liability insurance in amounts of not less than $1,000,000 per claim or occurrence and $2,000,000 in the aggregate. *These amounts may NOT be modified.*

X (1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed $500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $250,000 per claim and $2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

☐ (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

18. **Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:**

4. CONDITIONAL NATURE OF AGREEMENT.
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

Contractor Initials [illegible]
Date 3/28/19

19. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

Contractor Initials [signature]
Date 6/25/12

State of New Hampshire
Department of Health and Human Services
Amendment #4 to the Primary Care Services Contract

This 4th Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #4") dated this, 1st day of May, 2017 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Lamprey Health Care, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business located at 207 South Main Street, Newmarket, New Hampshire 03857.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #136) as amended by an agreement (Amendment #1 to the Contract) approved by the Governor and Executive Council on May 8, 2014 (Item #34A); as amended by an agreement (Amendment #2 to the Contract) approved by the Governor and Executive Council on June 24, 2015 (Item #58); as amended by an agreement (Amendment #3) approved by the Department on December 21, 2016; the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement the State may amend the contract terms and conditions by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for nine (9) months, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:

   March 31, 2018
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:

   $3,415,374
3. Add Exhibit A- Amendment #4, Scope of Services.
4. Add Exhibit A-1 – Amendment #4, Performance Measures
5. Add Exhibit B – Amendment #4, Method and Conditions Precedent to Payment.
6. Add Exhibit B-1 – Amendment #4 MCHS Budget.
7. Add Exhibit B-2 – Amendment #4, BCCP Budget.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

5/31/17
Date

NAME: LISA MORRIS
TITLE: DIRECTOR, DPHS

Lamprey Health Care, Inc.

5/24/17
Date

NAME Audrey Ashton-Savage
TITLE President, Board of Directors

Acknowledgement:
State of New Hampshire, County of Rockingham on MAY 24, 2017 before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace
Michelle Gaudet, Notary

MICHELLE L. GAUDET, Notary Public
My Commission Expires August 22, 2017

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/5/17
Date

Name:
Title:

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.6.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.6.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.6.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

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2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than thirty (30) consecutive days or any sixty (60) non-consecutive days.

2.2. The Contractor shall assist individuals with completing a Medicaid/Expanded Medicaid or other health insurance application when income calculations indicate possible eligibility.

2.3. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.4. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.4.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.4.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Perinatal services, including but not limited to access to obstetrical services either on-site or by referral.

3.1.3. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.4. Integrated Behavioral Health Services.

3.1.5. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.6. Assessment of need and follow-up/referral as indicated for:

3.1.6.1. Tobacco cessation, including referral to QuitWorks-NH, www.QuitWorksNH.org.

3.1.6.2. Social services.

3.1.6.3. Chronic Disease management, including disease specific referral and self-management education, which may include, but is not limited to referral to Diabetes Self-

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Management Education (DSME), as recommended by the American Diabetes Association.

3.1.6.4. Nutrition services, including WIC, as appropriate.

3.1.6.5. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.1.6.6. Screening, Brief Intervention and Referral to Treatment (SBIRT) services, including but not limited to contact with the Regional Public Health Network Continuum of Care Development Initiative.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which includes but is not limited to access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.3. The Contractor shall provide enabling services, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor shall facilitate enabling services that include, but are not limited to:

3.3.1. Case management, which may include but is not limited to, care facilitated by registries; information technology; health information exchanged; and other services that ensure patients receive necessary care when and where it is needed and wanted 8in a culturally and linguistically appropriate manner.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach, which may include but is not limited to the use of community health workers.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 – Amendment #3 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

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4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Quality Improvement

5.1. The Contractor shall conduct a minimum of two (2) quality improvement projects which consist of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall ensure:

5.1.1. One (1) quality improvement project focuses on the performance measure as designated by the Department.

5.1.2. One (1) quality improvement project is based on previous performance outcomes needing improvement, as selected by the Contractor.

5.2. The Contractor shall utilize Quality Improvement (QI) science to develop and implement a QI Workplan for each QI project, which shall include but not be limited to:

5.2.1. Specific goals and objectives for the project period.

5.2.2. Evaluation methods to demonstrate improvements in the quality, efficiency, and effectiveness of patient care.

5.3. The Contractor may utilize activities in QI projects that enhance clinical workflow and improve patient outcomes, which may include but are not limited to:

5.3.1. EMR prompts/alerts.

5.3.2. Protocols/Guidelines.

5.3.3. Diagnostic support.

5.3.4. Patient registries.

5.3.5. Collaborative learning sessions.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care services who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within thirty (30) days of hire.

6.4. The Contractor shall notify the MCHS, in writing, when:

6.4.1. Any critical position is vacant for more than thirty (30) days.

6.4.2. There is not adequate staffing to perform all required services for more than thirty (30) consecutive days or any sixty (60) nonconsecutive days.

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6.5. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.5.1. A registered nurse who:

6.5.1.1. Is licensed with the NH Board of nursing; or

6.5.1.2. Has attained bachelor's degree from a recognized college or university.

6.5.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.5.1.

7. Coordination of Services

7.1. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.1.1. Community needs assessments.

7.1.2. Public health performance assessments.

7.1.3. The development of regional health improvement plans.

7.2. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

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9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit a Performance Measure Outcome Report, which details the plan for improvement when a performance measure targeted goal is not met.

9.4. The Contractor shall submit an annual Workplan for the two (2) quality improvement projects that demonstrate improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall submit at least one (1) annual Workplan that includes a detailed description of the enabling services funded by this contract. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.6. The Contractor shall collect and submit the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st of each contract year.

9.7. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

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Exhibit A-1 – Amendment #4

1. MATERNAL AND CHILD HEALTH SECTION (MCHS) PRIMARY CARE PERFORMANCE MEASURES

1.1. Definitions

1.1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1.1. The calendar year (January 1st through December 31st); or

1.1.1.2. The state fiscal year (July 1st through June 30th).

1.1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.1.4. **NQF** – National Quality Forum

1.1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.1.6. **UDS** – Uniform Data System

1.1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. **Percent of infants who are ever breastfed** (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Screening

2.2.1. **Percent of children 3 years of age who had two or more capillary or venous lead blood test for lead poisoning by their third birthday.** (NH MCHS).

2.2.1.1. Numerator: All patient children who received at least one capillary or venous lead screening test between nine (9) months to eighteen (18) months of age **AND** one (1) capillary or venous lead screening test between nineteen (19) to thirty (30) months of age.

2.2.1.2. Denominator: All patient children who turned three (3) years old during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. Preventive Health: Adolescent Well-Care Visit

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2.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (HEDIS,).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. **Maternal Depression Screening**

2.4.2.1. **Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen (**NH MCHS**).**

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if screened positive have documented follow-up plan.

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2.4.2.1.2. Numerator Note: Numerator includes women who screened negative PLUS women who screened positive AND have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

2.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (NQF 0421, UDS).

2.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit OR within twenty-four (24) months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who delivered a live birth in the measurement year.

2.6.2.4. Definitions:

2.6.2.4.1. Tobacco Use: Includes any type of tobacco

2.6.2.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

2.7. **At Risk Population: Hypertension**

2.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHG) during the measurement year** (NQF 0018).

2.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm HG at the time of their last measurement.

2.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension (must have been diagnosed with hypertension 6 or more months before the measurement date) who had at least one (1) medical visit during the measurement year. (Excludes pregnant women and patients with End Stage Renal Disease.)

2.8. **Patient Safety: Falls Screening**

2.8.1. **Percent of patients aged 65 years and older who were screened for fall risk at least once within 12 months** (NH MCHS).

2.8.1.1. Numerator: Patients who were screened for fall risk at least once within the measurement year.

2.8.1.2. Denominator: All patients aged 65 years and older seen by a health care provider within the measurement year.

2.9. **SBIRT**

2.9.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services (NHMCHS).

2.9.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention and/or referral to services.

2.9.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.1.3. Denominator: Number of patients aged 18 years and older seen for annual/preventive visit within the measurement year.

2.9.1.4. Definitions:

2.9.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.9.1.4.2. Brief Intervention: Includes guidance or counseling.

2.9.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.9.2. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services (NH MCHS).

2.9.3. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

2.9.4. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.5. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.9.6. Definitions:

2.9.6.1. Substance Use: Includes any type of alcohol or drug.

2.9.6.2. Brief Intervention: Includes guidance or counseling.

2.9.6.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A – Amendment #4, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   2.1. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   2.2. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #4, Scope of Services, in accordance with Exhibit B-1 Amendment #4 through Exhibit B-2 Amendment #4.
4. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
5. Payment for said services shall be made as follows:
   5.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
   5.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   5.3. The invoice must be submitted by mail or e-mail to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

   E-mail: dphscontractbilling@dhhs.state.nh.us
6. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
8. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
9. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #4 through Exhibit B-2 Amendment #4 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

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EXHIBIT B-1 Amendment #4 MCHS Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Lamprey Health Care

Budget Request for: Primary Care

Budget Period: July 1, 2017 - March 31, 2018

1. Total Salary/Wages	$ 6,683,884.00	$ -	$ 6,683,884.00	$ 6,366,136.00	$ -	$ 6,366,136.00	$ 317,748.00	$ -	$ 317,748.00
2. Employee Benefits	$ 1,247,315.00	$ -	$ 1,247,315.00	$ 1,182,233.00	$ -	$ 1,182,233.00	$ 65,082.00	$ -	$ 65,082.00
3. Consultants	$ 552,701.00	$ -	$ 552,701.00	$ 552,701.00	$ -	$ 552,701.00	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ 25,546.00	$ -	$ 25,546.00	$ 25,546.00	$ -	$ 25,546.00	$ -	$ -	$ -
Repair and Maintenance	$ 30,984.00	$ -	$ 30,984.00	$ 30,984.00	$ -	$ 30,984.00	$ -	$ -	$ -
Purchase/Depreciation	$ 273,291.00	$ -	$ 273,291.00	$ 273,291.00	$ -	$ 273,291.00	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ 61,133.00	$ -	$ 61,133.00	$ 61,133.00	$ -	$ 61,133.00	$ -	$ -	$ -
Lab	$ 37,832.00	$ -	$ 37,832.00	$ 37,832.00	$ -	$ 37,832.00	$ -	$ -	$ -
Pharmacy	$ 83,655.00	$ -	$ 83,655.00	$ 83,655.00	$ -	$ 83,655.00	$ -	$ -	$ -
Medical	$ 77,131.00	$ -	$ 77,131.00	$ 77,131.00	$ -	$ 77,131.00	$ -	$ -	$ -
Office	$ 49,317.00	$ -	$ 49,317.00	$ 49,317.00	$ -	$ 49,317.00	$ -	$ -	$ -
6. Travel	$ 38,597.00	$ -	$ 38,597.00	$ 38,597.00	$ -	$ 38,597.00	$ -	$ -	$ -
7. Occupancy	$ 535,562.00	$ -	$ 535,562.00	$ 535,562.00	$ -	$ 535,562.00	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 66,207.00	$ -	$ 66,207.00	$ 66,207.00	$ -	$ 66,207.00	$ -	$ -	$ -
Postage	$ 16,322.00	$ -	$ 16,322.00	$ 16,322.00	$ -	$ 16,322.00	$ -	$ -	$ -
Subscriptions	$ 62,958.00	$ -	$ 62,958.00	$ 62,958.00	$ -	$ 62,958.00	$ -	$ -	$ -
Audit and Legal	$ 50,036.00	$ -	$ 50,036.00	$ 50,036.00	$ -	$ 50,036.00	$ -	$ -	$ -
Insurance	$ 87,949.00	$ -	$ 87,949.00	$ 87,949.00	$ -	$ 87,949.00	$ -	$ -	$ -
Board Expenses	$ 6,935.00	$ -	$ 6,935.00	$ 6,935.00	$ -	$ 6,935.00	$ -	$ -	$ -
9. Software	$ 57,949.00	$ -	$ 57,949.00	$ 57,949.00	$ -	$ 57,949.00	$ -	$ -	$ -
10. Marketing/Communications	$ 1,377.00	$ -	$ 1,377.00	$ 1,377.00	$ -	$ 1,377.00	$ -	$ -	$ -
11. Staff Education and Training	$ 92,786.00	$ -	$ 92,786.00	$ 92,786.00	$ -	$ 92,786.00	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other: Interest and Bank CHarges	$ 52,716.00	$ -	$ 52,716.00	$ 52,716.00	$ -	$ 52,716.00	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 10,192,183.00**	**$ -**	**$ 10,192,183.00**	**$ 9,809,353.00**	**$ -**	**$ 9,809,353.00**	**$ 382,830.00**	**$ -**	**$ 382,830.00**
Indirect As A Percent of Direct		0.0%							

Contractor Initials: AAS

Date: 5/24/17

Exhibit B-2 Amendment #4 BCCP Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Lamprey Health Care

Budget Request for: Primary Care - BCCP

Budget Period: July 1, 2017 - March 31, 2018

1. Total Salary/Wages	$ 69,162.00	$ -	$ 69,162.00	$ 54,534.00	$ -	$ 54,534.00	$ 14,628.00	$ -	$ 14,628.00
2. Employee Benefits	$ 8,880.75	$ -	$ 8,880.75	$ 5,866.50	$ -	$ 5,866.50	$ 3,014.25	$ -	$ 3,014.25
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ 1,824.00	$ 1,824.00	$ -	$ 1,824.00	$ 1,824.00	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ 2,584.00	$ 2,584.00	$ -	$ 2,584.00	$ 2,584.00	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ 100.00	$ 100.00	$ -	$ 100.00	$ 100.00	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ 19,193.25	$ -	$ 19,193.25	$ -	$ -	$ -	$ 19,193.25	$ -	$ 19,193.25
207 Clinical Services screening visit including PAP and breast exam	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 97,236.00	$ 4,508.00	$ 101,744.00	$ 60,400.50	$ 4,508.00	$ 64,908.50	$ 36,835.50	$ -	$ 36,835.50
Indirect As A Percent of Direct		10.0%							

Contractor Initials: DNB

Date: 5/24/17

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 LAMPREY HEALTH CARE, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 16, 1971. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **66382**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 8th day of May A.D. 2017.

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Thomas C. Drew, do hereby certify that:
(Name of the elected Officer of the Agency: cannot be contract signatory)

1. I am a duly elected Officer of Lamprey Health Care, Inc.,
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency duly held on April 26, 2017:
(Date)

RESOLVED: That the President
(Title of Contract Signatory)

is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 24 day of May, 2017.
(Date Contract Signed)

4. Audrey Ashton-Savage is the duly elected President of the Agency.
(Name of Contract Signatory) (Title of Contract Signatory)

Thomas C. Drew
(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE

County of Rockingham

The forgoing instrument was acknowledged before me this 24th day of May, 2017,

By Thomas C. Drew.
(Name of Elected Officer of the Agency)

Michelle L Gaudet
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

MICHELLE L. GAUDET, Notary Public
My Commission Expires August 22, 2017

Commission Expires:

LAMPHEA-01 DJOYAL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/25/2017

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 have ADDITIONAL INSURED provisions or 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 License # 1780862 HUB International New England 299 Ballardvale Street Wilmington, MA 01887	CONTACT NAME: Dan Joyal PHONE (A/C, No, Ext): (774) 233-6208 FAX (A/C, No): E-MAIL ADDRESS: dan.joyal@hubinternational.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Philadelphia Indemnity Insurance Company — 18058
INSURED Lamprey Health Care, Inc. 207 South Main Street Newmarket, NH 03857	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X		PHPK1359277	07/01/2016	07/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 20,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE			PHUB505707	07/01/2016	07/01/2017	AGGREGATE	$ 5,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
New Hampshire Department of Health and Human Services is included as Additional Insured w/ respect to General Liability as required by written contract.

CERTIFICATE HOLDER

NH DHHS - Office of Medicaid Business & Policy
Thayer Building, Transportation Coordinator
129 Pleasent Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
John Zawlinski

LAMPHEA-01 RPOLIZZOTTI

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/25/2016

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 License # 1780862 HUB International New England 299 Ballardvale Street Wilmington, MA 01887	CONTACT NAME: Rachel Polizzotti PHONE (A/C, No, Ext): (978) 661-6725 FAX (A/C, No): E-MAIL ADDRESS: rachel.polizzotti@hubinternational.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
INSURED Lamprey Health Care, Inc. 207 South Main Street Newmarket, NH 03857	INSURER A : Philadelphia Indemnity Insurance Company — 18058 INSURER B : Atlantic Charter Insurance Company — 44326 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			PHPK1359277	07/01/2016	07/01/2017	EACH OCCURRENCE	$	1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	1,000,000
							MED EXP (Any one person)	$	20,000
							PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$	3,000,000
	OTHER:							$	
A	AUTOMOBILE LIABILITY			PHPK1359277	07/01/2016	07/01/2017	COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$	
								$	
A	X UMBRELLA LIAB X OCCUR			PHUB505707	07/01/2016	07/01/2017	EACH OCCURRENCE	$	5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$	5,000,000
	DED X RETENTION $ 10,000							$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N		N/A	WCA00545403	07/01/2016	07/01/2017	X PER STATUTE / OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	500,000
							E.L. DISEASE - POLICY LIMIT	$	500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Director
Division of Public Health Services; NH DHHS
29 Hazen Drive
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

LAMPREY HEALTH CARE

Our Mission

The mission of Lamprey Health Care is to provide high quality primary medical care and health related services, with an emphasis on prevention and lifestyle management, to all individuals regardless of ability to pay.

We seek to be **a leader in providing access** to medical and health services that improve the health status of the individuals and families in the communities we serve.

Our mission is to **remove barriers that prevent access to care**; we strive to eliminate such barriers as language, cultural stereotyping, finances and/or lack of transportation.

Lamprey Health Care's **commitment to the community** extends to providing and/or coordinating access to a full range of comprehensive services.

Lamprey Health Care is committed to achieving the highest level of patient satisfaction through a personal and caring approach and **exceeding standards of excellence in quality and service**.

Our Vision

We will be the **outstanding primary care choice** for our patients, our communities and our service area, and the standard by which others are judged.

We will continue as **pacesetter** in the use of new knowledge for lifestyle improvement, quality of life.
We will be a **center of excellence** in service, quality and teaching.

We will be **part of an integrated system** of care to ensure access to medical care for all individuals and families in our communities.

We will be an **innovator** to foster development of the best primary care practices, adoption of the tools of technology and teaching.

We will **establish partnerships**, linkages, networks and referrals with other organizations to provide access to a full range of services to meet our communities' needs.

Our Values

We exist to **serve the needs of our patients**.

We value a positive **caring approach** in delivering patient services.

We are committed to **improving the health** and total well-being of our communities.

We are committed to **being proactive** in identifying and meeting our communities' health care needs.

We provide a supportive environment for **the professional and personal growth, and healthy lifestyles of our employees**.

We provide an **atmosphere of learning** and growth for both patients and employees as well as for those seeking training in primary care.

We succeed by utilizing a **team approach** that values a positive, constructive commitment to Lamprey Health Care's mission.

BerryDunn

[redacted]

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

CONSOLIDATED FINANCIAL STATEMENTS

and

REPORTS IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS AND THE UNIFORM GUIDANCE

September 30, 2016 and 2015

With Independent Auditor's Report

[redacted]

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

Report on Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. (the Organization), which comprise the consolidated balance sheets as of September 30, 2016 and 2015, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. as of September 30, 2016 and 2015, and the results of their operations, changes in their net assets and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Emphasis of a Matter

As discussed in Note 1 to the financial statements, the Organization has restated the 2015 financial statements to reclassify non-material monies contributed to the Organization for specific purposes from deferred revenue to temporarily restricted contributions in accordance with generally accepted accounting principles.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating balance sheets as of September 30, 2016 and 2015, and the related consolidating statements of operations and changes in net assets for the years then ended, are presented for purposes of additional analysis rather than to present the financial position and changes in net assets of the individual entities, and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

The accompanying schedule of expenditures of federal awards, as required by Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated December 14, 2016 on our consideration of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.'s internal control over financial reporting and on our tests of their compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.'s internal control over financial reporting and compliance.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
December 14, 2016

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Balance Sheets

September 30, 2016 and 2015

ASSETS

	2016	Restated 2015
Current assets		
Cash and cash equivalents	**$ 1,297,839**	$ 2,461,145
Patient accounts receivable, less allowance for uncollectible accounts of $278,061 in 2016 and $319,715 in 2015	**1,078,036**	1,051,734
Grants receivable	**230,153**	499,372
Other receivables	**62,111**	4,390
Other current assets	**91,072**	102,762
Total current assets	**2,759,211**	4,119,403
Investment in limited liability company	**16,204**	500
Assets limited as to use	**3,576,001**	2,006,756
Property and equipment, net	**7,995,234**	7,784,826
Total assets	**$14,346,650**	$13,911,485

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	**$ 227,044**	$ 303,554
Accrued payroll and related expenses	**816,452**	1,032,843
Current maturities of long-term debt	**87,270**	85,947
Total current liabilities	**1,130,766**	1,422,344
Long-term debt, less current maturities	**2,345,388**	2,434,164
Market value of interest rate swap	**44,773**	37,711
Total liabilities	**3,520,927**	3,894,219
Net assets		
Unrestricted	**10,343,967**	9,565,383
Temporarily restricted	**481,756**	451,883
Total net assets	**10,825,723**	10,017,266
Total liabilities and net assets	**$14,346,650**	$13,911,485

The accompanying notes are an integral part of these consolidated financial statements.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Operations

Years Ended September 30, 2016 and 2015

	2016	Restated 2015
Operating revenue		
Patient service revenue	$ 8,559,018	$ 8,483,003
Provision for bad debts	(245,051)	(476,517)
Net patient service revenue	8,313,967	8,006,486
Grants, contracts and contributions	5,254,946	4,234,422
Equity in earnings of limited liability company	15,704	-
Other operating revenue	1,167,306	1,094,861
Net assets released from restrictions for operations	48,277	12,072
Total operating revenue	14,800,200	13,347,841
Operating expenses		
Payroll and related expenses	10,608,269	9,417,784
Other operating expenses	3,175,390	2,695,714
Depreciation	359,456	368,782
Interest expense	113,562	116,522
Total operating expenses	14,256,677	12,598,802
Operating income and excess of revenue over expenses	543,523	749,039
Change in fair value of financial instrument	(7,062)	(31,306)
Grants for capital acquisition	232,894	17,106
Net assets released from restrictions for capital acquisition	9,229	11,411
Increase in unrestricted net assets	$ 778,584	$ 746,250

The accompanying notes are an integral part of these consolidated financial statements.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Changes in Net Assets

Years Ended September 30, 2016 and 2015

	2016	Restated 2015
Unrestricted net assets		
Excess of revenue over expenses	$ 543,523	$ 749,039
Change in fair value of financial instrument	(7,062)	(31,306)
Grants for capital acquisition	232,894	17,106
Net assets released from restrictions for capital acquisition	9,229	11,411
Increase in unrestricted net assets	778,584	746,250
Temporarily restricted net assets		
Provision for uncollectible pledges	-	(11,000)
Contributions	87,379	84,925
Net assets released from restrictions for operations	(48,277)	(12,072)
Net assets released from restrictions for capital acquisition	(9,229)	(11,411)
Increase in temporarily restricted net assets	29,873	50,442
Change in net assets	808,457	796,692
Net assets, beginning of year	10,017,266	9,220,574
Net assets, end of year	$10,825,723	$10,017,266

The accompanying notes are an integral part of these consolidated financial statements.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Cash Flows

Years Ended September 30, 2016 and 2015

	2016	Restated 2015
Cash flows from operating activities		
Change in net assets	**$ 808,457**	$ 796,692
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Provision for bad debts	**245,051**	476,517
Depreciation	**359,456**	368,782
Equity in earnings of limited liability company	**(15,704)**	-
Change in fair value of financial instrument	**7,062**	31,306
Grants for capital acquisition	**(232,894)**	**(17,106)**
Provision for uncollectible pledges	**-**	11,000
(Increase) decrease in the following assets:		
Patient accounts receivable	**(271,353)**	(538,693)
Grants receivable	**269,219**	(401,851)
Other receivable	**(57,721)**	87,343
Other current assets	**11,690**	(8,531)
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	**(76,510)**	129,099
Accrued payroll and related expenses	**(216,391)**	85,595
Due to third-party payers	**-**	(73,250)
Net cash provided by operating activities	**830,362**	946,903
Cash flows from investing activities		
Investment in limited liability company	**-**	(500)
Increase in designated funds	**(2,276,818)**	(71,215)
Release of designated funds	**707,573**	-
Capital expenditures	**(569,864)**	(123,051)
Net cash used by investing activities	**(2,139,109)**	(194,766)
Cash flows from financing activities		
Grants for capital acquisition	**232,894**	17,106
Principal payments on long-term debt	**(87,453)**	(83,435)
Net cash provided (used) by financing activities	**145,441**	(66,329)
Net (decrease) increase in cash and cash equivalents	**(1,163,306)**	685,808
Cash and cash equivalents, beginning of year	**2,461,145**	1,775,337
Cash and cash equivalents, end of year	**$ 1,297,839**	$ 2,461,145
Supplemental disclosure of cash flow information		
Cash paid for interest	**$ 113,562**	$ 116,522

The accompanying notes are an integral part of these consolidated financial statements.

Organization

Lamprey Health Care, Inc. (LHC) is a non-stock, non-profit corporation organized in the State of New Hampshire. LHC is a Federally Qualified Health Center (FQHC) whose primary purpose is to provide quality-based family health and medical services to residents of southern New Hampshire without regard to the patient's ability to pay for these services.

Subsidiary

Friends of Lamprey Health Care, Inc. (FLHC) is a non-stock, non-profit corporation organized in the State of New Hampshire. FLHC's primary purpose is to support LHC. FLHC is also the owner of the property occupied by LHC's administrative and program offices in Newmarket. LHC is the sole member of FLHC.

1. Summary of Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of LHC and its subsidiary, FLHC (collectively, the Organization). All significant intercompany balances and transactions have been eliminated in consolidation.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

Both LHC and FLHC are public charities under Section 501(c)(3) of the Internal Revenue Code. As public charities, the entities are exempt from state and federal income taxes on income earned in accordance with their tax-exempt purposes. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the consolidated financial statements.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds and exclude assets limited as to use.

Allowance for Uncollectible Accounts

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patient accounts receivable, the Organization analyzes its past history and identifies trends for all funding sources in the aggregate. In addition, balances in excess of one year are 100% reserved. Management regularly reviews data about revenue and payer mix in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts. The Organization has not changed its methodology for estimating the allowance for doubtful accounts during 2016 or 2015.

A reconciliation of the allowance for uncollectible accounts follows:

	2016	2015
Balance, beginning of year	$ 319,715	$ 231,834
Provision	245,051	476,517
Write-offs	(286,705)	(388,636)
Balance, end of year	$ 278,061	$ 319,715

The decrease in the provision and the allowance is a result of improved collections.

Grants and Other Receivables

Grants and other receivables are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

Investment in Limited Liability Company

The Organization is one of eight partners who each made a capital contribution of $500 to Primary Health Care Partners (PHCP) during 2015. The purposes of PHCP are: (i) to engage and contract directly with the payers of health care to influence the design and testing of emerging payment methodologies; (ii) to achieve the three part aim of better care for individuals, better health for populations and lower growth in expenditures in connection with both governmental and non-governmental payment systems; (iii) to undertake joint activities to offer access to high quality, cost effective medical, mental health, oral health, home care and other community-based services, based upon the Patient-Centered Medical Home model of primary care delivery, that promote health and well-being by developing and implementing effective clinical and administrative systems in a manner that is aligned with the FQHC model; and to lead collaborative efforts to manage costs and improve the quality of primary care services delivered by health centers operated throughout the state of New Hampshire; and (iv) to engage in any and all lawful activities, including without limitation the negotiation of contracts, agreements and/or arrangements (with payers and other parties). The Organization's investment in PHCP is reported using the equity method and the investment amounted to $16,204 and $500 at September 30, 2016 and 2015, respectively.

Assets Limited as To Use

Assets limited as to use include assets set aside under loan agreements for repairs and maintenance on the real property collateralizing the loan, assets designated by the board of directors for specific projects or purposes and donor-restricted contributions.

Property and Equipment

Property and equipment acquisitions are recorded at cost, less accumulated depreciation. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted net assets and excluded from the excess of revenue over expenses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Temporarily Restricted Net Assets

Temporarily restricted net assets include contribution and grants for which donor-imposed restrictions have not been met. Assets are released from restrictions as expenditures are made in line with restrictions called for under the terms of the donor. Restricted grants received prior to 2000 and restricted for capital acquisition are released from restriction over the life of the related acquired assets, matching depreciation expense.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

340B Drug Pricing Program

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. The program requires drug manufacturers to provide outpatient drugs to FQHCs and other identified entities at a reduced price. The Organization contracts with local pharmacies under this program. The local pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. Reimbursement received by the pharmacies is remitted to the Organization, less dispensing and administrative fees. Gross revenue generated from the program is included in patient service revenue. The cost of drug replenishments and contracted expenses incurred related to the program are included in other operating expenses.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received and the conditions are met. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statements of operations as "net assets released from restrictions." Donor-restricted contributions whose restrictions are met in the same year as received are reflected as unrestricted contributions in the accompanying consolidated financial statements.

Functional Expenses

The Organization provides various services to residents within its geographic location. Expenses related to providing these services follows:

	2016	2015
Program services	$ 12,177,340	$ 10,555,584
Administrative and general	2,079,337	2,043,218
Total	$ 14,256,677	$ 12,598,802

Excess of Revenue over Expenses

The consolidated statements of operations reflect the excess of revenue over expenses. Changes in unrestricted net assets which are excluded from the excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets) and changes in fair value of an interest rate swap.

Prior Period Adjustment for Temporarily Restricted Net Assets

Through the Organization's review of the deferred revenue as of September 30, 2016 and 2015, it has determined that certain non-material balances were donated to the Organization for specified purposes and, therefore, should be classified as temporarily restricted net assets rather than deferred revenue in accordance with U.S. generally accepted accounting principles. As part of the prior period restatement, the Organization also reclassified deferred revenue for grants and other contracts for which a notice of award had been received, but not yet paid to offset the receivable recorded for the notice of award.

As a result of this adjustment, the following amounts previously reported have been restated as of and for the year ended September 30, 2015:

	Balance as of September 30, 2015, as Previously Reported	Reclassification of Donor Restricted Contributions	Balance as of September 30, 2015, as Restated
Cash	$ 2,546,070	$ (84,925)	$ 2,461,145
Assets limited as to use	1,921,831	84,925	2,006,756
Grants receivable	3,908,669	(3,409,297)	499,372
Other receivables	239,474	(235,084)	4,390
Deferred revenue	3,729,307	(3,729,307)	-
Temporarily restricted net assets	366,958	84,925	451,883
Grants, contracts and contribution	4,251,528	(17,106)	4,234,422
Grants for capital acquisition	-	17,106	17,106
Restricted contributions	-	84,925	84,925

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through December 14, 2016, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Assets Limited as to Use

Assets limited as to use is composed of cash and cash equivalents and consist of the following:

	2016	2015
United States Department of Agriculture Rural Development loan agreement	$ 142,495	$ 142,427
Designated by the governing board	3,076,599	1,546,525
Donor restricted, temporarily	356,907	317,804
Total	$ 3,576,001	$ 2,006,756

3. Property and Equipment

Property and equipment consists of the following:

	2016	2015
Land	**$ 1,146,784**	$ 1,146,784
Building and improvements	**10,960,899**	10,418,055
Furniture, fixtures and equipment	**1,909,686**	1,892,906
Total cost	**14,017,369**	13,457,745
Less accumulated depreciation	**6,022,135**	5,672,919
Property and equipment, net	**$ 7,995,234**	$ 7,784,826

In 2011, the Organization made renovations to certain buildings with federal grant funding under the ARRA – Facility Improvement Program. In accordance with the grant agreement, a Notice of Federal Interest (NFI) is required to be filed in the appropriate official records of the jurisdiction in which the property is located. The NFI is designed to notify any prospective buyer or creditor that the Federal Government has a financial interest in the real property acquired under the aforementioned grant; that the property may not be used for any purpose inconsistent with that authorized by the grant program statute and applicable regulations; that the property may not be mortgaged or otherwise used as collateral without the written permission of the Associate Administrator of the Office of Federal Assistance Management, Health Resources and Services Administration (OFAM, HRSA); and that the property may not be sold or transferred to another party without the written permission of the Associate Administrator of OFAM and HRSA.

4. Line of Credit

The Organization has an available $1,000,000 revolving line of credit from a local bank through May 2017, with an interest rate of 3.50%. The line of credit is collateralized by all business assets. There was no outstanding balance at September 30, 2016 and 2015.

5. Long-Term Debt

Long-term debt consists of the following:

	2016	2015
Promissory note payable to TD Bank, N.A.; see terms outlined below.	$ 914,652	$ 933,736
A 4.375% promissory note payable to U.S. Department of Agriculture, Rural Development (Rural Development), paid in monthly installments of $5,000, which includes interest, through December 2036. The note is collateralized by all tangible property owned by the Organization.	802,850	827,148
A 5.375% promissory note payable to Rural Development, paid in monthly installments of $4,949, which includes interest, through June 2026. The note is collateralized by all tangible property owned by the Organization.	449,728	483,956
A 4.75% promissory note payable to Rural Development, paid in monthly installments of $1,892, which includes interest, through November 2033. The note is collateralized by all tangible property owned by the Organization.	265,428	275,271
Total long-term debt	2,432,658	2,520,111
Less current maturities	87,270	85,947
Long-term debt, less current maturities	$ 2,345,388	$ 2,434,164

The Organization has a promissory note with TD Bank, N.A. which is a ten-year balloon note to be paid at the amortization rate of 30 years, with monthly principal payments of $1,345 plus interest at 85% of the one-month LIBOR rate plus 2.125% through January 2022 when the balloon payment is due. The note is collateralized by the real estate. The Organization has an interest rate swap agreement for the ten-year period through 2022 that limits the potential interest rate fluctuation and essentially fixes the rate at 4.13%. The fair market value of the interest rate swap agreement was a liability of $44,773 and $37,711 at September 30, 2016 and 2015, respectively.

New Hampshire Health and Educational Facilities Authority (NHHEFA) participated in the lending for 30% of the promissory note, amounting to $300,000 through May 2016. Under the NHHEFA program, the interest rate on that portion was not subject to the swap agreement and was a variable rate based on 50% of the interest rate charged by the local banking institution, which was 85% of the one-month LIBOR rate plus 2.125%.

The Organization is required to meet certain administrative and financial covenants under various loan agreements included above. The Organization is in compliance with all loan covenants at September 30, 2016.

Maturities of long-term debt for the next five years are as follows:

2017	$ 87,270
2018	91,294
2019	95,514
2020	99,940
2021	104,581
Thereafter	1,954,059
Total	$ 2,432,658

6. Temporarily Restricted Net Assets

Temporarily restricted net assets consisted of the following:

	2016	2015
Temporarily restricted for:		
Diabetes	$ -	$ 85
Capital improvements (expended)	124,850	134,079
Dental	8,998	10,715
Community programs	289,037	294,511
Education	10,636	12,493
Substance abuse prevention	48,235	-
Total	$ 481,756	$ 451,883

The composition of assets comprising temporarily restricted net assets at September 30, 2016 and 2015 is as follows:

	2016	2015
Assets limited as to use	$ 356,906	$ 317,804
Property and equipment	124,850	134,079
Total	$ 481,756	$ 451,883

7. Patient Service Revenue

Patient service revenue follows:

	2016	2015
Gross charges	**$12,266,368**	$12,465,956
340B pharmacy revenue	**1,031,373**	752,378
Total gross revenue	**13,297,741**	13,218,334
Contractual adjustments	**(3,813,058)**	(3,798,443)
Sliding fee scale discounts	**(921,474)**	(933,619)
Other discounts	**(4,191)**	(3,269)
Total patient service revenue	**$ 8,559,018**	$ 8,483,003

The Organization has agreements with the Centers for Medicare & Medicaid Services (Medicare) and New Hampshire Medicaid. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

Medicare

The Organization is reimbursed for the care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically-adjusted rate determined by federal guidelines. Overall, reimbursement was and continues to be subject to a maximum allowable rate per visit. The Organization's Medicare cost reports have been audited by the Medicare administrative contractor through September 30, 2014.

Medicaid and Other Payers

The Organization also has entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively-determined rates per visit, discounts from established charges and capitated arrangements for primary care services on a per-member, per-month basis.

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization charity care policy amounted to approximately $942,628 and $865,778 for the years ended September 30, 2016 and 2015, respectively.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

8. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b). The Organization contributed $326,988 and $334,365 for the years ended September 30, 2016 and 2015, respectively.

9. Concentration of Risk

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The financial institutions have a strong credit rating and management believes the credit risk related to these deposits is minimal.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Following is a summary of accounts receivable, by funding source, at June 30:

	2016	2015
Medicare	22 %	17 %
Medicaid	17 %	34 %
Other payers	61 %	49 %
	100 %	100 %

10. Medical Malpractice

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of the year ended September 30, 2016, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Balance Sheet

September 30, 2016

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2016 Consolidated
Current assets			
Cash and cash equivalents	$ 752,675	$ 545,164	$ 1,297,839
Patient accounts receivable, net	1,078,036	-	1,078,036
Grants receivable	230,153	-	230,153
Other receivables	62,111	-	62,111
Other current assets	91,072	-	91,072
Total current assets	2,214,047	545,164	2,759,211
Investment in limited liability company	16,204	-	16,204
Assets limited as to use	3,271,814	304,187	3,576,001
Property and equipment, net	5,936,064	2,059,170	7,995,234
Total assets	$11,438,129	$ 2,908,521	$ 14,346,650

LIABILITIES AND NET ASSETS

Current liabilities			
Accounts payable and accrued expenses	$ 227,044	$ -	$ 227,044
Accrued payroll and related expenses	816,452	-	816,452
Current maturities of long-term debt	51,570	35,700	87,270
Total current liabilities	1,095,066	35,700	1,130,766
Long-term debt, less current maturities	1,312,810	1,032,578	2,345,388
Market value of interest rate swap	44,773	-	44,773
Total liabilities	2,452,649	1,068,278	3,520,927
Net assets			
Unrestricted	8,503,724	1,840,243	10,343,967
Temporarily restricted	481,756	-	481,756
Total net assets	8,985,480	1,840,243	10,825,723
Total liabilities and net assets	$11,438,129	$ 2,908,521	$ 14,346,650

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Balance Sheet

September 30, 2015

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Restated 2015 Consolidated
Current assets			
Cash and cash equivalents	$ 1,812,429	$ 648,716	$ 2,461,145
Patient accounts receivable, net	1,051,734	-	1,051,734
Grants receivable	499,372	-	499,372
Other receivables	4,390	-	4,390
Other current assets	102,762	-	102,762
Total current assets	3,470,687	648,716	4,119,403
Investment in limited liability company	500	-	500
Assets limited as to use	1,932,485	74,271	2,006,756
Property and equipment, net	5,625,714	2,159,112	7,784,826
Total assets	$11,029,386	$ 2,882,099	$ 13,911,485

LIABILITIES AND NET ASSETS

Current liabilities			
Accounts payable and accrued expenses	$ 303,554	$ -	$ 303,554
Accrued payroll and related expenses	1,032,843	-	1,032,843
Current maturities of long-term debt	51,861	34,086	85,947
Total current liabilities	1,388,258	34,086	1,422,344
Long-term debt, less current maturities	1,365,831	1,068,333	2,434,164
Market value of interest rate swap	37,711	-	37,711
Total liabilities	2,791,800	1,102,419	3,894,219
Net assets			
Unrestricted	7,785,788	1,779,595	9,565,383
Temporarily restricted	451,798	85	451,883
Total net assets	8,237,586	1,779,680	10,017,266
Total liabilities and net assets	$11,029,386	$ 2,882,099	$ 13,911,485

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Operations

Year Ended September 30, 2016

	Lamprey Health Care Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2016 Consolidated
Operating revenue and support				
Patient service revenue	$ 8,559,018	$ -	$ -	$ 8,559,018
Provision for bad debts	(245,051)	-	-	(245,051)
Net patient service revenue	8,313,967	-	-	8,313,967
Rental income	-	227,916	(227,916)	-
Grants, contracts and contributions	5,254,946	-	-	5,254,946
Equity in earnings of limited liability company	15,704	-	-	15,704
Other operating revenue	1,167,228	78	-	1,167,306
Net assets released from restriction for operations	48,192	85	-	48,277
Total operating revenue	14,800,037	228,079	(227,916)	14,800,200
Operating expenses				
Salaries and benefits	10,608,269	-	-	10,608,269
Other operating expenses	3,384,380	18,926	(227,916)	3,175,390
Depreciation	259,514	99,942	-	359,456
Interest expense	64,999	48,563	-	113,562
Total operating expenses	14,317,162	167,431	(227,916)	14,256,677
Operating income and excess of revenue over expenses	482,875	60,648	-	543,523
Change in fair value of financial instrument	(7,062)	-	-	(7,062)
Grants for capital acquisition	232,894	-	-	232,894
Net assets released from restrictions for capital acquisition	9,229	-	-	9,229
Increase in unrestricted net assets	$ 717,936	$ 60,648	$ -	$ 778,584

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Operations

Year Ended September 30, 2015

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	Restated 2015 Consolidated
Operating revenue and support				
Patient service revenue	$ 8,483,003	$ -	$ -	$ 8,483,003
Provision for bad debts	(476,517)	-	-	(476,517)
Net patient service revenue	8,006,486	-	-	8,006,486
Rental income	-	227,916	(227,916)	-
Grants, contracts and contributions	4,234,422	-	-	4,234,422
Other operating revenue	1,094,794	67	-	1,094,861
Net assets released from restriction for operations	-	12,072	-	12,072
Total operating revenue	13,335,702	240,055	(227,916)	13,347,841
Operating expenses				
Salaries and benefits	9,417,784	-	-	9,417,784
Other operating expenses	2,890,324	33,306	(227,916)	2,695,714
Depreciation	271,677	97,105	-	368,782
Interest expense	66,465	50,057	-	116,522
Total operating expenses	12,646,250	180,468	(227,916)	12,598,802
Operating income and excess of revenue over expenses	689,452	59,587	-	749,039
Change in fair value of financial instrument	(31,306)	-	-	(31,306)
Grants for capital acquisition	17,106	-	-	17,106
Net assets released from restrictions for capital acquisition	11,411	-	-	11,411
Increase in unrestricted net assets	$ 686,663	$ 59,587	$ -	$ 746,250

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statement of Changes in Net Assets

Year Ended September 30, 2016

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2016 Consolidated
Unrestricted net assets			
Excess of revenue over expenses	482,875	60,648	543,523
Change in fair value of financial instrument	(7,062)	-	(7,062)
Grants for capital acquisition	232,894	-	232,894
Net assets released from restrictions for capital acquisition	9,229	-	9,229
Increase in unrestricted net assets	717,936	60,648	778,584
Temporarily restricted net assets			
Contributions	87,379	-	87,379
Net assets released from restrictions for operations	(48,192)	(85)	(48,277)
Net assets released from restrictions for capital acquisition	(9,229)	-	(9,229)
Increase (decrease) in temporarily restricted net assets	29,958	(85)	29,873
Change in net assets	747,894	60,563	808,457
Net assets, beginning of year	8,237,586	1,779,680	10,017,266
Net assets, end of year	$ 8,985,480	$ 1,840,243	$ 10,825,723

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statement of Changes in Net Assets

Year Ended September 30, 2015

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Restate 2015 Consolidated
Unrestricted net assets			
Excess of revenue over expenses	689,452	59,587	749,039
Change in fair value of financial instrument	(31,306)	-	(31,306)
Grants for capital acquisition	17,106	-	17,106
Net assets released from restrictions for capital acquisition	11,411	-	11,411
Increase in unrestricted net assets	686,663	59,587	746,250
Temporarily restricted net assets			
Provision for uncollectible pledges	(11,000)	-	(11,000)
Contributions	84,925	-	84,925
Net assets released from restrictions for operations	-	(12,072)	(12,072)
Net assets released from restrictions for capital acquisition	(11,411)	-	(11,411)
Increase (decrease) in temporarily restricted net assets	62,514	(12,072)	50,442
Change in net assets	749,177	47,515	796,692
Net assets, beginning of year	7,488,409	1,732,165	9,220,574
Net assets, end of year	$ 8,237,586	$ 1,779,680	$ 10,017,266

SUPPLEMENTARY INFORMATION

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Schedule of Expenditures of Federal Awards

Year Ended September 30, 2016

Federal Grant/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Contract Number	Total Federal Expenditures
United States Department of Health and Human Services			
Direct			
Health Centers Cluster			
Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		$ 1,426,647
Affordable Care Act (ACA) Grants for Capital Development in Health Centers	93.526		232,894
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		2,009,527
Total Health Centers Cluster			3,669,068
Pass-Through			
State of New Hampshire Department of Health and Human Services			
Special Programs for the Aging - Title III, Part D, Disease Prevention and Health Promotion Services	93.043	102-500731/48108462	55,952
Special Programs for the Aging - Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	512-500352	32,106
Family Planning Services	93.217	102-500734/90080203	123,369
Temporary Assistance for Needy Families	93.558	502-500891/45130203	29,718
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds	93.752	102-500731/90080081	44,128
Block Grants for Prevention and Treatment of Substance Abuse	93.959	102-500734/49156501	67,091
Maternal and Child Health Services Block Grant to the States	93.994	102-500731/90080000	36,752
Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	93.758	102-500731/90072003	11,226
Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	93.758	102-500731	297,746
Total CFDA 93.758			308,972
Dartmouth College			
Area Health Education Centers Point of Service Maintenance and Enhancement Awards	93.107	1625R013	77,663
Substance Abuse and Mental Health Services - Projects of Regional and National Significance	93.243	n/a	42,264
Public Health Training Centers Program	93.249	1383	10,000
Total Federal Awards, All Programs			$ 4,497,083

The accompanying notes are an integral part of this schedule.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Schedule of Expenditures of Federal Awards

Year Ended September 30, 2016

1. Basis of Presentation

The schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. The information in this schedule is presented in accordance with the requirements of Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc..

2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years. Pass-through entity identifying numbers are presented where available. Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. have elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

BerryDunn

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. (the Organization), which comprise the balance sheet as of September 30, 2016, and the related statements of operations, changes in net assets, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated December 14, 2016.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the Organization's internal control over financial reporting (internal control) to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's consolidated financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's consolidated financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
December 14, 2016

BerryDunn

INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR THE MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

Report on Compliance for the Major Federal Program

We have audited Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.'s (the Organization) compliance with the types of compliance requirements described in the OMB Compliance Supplement that could have a direct and material effect on its major federal program for the year ended September 30, 2016. The Organization's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for the Organization's major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with U.S. generally accepted auditing standards; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the major federal program. However, our audit does not provide a legal determination of the Organization's compliance.

Opinion on the Major Federal Program

In our opinion, Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended September 30, 2016.

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

Report on Internal Control Over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit, we considered the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on the major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on compliance for the major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
December 14, 2016

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Schedule of Findings and Questioned Costs

Year Ended September 30, 2016

1. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:		Unmodified		
Internal control over financial reporting:				
Material weakness(es) identified?	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Noncompliance material to financial statements noted?	☐	Yes	☑	No

Federal Awards

Internal control over major programs:				
Material weakness(es) identified:	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Type of auditor's report issued on compliance for major programs:		Unmodified		
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	☐	Yes	☑	No

Identification of major programs:

CFDA Number	Name of Federal Program or Cluster
	Health Centers Cluster
93.224	Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)
93.526	Affordable Care Act (ACA) Grants for Capital Development in Health Centers
93.527	Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program

Dollar threshold used to distinguish between Type A and Type B programs:		$750,000		
Auditee qualified as low-risk auditee?	☑	Yes	☐	No

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Schedule of Findings and Questioned Costs (Concluded)

Year Ended September 30, 2016

2. Financial Statement Findings

None

3. Federal Award Findings and Questioned Costs

None

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

2016-2017 Board of Directors

Audrey Ashton-Savage
(Chair/President)
Term Ends 2018

Frank Goodspeed
(Vice President)
Term Ends 2017

Mark E. Howard, Esq.
(Treasurer)
Term Ends 2017

Thomas "Chris" Drew
(Secretary)
Term Ends 2019

Elizabeth Crepeau
Immediate Past President
Term ends 2018

Raymond Goodman, III
Term ends 2018

Amanda Pears Kelly
Term Ends 2017

Rev. W. Allan Knight
Term Ends 2018

Carol LaCross
Term Ends 2018

Heather Long
Term ends 2019

Arvind Ranade
Term Ends 2018

Robert S. Woodward
Term Ends 2020

Non-Voting Board Member

Michael Merenda,
Board Member *Emeritus*

Gregory A. White, CPA

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Summary

Senior Level Executive with extensive hands-on experience in management, business leadership, and working with boards, banks and other external stake holders. A CPA with an established record of success in Community Health Center management. Strong in budgets, cash forecasts, grants, and team leadership.

Professional Experience

Lamprey Health Care – Newmarket, NH **2013 to present**

Chief Executive Officer

- Responsible for the leadership, operation and overall strategic direction of New Hampshire's largest Federally Qualified Health Center.
- Ensuring continuity and high quality primary medical care in three sites, both urban rural, serving over 16,000 patients in 40 communities.
- Leading a high performing senior management team in the direction of over 150 staff and providers.
- Engaging with leaders and stakeholders at the local, state and national levels to ensure that Lamprey is at the forefront of innovative, high quality health care delivery.

Lowell Community Health Center – Lowell, MA **2009 to 2013**

Chief Financial Officer

- Responsible for the integrity of financial information and systems for this Federally Qualified Health Center, employing 315 staff and providing over 120,000 visits annually. Upgraded financial and administrative infrastructure to meet requirements during a time of rapid expansion.
- Lead the financing and budget development for a $42 million capital facility project to include: traditional debt, multiple tax credit sources, federal grants, loan guarantees, and private funds.
- Directed key projects for: 340(b) pharmacy implementation; 403(b) tax deferred savings plan; multiple federal stimulus grants; and revised operating budget development.
- Representative to the Lowell General PHO for managed care contract negotiation
- Recruited and managed a team of five directors to oversee and manage four support and one programmatic department

Manchester Community Health Center – Manchester, NH **1999 to 2009**

Chief Financial Officer

- Recruited by the CEO to bring structure and process to the functional areas of the Center's financial operations. Provided direction and oversight to key business areas; General Administration, Patient Registration, Human Resources, FTCA/Legal and Medical Records.

Gregory A. White, CPA

- Responsible for the development of key programs, Corporate Compliance, HIPAA, selection of a new practice management system. Supported Joint Commission accreditation and the implementation of an electronic medical record system.
- Led the development of financing for the Center's new facility.

Greater Lawrence Family Health Center – Lawrence, MA **1993 to 1998**

Controller **1997 to 1998**

Accounting Manager **1995 to 1997**

Senior Accountant/Analyst **1993 to 1995**

- Progressively responsible for all day to day financial operations of a Federally Qualified Health Center, including: Accounts Payable, Payroll, General Ledger, Cash Management, Cost Reporting, Patient Accounts, and Financial Reporting. Presented budgets, analysis, projections and periodic reporting to the Board of Directors.
- Key leader for projects involving: selection of new financial accounting software; selection of new practice management system; provider productivity measurement and analysis and group purchasing. Oversaw budget of $5 million construction project.
- Developed reimbursement model for an innovative Family Practice Residency program.

Alexander, Aronson, Finning & Co., CPA's – Westborough, MA **1990 to 1993**

Staff Accountant/Auditor

Education & Professional Affiliations

Babson College, Wellesley, MA

BS, Accounting - 1990

Commonwealth of Massachusetts

Certified Public Accountant- 1996

Healthcare Financial Management Association

Certified Healthcare Financial Professional - 2008

National Association of CHC's

Excel Leadership Program - 2003

National Registry of Emergency Medical Technicians

EMT - N.H. license number 18991-I

Boards, Advisory & Volunteer Experience

Massachusetts League of Community Health Centers – Special Finance Committee

Gregory A. White, CPA

NH Health Access Network – Administrative & Training Committee

Community Health Access Network – Board of Directors, Finance Committee

Bi-State Primary Care Association – Capital Finance & Sustainability, Prospective Payment

The Way Home – Manchester, NH - Board of Trustees – Treasurer

Manchester Sustainable Access Project – Data Sub-group

Milford Ambulance Service – Volunteer EMT, Staff Officer, Treasurer, Building Advisory Committee

Milford Educational Foundation – 1999 to 2010 - Treasurer

Heritage United Way – Manchester – Community Investment Committee

Milford Community Athletic Association - Coach

Lasell College – Co-Resident Director

Evalie M. Crosby, CPA, FHFMA

Summary of Qualifications

Thirty-three years professional accounting and healthcare finance experience including audit, residential mental health, critical access hospital and FQHC managerial experience. Responsibilities have included extensive involvement in third-party contract negotiations, budgeting, strategic planning, financial analysis of strategic initiatives, independent financial audit and IRS Form 990 coordination and full responsibility for preparation and filing of Medicare and Medicaid Cost Reports. Served in all executive positions in NHVT HFMA which has provided significant exposure to PPS hospital and NH and VT healthcare organization executive and managerial level leaders.

Experience

Lamprey Health Care, Inc, Newmarket, NH
Chief Financial Officer (2016 – Present)

Senior Executive of Finance for a three site Federally Qualified Health Center serving over 15,000 patients in southern New Hampshire.

- Responsible for overall fiscal management of multi-site Federally Qualified Health Center with a $15+ million dollar annual budget. Management includes budgeting, strategic planning, month end close and reporting to the Board of Directors.
- Redesigned and rebuilt company chart of accounts and reporting to more efficiently and accurately reflect financial operating results at the departmental, programmatic and grant levels of the health center.
- Preparation and execution of financial and retirement plan audits.
- Preparation and execution of tri-ennial HRSA site visit financial review.
- Conducted search and selection of Financial Advisor firm for 403B Retirement Plan.

Alice Peck Day Health System, Lebanon, NH
Vice President of Finance/Chief Financial Officer (2009-Present)

Senior Executive of Finance for Health System comprised of Alice Peck Day Memorial Hospital made up of a 25 bed Critical Access Hospital and 11 wholly owned Physician Practices and Alice Peck Lifecare, a senior living facility with 66 independent living units, 66 assisted living units and 7 24/7 supervised nursing units. Responsible for 6 direct reports and 69 employees from Revenue Cycle, Patient Access, Patient Accounts, Coding, Health Information, Materials Management, Fiscal Services and Lifecare Business Services. Prior to Senior Level restructuring CFO was responsible for IT/IS and Risk/Compliance.

- Responsible for overall financial and fiscal management aspects of Health Systems, Hospital and Lifecare operations including accounting, budgetary, tax and other financial planning activities within the health system organizations;
- Create, coordinate, and evaluate the financial programs and supporting information systems to include budgeting, tax planning, real estate, and conservation of assets.
- Approve and coordinate changes and improvements in automated financial and management information systems for the organizations of the APD Health Systems.
- Ensure compliance with local, state, and federal financial reporting requirements.
- Coordinate the preparation of financial statements, financial reports, Medicare Cost Reports, 990 Tax Returns, special analyses, and information reports.
- Develop and implement finance, accounting, billing, and auditing procedures.
- Establish and maintain appropriate internal control safeguards.
- Contribute financial expertise in the planning of new services that generate additional sources of revenue.
- Manage costs by continually seeking data that will identify opportunities that eliminate non-value costs in conjunction with the Senior Leadership Teams of the Hospital and Lifecare.
- Analyzes areas in planning, promoting and conducting organization-wide performance improvement activities.
- Interact with other managers to provide consultative support to planning initiatives through financial and management information analyses, reports, and recommendations.
- Develop and direct the implementation of strategic business and/or operational plans, projects, programs, and systems, in conjunction with other members of the Senior Leadership Teams.
- Establish and implement short- and long-range departmental goals, objectives, policies, and operating procedures.
- Negotiate and execute third party payor contracts.
- Represent the health system at meetings including medical staff, board of trustee meetings, New Hampshire Hospital Association, New England Alliance for Health, and other relevant community meetings as needed.
- Represent the company externally to media, government agencies, funding agencies, and the general public.
- Recruit, train, supervise, and evaluate department staff.

Mt. Ascutney Hospital and Health Center, Windsor, VT
Budgeting and Reimbursement Manager and Controller (2001-2009)
Progressive managerial experience ranging from budget and reimbursement manager to Controller and succession plan that would transition to Chief Financial Officer. Directly supervise 4 employees in Finance and serve as backup supervisor for 30 employees in four departments reporting to the Chief Financial Officer including Materials Management, IT, Patient Access and Patient Accounts.

- Plan, organize and coordinate annual budget process for Critical Access Hospital. Process involves collection and distribution of departmental historical volume, revenue and expense data; supporting department heads in the development of their operating

budgets; performing financial analysis on proposed changes in services; and presenting proposed budget for approval by the Board of Trustees Finance and Audit Committee. Prepared and coordinated the presentation of the Hospital's proposed budget before the State of Vermont Banking, Insurance, Securities and Healthcare Administration (BISHCA) and Public Oversight Commission (POC).

- Serve as Hospital's direct finance contact for BISHCA staff, Medicaid Personnel, CMS personnel, and other contract agencies and third party payors.
- Prepare annual Medicare and Medicaid Cost Report filings and all supporting documentation.
- Coordinate annual financial audit process and serve as hospital's primary contact for all external audit engagements including but not limited to Independent Financial Auditors, Medicaid Auditors and Medicare Auditors.
- Develop and present finance workshops for clinical department heads. Serve as primary contact in the finance area for clinical department heads. Participate in Senior Management Team meetings. Participate in monthly Board of Trustee Finance and Audit Committee meetings.
- Implemented decision support software system which has successfully led to automation of monthly departmental variance reporting as well as much of the annual budget process.
- Responsible for updating and maintenance of Revenue and Estimated Third Party Settlement Models which are integral to the budgeting and monthly reporting processes.

Namaqua Center, Loveland, CO
Chief Financial Officer (1998-2001)
Responsible for the evaluation of automated accounting systems as well as the ultimate selection and implementation of the system. Directly supervised 3 employees and responsible for all aspects of the financial performance of the agency. Served as liaison with regulatory agencies, both for written reporting and on-site surveys.

- Developed full accounting policies and procedures manual for the agency.
- Direct contact for Independent Auditors and State Regulatory Agencies involved in financial oversight of the Agency's operations and effectiveness.
- Assured timely and complete Medicaid Cost Reports and School Department Reporting packages.
- Coordinated extensive Quality Improvement Project around third party reporting and billing.

Evalie M. Crosby, CPA
Principal (1985-1997)
Built a full public accounting practice servicing primarily small business, not for profit and individual clients. Successfully represented clients before the Internal Revenue Service, State Departments of Revenue, State Departments of Employment and Training, and Workers Compensation Insurers. Negotiated financing for clients with financial institutions and a variety of Federal and State Grant agencies.

- Provided monthly accounting and bookkeeping services.
- Provided quarterly and annual payroll and income tax filing assistance.
- Consulted with clients on the selection, installation and implementation of automated accounting systems.

Deloitte Haskins + Sells, Boston, MA
Healthcare Audit Team, (1982-1985)

- Served in a variety of capacities from audit staff to audit senior on the Healthcare Audit Team for a major public accounting firm in Boston, MA.
- Planned, organized and supervised audits on a variety of healthcare engagements.
- Served as a member of the initial DH+S team for Brigham and Women's Hospital and New England Deaconess Hospital engagements.

Education

Master of Science in Accounting **1982**
Northeastern University Graduate School of Professional Accounting, Boston, MA

Bachelor of Arts - Economics **1980**
Tufts University, Medford, MA

Current Certifications/Affiliations

Healthcare Finance Management Association (HFMA)

Fellow of Healthcare Financial Management Association (FHFMA) 2007-Present

Certified Healthcare Finance Professional with Specialty in Physician Practices (1984-Present)

NHVT Executive Board (All positions, 2008-2012)

Certification Committee Co-Chair (2005-2008)
Received Yerger Award for Innovation (2007)

Newsletter Committee (2005-2008)
Authored several articles for the Chapter-s bi-monthly newsletter

Education Committee (2004-2008)
Presenter for four separate HFMA and MGMA Education Sessions
Co-Coordinator for a minimum of two sessions per year

Certified Public Accountant (1984-Present)

Commonwealth of Massachusetts	1984-1997
State of Colorado	1997-2001
State of New Hampshire	2001-Present

Speaking Engagements

Healthcare Financial Management Association

HFMA Core Coaching Preparation Course	August 2008 September 2009
The Role of Patient Accounts in the Revenue Cycle	October 2009
Medicare Cost Report Boot Camp	January 2010
Introduction to Healthcare Finance for Trustees	January 2010
Basic Healthcare Finance for Non Financial Professionals	October 2010

American Institute of Certified Public Accountants

Healthcare Industry Annual Conference	November 2012

Alice Peck Day Health System

Finance Topics for the Non-Financial Manager	Monthly Lunch and Learns

River Valley Community College

Adjunct Faculty for "Healthcare Accounting and Finance"	Sept 2015 – Dec 2015

Sarah Calkins Oxnard, MD

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Experience

2008-Present	Chief Medical Officer and Pediatrician for a non-profit, community based health center, seeing patients from 27 area towns. – Lamprey Health Care, Newmarket, NH
2005 to 2007	Associate Medical Director and Pediatrician - Lamprey Health Care, Newmarket, NH
1975 to 2005	Medical Director and Pediatrician - Lamprey Health Care, Newmarket, NH
	Directs and supervises medical staff, including family practitioners, nurse practitioners and various support staff. Coordinates all medical operations including development of practice policies and medical procedures. Works with the Board of Directors on long range planning. Supervises and evaluates the medical staff. Directs the medical operations of both the Newmarket and Raymond Centers with the Site Administrators.

Professional Associations

1977-1995	Participant in the Special Medical Services Pediatric Heart Program
1981	Member of the Governor's Blue Ribbon Commission on Health
1980	Volunteer Member of the Professional Advisory Board of the Exeter Area Visiting Nurse Association

Community Affiliations

2005- Present	Exeter Cooperative SAU School Board Member
1997-1999	District Health Council Member for the NH Health Care Plan Committee
1986-1999	Squamscott Pony Club
1992-1998	Exeter Congregational Church Mission and Action Committee
1985-1997	Member of the Exeter School Board
1983 -1985	Member of the School Budget Committee for Exeter Schools
1993	Member of NH Pediatric Society Committee on Child Abuse Evaluation with Division of Child and Youth Services

Awards

2007	New Hampshire Outstanding Clinician Award from Bi-State Primary Care Association.
1995	Outstanding Medical Director Award from New England Community Health Center Association

1995	Samuel U. Rodgers Achievement Award for an Outstanding Primary Care Physician from National Association of Community Health Centers
1984	Recipient of Richard S. Lockhart Memorial Award from Seacoast United Way

Education

1990	Harvard School of Public Health - Mini-MPH for Medical Directors
1976	Certified Pediatrician by the NH Board of Registration in Medicine
1974-1975	University of Utah Medical Center, Salt Lake City, Utah - Postgraduate Levels 2 & 3
1973-1974	University Hospital of Cleveland, Case Western Reserve School of Medicine, Cleveland, OH - Internship in Pediatrics
1973	University of Rochester Medical School, Rochester, NY - MD
1969	Vassar College, Poughkeepsie, NY - BA

Publications

"Severe Tetany in an Azotemic Child Related to a Sodium Phosphate Enema," S. C. Oxnard, J. O'Bell, W. E. Grupe. *Pediatrics* 53:105, 1974.

"Studies on AHF during Labor in Normal Women, in Patients with Premature Separation of the Placenta, and in a Patient with Von Willebrand's Disease," B. Bennett, S. C. Oxnard, A. S. Douglas, O. D. Ratnoff, *The Journal of Clinical and Laboratory Investigation*, 84-851, 1974.

Nicole M. Watson, BSN, RN

Professional Experience Summery:

- **Clinical Director 2008-Present** – Lamprey Health Care – Responsible for clinical protocols, policies and procedures; Oversight of the Performance Improvement Program and concurrent audits; and The Joint Commission preparation; Dental Program, Diabetes Program; Medical Information Program; Coordination of the Risk Management Program; maternal and Child Health Program; participates in Grant writing and management; oversight of Nurse Program/ Nurse Educator

- **Site Administrator 2008-Present** – Responsible for the clinic operations and professional and unlicensed support staff support; development and oversight of the budget; Quality Improvement; mentoring professional and support staff; Oversight of EOC program/ facility maintenance

- **Clinical Program Supervisor 2001-Present** – Responsible for urban site clinical policies and procedures; for quality audits and monitoring; oversight of clinical operations; Teen Clinic operations; assistance with budget development; grants management; Maternal Child Health program oversight

- **Other**:
  - Independent contractor for Quality organization auditing hospital admissions;
    Independent contractor for insurance company for provider and site reviews, documentation evaluation and preventative health issues;
  - Department manager of a large pediatric department and responsible for professional and unlicensed support staff, budget and operations for 80 hour a week program/ teen clinic/ education programs
  - Nursing Supervisor for a pediatric department
  - School nurse substitute

Professional membership:

- NNESHRM – Northern New England Society for Health Care Risk Management
- NHPHA – New Hampshire Public Health Association

Education

University of New Hampshire – Bachelor of Science in Nursing 1969
- Graduated Cum Laude

Graduate level courses

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Gregory White	Chief Executive Officer	$191,630	0	0
Evalie Crosby	Chief Financial Officer	$144,199	0	0
Sarah Oxnard, MD	Chief Medical Officer	$129,411	0	0
Nicole Watson	Clinical Director	$100,999	13.75%	$13,885

State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Primary Care Services Contract

This 3rd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #3") dated this, 20th day of October, 2016 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Lamprey Health Care, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 207 South Main Street, Newmarket, New Hampshire 03857.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #136), and amended on May 8, 2014 (Item #34A), and on June 24, 2015 (Item #58) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Exhibit B Amendment #2, paragraph 10, notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2, and within the Price Limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council, and

WHEREAS, the State and the Department agree to adjust budget amounts between State Fiscal Years 2016 and 2017, within the Price Limitation and within the Completion Date.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Except as specifically amended and modified by the terms and conditions in this Amendment #3, the obligations of the parties shall remain in full force and effect in accordance with the terms and conditions set forth in the Contract as referenced above.

2. Delete in its entirety Exhibit B-3 Amendment #2, and replace with Exhibit B-3 Amendment #3.

3. Delete in its entirety Exhibit B-6 Amendment #2, and replace with Exhibit B-6 Amendment #3.

HAS 10/26/16

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/21/16
Date

NAME: LISA MORRIS
TITLE: DIRECTOR

Lamprey Health Care, Inc.

10/26/16
Date

NAME AUDREY ASHTON-SAVAGE
TITLE BOARD PRESIDENT

Acknowledgement:

State of NH, County of Rockingham on Oct. 26, 2016 before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Michelle L Gaudet
Name and Title of Notary or Justice of the Peace

My Commission Expires: ~~MICHELLE L. GAUDET, Notary Public~~
~~Commission Expires August 22, 2017~~

AAS 10/26/16

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date	Name: Title:

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date	Name: Title:

AMB 10/26/16

EXHIBIT B-3 AMENDMENT #3

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Lamprey Health Care, Inc.

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

Line Item	Total Program Cost: Direct Incremental	Total Program Cost: Indirect Fixed	Total Program Cost: Total	Contractor Share / Match: Direct Incremental	Contractor Share / Match: Indirect Fixed	Contractor Share / Match: Total	Funded by DHHS contract share: Direct Incremental	Funded by DHHS contract share: Indirect Fixed	Funded by DHHS contract share: Total
1. Total Salary/Wages	$ 40,462.00	$ -	$ 40,462.00	$ -	$ -	$ -	$ 40,462.00	$ -	$ 40,462.00
			$ -	$ -	$ -	$ -		$ -	$ -
			$ -	$ -	$ -	$ -		$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -		$ -	$ -
			$ -	$ -	$ -	$ -		$ -	$ -
			$ -	$ -	$ -	$ -		$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Computer Infrastructure	$ 30,538.00	$ -	$ 30,538.00	$ -	$ -	$ -	$ 30,538.00	$ -	$ 30,538.00
SBIRT services	$ 8,000.00	$ -	$ 8,000.00	$ -	$ -	$ -	$ (8,000.00)	$ -	$ (8,000.00)
SFY 2016 Carry Fwd Amount	$ (8,000.00)	$ -	$ (8,000.00)	$ -	$ -	$ -	$ 8,000.00	$ -	$ 8,000.00
TOTAL	$ 71,000.00	$ -	$ 71,000.00	$ -	$ -	$ -	$ 71,000.00	$ -	$ 71,000.00

AMS

Lamprey Health Care, Inc.
Exhibit B-3 Amendment #3
Page 1 of 1

Contractor Initials AMS

Date 10/20/15

EXHIBIT B-6 AMENDMENT #3

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Lamprey Health Care, Inc.

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

Line Item	Total Program Cost: Direct Incremental	Total Program Cost: Indirect Fixed	Total Program Cost: Total	Contractor Share / Match: Direct Incremental	Contractor Share / Match: Indirect Fixed	Contractor Share / Match: Total	Funded by DHHS contract share: Direct Incremental	Funded by DHHS contract share: Indirect Fixed	Funded by DHHS contract share: Total
1. Total Salary/Wages		$ -	$ -	$ -	$ -	$ -		$ -	$ -
2. Employee Benefits		$ -	$ -	$ -	$ -	$ -		$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (revenues)		$ -	$ -	$ -		$ -		$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 125.00	$ -	$ 125.00	$ -	$ -	$ -	$ 125.00	$ -	$ 125.00
SFY 2016 Carry Fwd Amount	$ 8,000.00	$ -	$ 8,000.00	$ -	$ -	$ -	$ 8,000.00	$ -	$ 8,000.00
TOTAL	$ 8,125.00	$ -	$ 8,125.00	$ -	$ -	$ -	$ 8,125.00	$ -	$ 8,125.00

Contractor Initials: MMB

Date: 10/26/16

G&C APPROVED #58
DATE 6/24/15

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

Marcella Jordan Bobinsky
Acting Director

June 1, 2015

Her Excellency, Governor Margaret Wood Hassen
And the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **sole source** amendments with the vendors listed in the table below for the provision of primary care services, breast and cervical cancer screening services and screening, brief intervention and referral to treatment for alcohol and drug misuse by increasing the total price limitation by $8,986,056 from $10,143,156 to $19,129,212 and extending the completion date from June 30, 2015 to June 30, 2017 upon Governor and Executive Council approval. 75.2% General Funds / 24.8% Federal Funds

The original contract, approved in 2012, included a two (2) year renewal option. The Department exercised a one (1) year renewal in 2014. The Department is now seeking to extend the contracts for two (2) two additional years through these sole source amendments. The Governor and Executive Council approved the original contracts and subsequent amendments as follows:

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Ammonoosuc Community Health Services, Inc. (177755-R001)	North Grafton/ South Coos	6/20/12 (Item #128)	5/8/14 (Item #34A)	$667,687	$540,879	$1,208,566
Concord Hospital, Inc. (177653-B011)	Merrimack/ Hillsborough	6/20/12 (Item #133)	5/8/14 (Item #34A)	$992,198	$788,937	$1,781,135
Coos County Family Health Services (155327-B001)	Eastern Coos	6/20/12 (Item #130)	5/8/14 (Item #34A)	$427,142	$371,229	$798,371
Families First of the Greater Seacoast (166629-B001)	Seacoast Area	6/20/12 (Item #134)	5/8/14 (Item #34A)	$624,540	$506,291	$1,130,831

Families First of the Greater Seacoast (166629-B001)	Seacoast Area - Homeless	6/6/12 (Item #69)	5/8/14 (Item #34B)	$218,537	$240,101	$458,638
Goodwin Community Health Center (154703-B001)	Strafford County	6/20/12 (Item #135)	5/8/14 (Item #34A)	$1,095,268	$825,647	$1,920,915
Harbor Homes (155358-B001)	Southern Hillsborough County - Homeless	6/6/12 (Item #68)	5/8/14 (Item #34B)	$225,045	$209,393	$434,438
Health First Family Care Center (158221-B001)	Central/East ern Belknap	6/20/12 (#131)	5/8/14 (Item #34)	$748,658	$586,113	$1,334,771
Indian Stream Health Center (165274-B001)	Northern Coos	6/20/12 (Item #125)	5/8/14 (Item #34A)	$259,157	$239,237	$498,394
Lamprey Health Care (177677-B001)	Central Southern/ Eastern NH	6/20/12 (Item #136)	5/8/14 (Item #34A)	$1,696,513	$1,299,195	$2,995,708
Manchester Community Health Center (157274-B001)	Greater Manchester	6/20/12 (Item #132)	5/8/14 (Item #34A)	$1,051,425	$1,435.139	$2,486,564
Manchester Health Department (177433-B009)	Greater Manchester - Homeless	6/20/12 (Item #124)	5/8/14 (Item #34B)	$232,205	$250,169	$482,374
Mid-State Health Center (158055-B001)	Central Northern Belknap	6/20/12 (Item #126)	5/8/14 (Item #34A)	$444,862	$406,811	$851,673
New London Hospital Association, Inc. (177167-R005)	Sullivan County	6/20/12 (Item #129)	5/8/14 (Item #34A)	$587,923	$487,419	$1,075,342
Weeks Medical Center (177171-R001)	Western Coos	7/11/12 (Item #31)	5/8/14 (Item #34A)	$292,483	$306,707	$599,190
White Mountain Community Health Center (174170-R001)	Northern Carroll	6/20/12 (Item #127)	5/8/14 (Item #34A)	$579,513	$492,789	$1,072,302
			Total:	**$10,143,156**	**$8,986,056**	**$19,129.212**

Funds are anticipated to be available in the following accounts for State Fiscal Years 2016 and in State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budgets with the ability to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified without further approval from the Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

Please see attachment for fiscal details.

EXPLANATION

These amendments are **sole source** because the Department is renewing the contracts for two (2) additional years after exercising a one (1) year renewal option in 2014 as allowable in Exhibit C, Special Provisions, paragraph 17 of the contracts, and adding to the scope of services for community health centers that provide primary care services, statewide.

This package includes sixteen (16) of sixteen (16) contracts being amended.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

Breast and cervical cancer screening services are provided as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap smears and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or

diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will add infrastructure to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will use funding to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. This request includes three (3) vendors who provide primary care and universal screening services to homeless individuals, who otherwise would have no access to health care. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, low-income individuals statewide may not have adequate access to primary care services. Some women may not receive recommended breast and cervical cancer screenings, which would increase their risk of having an untreatable stage of cancer. Additionally, undetected alcohol and drug misuse could result in increases of alcohol and drug related accidents and deaths, which would negatively impact NH citizens.

Area Served: Statewide.

Source of Funds: 75.2% General Funds

24.8% Federal Funds (CFDA #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse. FAIN #T1010035-14; CFDA #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds. FAIN # U58DP003930; CFDA #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States. FAIN #B04MC28113.)

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

Marcella Bobinsky
Acting Director
Division of Public Health Services

for Diane Langley
Acting Director
Division of Community Based Care Services

Approved by: Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services Contract

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") dated this, 30th day of April, 2015 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Lamprey Health Care, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business located at 207 South Main Street, Newmarket, New Hampshire 03857.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #136) and amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34A), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, and Exhibit C, Special Provisions, Paragraph 17, the State may amend the contract terms and conditions and renew the contract for two (2) additional years by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for two additional years, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   June 30, 2017
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $2,995,708
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read:
   Eric D. Borrin
4. Form P-37, General Provisions, Item 1.10, State Agency Telephone Number, to read:
   (603) 271-9558
5. Delete Exhibit A, Scope of Services and Exhibit A-1 Amendment 1, Scope of Services and replace with Exhibit A – Amendment #2.
6. Delete Exhibit A-1 Amendment #1 - Performance Measures and replace with Exhibit A-1 Amendment #2 – Performance Measures.

A. Ashton-Savage
5/18/15

7. Delete Exhibit B, Purchase of Services Contract Price and replace with Exhibit B – Amendment #2, Method and Conditions Precedent to Payment.
8. Add Exhibit B-1, Budget Form Primary Care through Exhibit B-6, Budget Form SBIRT.
9. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Period Covered by this Certification, to read:

   From 7/1/2012 to 6/30/2017
10. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read:

    July 1, 2012 through June 30, 2017
11. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.

A. Ashton-Savage
5/18/15

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

6/3/15
Date

State of New Hampshire
Department of Health and Human Services

NAME: Brook Dupee
TITLE: Bureau Chief

Lamprey Health Care, Inc.

5/18/15
Date

Audrey Ashton-Savage
NAME Audrey Ashton Savage
TITLE President

Acknowledgement:
State of NH, County of Rockingham on 5/18/15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Michelle L Gaudet
Name and Title of Notary or Justice of the Peace

MICHELLE L. GAUDET, Notary Public
My Commission Expires August 22, 2017

A. Ashton-Savage
5/18/15

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/6/15
Date

Name: Megan A. Yaple
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

A. Ashton-Savage
5/18/15

Scope of Services

1. **Provisions Applicable to All Services**

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services shall be provided to all individuals who seek services described in Section 1.4 and Section 1.5, above.

1.7. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.7.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

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1.7.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.7.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than a one month period.

2.2. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

2.2.1. Family income.

2.2.2. Family size.

2.2.3. Income in relation to the Federal Poverty Guidelines.

2.3. The Contractor shall assist individuals with completing a Medicaid application when income calculations indicate possible Medicaid eligibility.

2.4. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.5. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.5.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.5.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.3. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.4. Assessment of need for:

3.1.4.1. Tobacco cessation, including referral to NH Quitworks, as appropriate.

3.1.4.2. Social services.

3.1.4.3. Nutrition services, including WIC, as appropriate.

3.1.4.4. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.2.2. Care facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health.

3.2.3.2. Oral health.

3.2.3.3. Use of navigators and case management.

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

3.3. The Contractor can choose to provide enabling services, if the budget allows, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor can facilitate enabling services that include, but are not limited to:

3.3.1. Case management.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

3.4. The Contractor must elect to do at least one (1) quality improvement project which consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall facilitate a minimum of one (1) quality improvement project that includes, but is not limited to:

3.4.1. Enhancing clinical workflow/improve patient outcomes by methods that may include, but are not limited to:

3.4.1.1. Alerts.

3.4.1.2. Guidelines.

3.4.1.3. Diagnostic support.

3.4.1.4. Patient registries.

3.4.1.5. Collaborative learning sessions, etc.)

3.4.2. Implementing projects that lead to measurable improvements on any of the performance measures and indicators identified in Exhibit A-1 Amendment #2

3.4.3. Utilizing defined improvement processes to coordinate quality improvement activities.

3.4.4. Identifying and defining specific goals and objectives to be achieved in the project period.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

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4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

5.1. The Contractor shall develop the infrastructure necessary to provide and record Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance use for all eligible individuals ages nineteen (19) to sixty-five (65) years and for all pregnant women, regardless of age, receiving services in Section 3 and/or Section 4. The Contractor shall:

5.1.1. Provide training to integrated primary care and behavioral health teams to ensure SBIRT activities are conducted with fidelity to the model in Section 5.1.

5.1.2. Modify and/or adapt current Electronic Health Records (EHR) systems in order to track SBIRT:

5.1.2.1. Activities

5.1.2.2. Completions.

5.1.2.3. Recommendations and referrals.

5.1.2.4. Follow-ups.

5.1.3. Utilize Substance Use Disorder (SUD) codes in the EHR for billing that shall:

5.1.3.1. Enable submission for payment through NH Managed Care/Medicaid and other insurance companies.

5.1.3.2. Allow the generation of reports.

5.2. The Contractor shall implement SBIRT services by ensuring sufficient qualified staff are available to conduct SBIRT services according to the SBIRT model described by the Centers for Disease Control (CDC), available on-line at http/www.dcd.gov/ncddd/fasd/documents/aloholsbiimplementationguide.pdf. The Contractor shall:

5.2.1. Implement SBIRT services by including SBIRT activities in daily operations.

5.2.2. Use one or more of the screening instruments listed in Appendix E of "Systems-Level Implementation of Screening, Brief Intervention and Referral to Treatment. TAP 33" (2013 edition) (http://www.integration.samhsa.gov/sbirt/TAP33.pdf) and document screening in the electronic health record (EHR).

5.2.3. Conduct brief interventions with patients who screen positive for potential substance use concerns and document activities in the EHR.

5.2.4. Refer patients to Substance Use Disorder (SUD) treatment services as necessary, and ensure each patient has connected with the specific service

provider by documenting in the EHR, which is audited to ensure appropriate follow up.

5.2.5. Conduct SBIRT with covered populations that include all adults on an annual basis and pregnant women on a trimester basis.

5.3. Coordinate care between community health center (CHC) services and external treatment providers by collaborating with entities that provide SUD treatment services not available at the CHC. The Contractor shall:

5.3.1. Obtain client consents to contact service providers in order to resolve any barriers to accessing services.

5.3.2. Refer patients for SUD services, as needed.

5.3.3. Follow up with patient and/or SUD service provider to ensure appropriate services are provided.

5.3.4. Work with Regional Public Health Networks (RPHNs) to identify new SUD referral resources as they become available.

5.4. The Contractor shall test SBIRT fidelity with a subset of the target population prior to full implementation for all adults ages nineteen (19) to sixty-five (65) annually and pregnant women at each trimester.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall ensure staff delivering SBIRT services have, at minimum, one of the following:

6.3.1. Masters prepared behavioral health practitioners. This includes individuals licensed under the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board.

6.3.2. Masters prepared and in the process of obtaining a license from the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board, while under the supervision of a licensed practitioner of the same profession.

6.3.3. Physicians or Advanced Practice Registered Nurses licensed to practice in NH.

6.3.4. Physician Assistants or other practitioners under the supervision of a Physician licensed to practice in NH.

6.4. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.4.1. A registered nurse who:

6.4.1.1. Is licensed with the NH Board of nursing; or

6.4.1.2. Has attained bachelor's degree from a recognized college or university.

6.4.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.4.1.

6.5. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within one month of hired.

6.6. The Contractor shall notify the MCHS, in writing, when:

6.6.1. Any critical position is vacant for more than one month.

6.6.2. There is not adequate staffing to perform all required services for more than one month.

7. Coordination of Services

7.1. The Contractor shall coordinate referrals for continued care of treatment, or breast or cervical healthcare, with other service providers within the community, where possible.

7.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.2.1. Community needs assessments.

7.2.2. Public health performance assessments.

7.2.3. The development of regional health improvement plans.

7.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit an annual Workplan and Workplan Outcome Report for the quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.4. If utilizing any portion of this contract for enabling services, the Contractor shall submit an annual Workplan and Workplan Outcome Report that includes at least one (1) performance measure for each type of enabling service provided. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st.

9.6. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.7. The Contractor shall submit monthly Outcome Reports for SBIRT services according to the schedule and instructions provided by the MCHS. The Contractor shall:

9.7.1. Collect information that includes, but is not limited to:

9.7.1.1. Description of the training provided, including but not limited to:

9.7.1.1.1. The content of the training provided.

9.7.1.1.2. The number of staff who received training.

9.7.1.2. The number of:

9.7.1.2.1. Qualified staff conducting SBIRT

9.7.1.2.2. SBIRT billing codes developed.

9.7.1.2.3. SBIRT services billed to insurance.

9.7.1.3. Updates on any changes, enhancements or adaptations to SBIRT procedures in:

9.7.1.3.1. Technology based systems.

9.7.1.3.2. Staffing.

9.7.1.3.3. Coding and billing.

9.7.1.4. The total number of clients receiving SBIRT delineated by:

9.7.1.4.1. Percentage of clients receiving only screening.

9.7.1.4.2. Percentage of clients receiving brief interventions.

9.7.1.4.3. Percentage of clients referred for more intensive services who initiated services.

9.7.1.4.4. Percentage of clients referred for more intensive services who had problems connecting to services.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

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10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.2.3. SBIRT documentation, which includes but is not limited to:

10.2.3.1. SBIRT policies and procedures.

10.2.3.2. Staff credentials for all staff delivering SBIRT services

10.2.3.3. SBIRT procedures utilized and documented in patient records.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

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Exhibit A-1 – Amendment #2

1. PRIMARY CARE PERFORMANCE MEASURES

1.1. Breastfeeding

1.1.1. **Percent of infants who are ever breastfed** (Title V PM #10).

1.1.1.1. Numerator: Infants who were ever breastfed or received breast milk

1.1.1.2. Denominator: All infants born in a state fiscal year

1.2. Preventive Health: Lead Screening

1.2.1. **Percent of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.** (CMS, Hedis).

1.2.1.1. Numerator: At least one capillary or venous blood test on or before the child's second birthday.

1.2.1.2. Denominator: Children who turn 2 years old during the state fiscal year.

1.3. Preventive Health: Adolescent Well-Care Visit

1.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (Hedis, Title V PM #7).

1.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

1.3.1.2. Denominator: Number of adolescents, ages 12 through 21 years of age.

1.4. Preventive Health: Depression Screening

1.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (ACO 18, NQF 0418).

1.4.1.1. Numerator: Patients who are screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan documented.

1.4.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.1.3. Denominator: All patients 12 years and older.

1.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

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1.4.2. **Maternal Depression Screening** (Developmental: not required for FY 16)

1.4.2.1. **Percentage of women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.**

1.4.2.1.1. Numerator: Women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool and screen negative.

AND

Women who are screened for depression during the post-partum visit using an appropriate standardized depression screening tool, screen positive, AND have a follow-up plan documented.

1.4.2.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.2.1.3. Denominator: All women who are at least 6 weeks post-partum in a state fiscal year.

1.4.2.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

1.5. **Preventive Health: Obesity Screening**

1.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (ACO 16, NQF 0421, HRSA UDS).

1.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

1.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters.

1.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist,

occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

1.5.1.4. Denominator: All patients aged 18 years and older who had at least one medical visit during the state fiscal year.

1.5.2. Percent of patients aged 2 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (HRSA UDS).

1.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

1.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

1.6. **Preventive Health: Tobacco Screening**

1.6.1. Percent of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user (ACO 17, NQF 0028, HRSA UDS).

1.6.1.1. Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.1.2. Definitions:

1.6.1.2.1. Tobacco Use: Includes any type of tobacco

1.6.1.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.1.3. Denominator: All patients aged 18 years and older seen for at least two visits ever

1.6.2. Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user (Title V, PM #15).

1.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.2.2. Definitions:

1.6.2.2.1. Tobacco Use: Includes any type of tobacco

1.6.2.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.2.3. Denominator: All women who delivered a live birth in a state fiscal year

1.7. **At Risk Population: Hypertension**

1.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year** (ACO 28, NQF 0018).

1.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm Hg at the time of their last measurement.

1.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)

1.8. **Patient Safety: Falls Screening**

1.8.1. **Percent of patients aged 65 years and older who were screened for future fall risk at least once within 12 months** (ACO 13, NQF0101).

1.8.1.1. Numerator: Patients who were screened for future fall risk at least once within 12 months.

1.8.1.2. Definition of Fall: a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force.

1.8.1.3. Numerator note: Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year.

1.8.1.4. Denominator: All patients aged 65 years and older

1.8.1.5. Excluded from denominator population: (Exclusion only applied if patient was not screened for future fall risk) Documentation of medical reason(s) for not screening for future fall risk (e.g. patient is not ambulatory)

2. BCCP PERFORMANCE MEASURES

2.1. BCCP Performance Measure #1

2.1.1. **Measure:*** 78% of female patients age 24 through 64 years of age screened for cervical cancer per USPSTF guidelines.

2.1.2. **Numerator** – Number of female patients 24 through 29 years of age who have had a documented pap in the past 3 years AND female patients 30-64 who have either had a pap in the past 3 years OR an HPV test and a pap in the past 5 years

2.1.3. **Denominator** – Number of female patients 24 through 64 years of age who have had a visit in the past year and do not have evidence of having had a total hysterectomy.

2.1.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.1.5. *Measure based on the UDS measure

2.1.6. **Healthy People 2020 National Target is 93%

2.2. BCCP Performance Measure #2

2.2.1. **Measure:*** 75% of female patients age 52 through 74 years of age screened for breast cancer per USPSTF guidelines.

2.2.2. **Numerator** – Number of female patients 52 through 74 years of age who have had a documented mammogram in the past 24 months.

2.2.3. **Denominator** – Number of female patients 52 through 74 years of age who have had a visit in the past year and do not have evidence of having had a bilateral mastectomy.

2.2.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.2.5. *Measure based on the USPSTF Guidelines

2.2.6. ** Healthy People 2020 National Target is 81.1%

3. SBIRT PERFORMANCE MEASURES

3.1. **Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services**

3.1.1. **Numerator:** Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention or referral to services.

3.1.2. Definitions

3.1.2.1. Substance Use: Includes any type of alcohol or drug.

3.1.2.2. Brief Intervention: Includes guidance or counseling.

3.1.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.1.3. Denominator: Number of patients aged 18 years and older seen for annual visit within 12 months.

3.2. **Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services**

3.2.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

3.2.2. Definitions:

3.2.2.1. Substance Use: Includes any type of alcohol or drug.

3.2.2.2. Brief Intervention: Includes guidance or counseling.

3.2.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the state fiscal year.

Contractor Initials: AAS
Date: 5/18/15

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   2.1. #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse.
   2.2. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   2.3. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #2, Scope of Services, in accordance with Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2.
4. The Contractor shall use and apply the amount in the SBIRT line item in Exhibit B-3 and Exhibit B-6 on actual SBIRT services provided.
5. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
6. Payment for said services shall be made as follows:
   6.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for:
      6.1.1. Authorized expenses incurred in the prior month.
      6.1.2. The units of SBIRT services provided, in accordance with Exhibit A – Amendment #2, Section 5.2.2 through Section 5.2.5 and Section 5.3.1 through Section 5.3.3, which shall be paid on a fee-for-service basis at the following rates:
         6.1.2.1. $29.86 for each unit of service that is 15-30 minutes.
         6.1.2.2. $57.31 for each unit of service that is more than 30 minutes.
   6.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   6.3. The invoice must be submitted by mail or e-mail to:

Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

E-mail: dphscontractbilling@dhhs.state.nh.us

Contractor Initials: AAS
Date: 5/18/15

7. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
8. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
9. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
10. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: AMS
Date: 5/18/15

EXHIBIT B-3 AMENDMENT #2

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE *ONE* BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Lamprey Health Care, Inc.

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental *	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 40,462.00	$ -	$ 40,462.00	$ -	$ -	$ -	$ 40,462.00	$ -	$ 40,462.00
			$ -	$ -	$ -	$ -		$ -	$ -
			$ -	$ -	$ -	$ -		$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -		$ -	$ -
			$ -	$ -	$ -	$ -		$ -	$ -
			$ -	$ -	$ -	$ -		$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other ([illegible])	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Computer Infrastructure	$ 30,538.00	$ -	$ 30,538.00	$ -	$ -	$ -	$ 30,538.00	$ -	$ 30,538.00
SBIRT services	$ 8,000.00	$ -	$ 8,000.00	$ -	$ -	$ -	$ 8,000.00	$ -	$ 8,000.00
TOTAL	$ 79,000.00	$ -	$ 79,000.00	$ -	$ -	$ -	$ 79,000.00	$ -	$ 79,000.00

Indirect As A Percent of Direct 0.0%

Contractor Initials AHS

Date 5/18/15

EXHIBIT B-6 AMENDMENT #2

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Lamprey Health Care, Inc.

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages		$ -	$ -	$ -	$ -	$ -		$ -	$ -
2. Employee Benefits		$ -	$ -	$ -	$ -	$ -		$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (revenues)		$ -	$ -	$ -		$ -		$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Staff Services	$ 125.00	$ -	$ 125.00	$ -	$ -	$ -	$ 125.00	$ -	$ 125.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 125.00	$ -	$ 125.00	$ -	$ -	$ -	$ 125.00	$ -	$ 125.00
Indirect As A Percent of Direct		0.0%							

Contractor Initials: NMB

Date: 5/18/15

5/8/14
34A MJ

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

NH DIVISION OF Public Health Services

G+C Approved
Date 5/8/14
Item #34A

March 28, 2014

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Retroactive
Sole Source
13% Federal Funds
87% General Funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend agreements with 13 vendors by increasing the total price limitation by $4,293,569 from $5,173,800 to $9,467,369 to provide primary care services. This amount includes a request to **retroactively** enter into **sole-source** amendments in an amount of $648,347, effective **retroactive** to July, 1, 2013 through June 30, 2014 and to exercise a one-year renewal option with the same 13 vendors in an amount of $3,645,222, extending the completion date from June 30, 2014 to June 30, 2015, effective upon Governor and Council approval. Twelve of these agreements were originally approved by Governor and Council on June 20, 2012, Item numbers 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, and one agreement was originally approved by Governor and Council on July 11, 2012, Item number 31.

Summary of contracted amounts by vendor:

Vendor	Location	SFY 2014 Amount	SFY 2015 Amount	Total Increase
Ammonoosuc Community Health	North Grafton/ South Coos	$42,661	$254,172	$296,833
Concord Hospital, Inc.	Merrimack/ Hillsborough	$64,413	$376,377	$440,790
Coos County Family Health	Eastern Coos	$24,351	$159,685	$184,036
Families First of the Greater Seacoast	Seacoast Area	$41,892	$242,094	$283,986
Goodwin Community Health	Strafford County	$74,293	$420,579	$494,872
Health First Family Care Center	Central/Eastern Belknap	$55,968	$292,214	$348,182
Indian Stream Health Center	Northern Coos & Colebrook	$18,030	$100,409	$118,439
Lamprey Health Care, Inc.	Central Southern/Eastern NH	$119,828	$654,249	$774,077
Manchester Community Health Center	Greater Manchester Area	$71,392	$407,637	$479,029
Mid-State Health Center	Central Northern Belknap	$35,001	$175,511	$210,512
The New London Hospital, Inc.	Sullivan County	$39,566	$225,093	$264,659
Weeks Medical Center	Western Coos	$20,652	$113,557	$134,209
White Mountain Community Health	Northern Carroll	$40,300	$223,645	$263,945
TOTAL		**$648,347**	**$3,645,222**	**$4,293,569**

Funds to support this request are available in the following accounts for SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

See attachment for financial details

EXPLANATION

Approval is requested **retroactive** to July 1, 2013. The services provided by these contracts are consistent with prior contracts and were included in the operating budget for SFY 2014 and SFY 2015. Contracts were delayed, however, since the exact amount of funding available was only recently determined. The SFY 2014 amendments are **sole source** because they exceed more than 10% of the original contract amount.

This requested action seeks approval of 13 amendments that represents $4,293,569 total anticipated to be spent statewide to continue breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services, and because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program

provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, low-income individuals statewide may not have adequate access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Contracts were awarded to Primary Care agencies through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by teams of three professionals. All reviewers have between three to 20 years' experience managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, these competitively procured Agreements have the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Department is exercising one year of this renewal option.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. All Primary Care vendors are making adequate progress in meeting clinical performance measures and the Departments wishes to continue working with the vendors for another year.

The performance measures as described in the contract amendment Exhibit A – Amendment 1 – Performance Measures, will be used to continue to measure the effectiveness of the agreement.

Area to be served is statewide.

Source of Funds: 13.09% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau; Centers for Disease Control and Prevention and 86.91% 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,

Brook Dupee for

José Thier Montero, MD, MHCDS
Director

Approved by:

Nicholas A. Toumpas
Commissioner

5/8/14
34A

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Lamprey Health Care, Inc.

This 1st Amendment to the Lamprey Health Care, Inc., contract (hereinafter referred to as "Amendment One") dated this 12 day of March, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Lamprey Health Care, Inc., (hereinafter referred to as "the Contractor"), a corporation with a place of business at 207 South Main Street, Newmarket, New Hampshire 03857.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the Department desires to provide additional primary health care services for preventive and episodic health care for acute and chronic health conditions for people of all ages.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $1,696,513

- Exhibit A, Scope of Services to add:
  Exhibit A – Amendment 1

- Exhibit B, Purchase of Services, Contract Price, to add:

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $119,828 for SFY 2014 and $654,249 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $119,828 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $600,864 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

Contractor Initials
Date 3.12.14

- $53,385 from 05-95-90-902010-5659-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.283;

  Add Paragraph 8
  8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

- Budget, to add:
  Exhibit B-1 (2014) - Amendment 1,
  Exhibit B-1 (2015) - Amendment 1

This amendment shall be in effect July 1, 2013, effective upon the date of Governor and Executive Council approval.

Contractor Initials:
Date 3-12-14

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

3/25/14
Date

Brook Dupee
Bureau Chief

Lamprey Health Care, Inc.

March 12, 14
Date

Name: George Donovan
Title: Vice-President of the Board of Directors

Acknowledgement:

State of NH. County of Rockingham on March 12, 14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Michelle L Gaudet
Signature of Notary Public or Justice of the Peace

Michelle Gaudet, Notary
Name and Title of Notary or Justice of the Peace

MICHELLE L. GAUDET, Notary Public
My Commission Expires August 22, 2017

Contractor Initials
Date 3-12-14

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4-3-14
Date

Name: Rosemary Wilson
Title: Asst Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials
Date 3-12-14

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 2, 2012

APPROVED
DATE
APPROVED G&C #136
DATE 6/20/12
NOT APPROVED

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with Lamprey Health Care, Inc. (Vendor #177677-B001), 207 South Main Street, Newmarket, New Hampshire 03857, in an amount not to exceed $922,436.00, to provide primary care services and breast and cervical cancer screening, to be effective July 1, 2012 or date of Governor and Executive Council approval, whichever is later, through June 30, 2014. Funds are available in the following accounts for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budgets.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080000	$401,151
SFY 2014	102-500731	Contracts for Program Services	90080000	$401,151
			Sub-Total	$802,302

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080081	$60,067
SFY 2014	102-500731	Contracts for Program Services	90080081	$60,067
			Sub-Total	$120,134
			Total	$922,436

EXPLANATION

Funds in this agreement will be used to provide breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. This agreement provides funds for services as a last resort; contractor is required to make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. For example, in State Fiscal Year 2011:

- 88% of eligible children served were enrolled in Medicaid/Healthy Kids Gold.
- 86% of children 24-35 months, served received the appropriate schedule of immunizations.
- 82% of infants born to women served received prenatal care beginning in the first trimester of pregnancy.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, a minimum of 32,570 low-income individuals from the following areas Amherst, Brookline, Hollis, Hudson, Litchfield, Lyndeborough, Merrimack, Milford, Mount Vernon, Nashua, Pelham, Wilton, Barrington, Brentwood, Candia, Chester, Danville, Exeter, Fremont, Lee, Newfields, Newmarket, Northwood, Nottingham, Raymond and Stratham may not have access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Lamprey Health Care, Inc. was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by three professionals, who work internal and external to the Department of Health and Human Services. All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services, and managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. In those instances where scores were less than ideal, agency specific remedial actions were recommended and completed. Some primary care agencies are being funded at levels higher than they requested. Agencies were instructed to develop budgets based on previous allocations. While some proposed budgets higher than what was available for funding, others proposed budgets lower than what was available. There was an increase in breast and cervical cancer screening funds that bidders were unaware of when they drafted budgets. Adjustments were made accordingly for those agencies that proposed budgets at levels lower than available funds. This is a contract where that situation occurred. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. These services were contracted previously with this agency in SFY 2011 and SFY 2012 in the amount of $1,478,362. This represents a decrease of $555,926. The decrease is due to budget reductions.

The performance measures used to measure the effectiveness of the agreement are attached.

Area served: Amherst, Brookline, Hollis, Hudson, Litchfield, Lyndeborough, Merrimack, Milford, Mount Vernon, Nashua, Pelham, Wilton, Barrington, Brentwood, Candia, Chester, Danville, Exeter, Fremont, Lee, Newfields, Newmarket, Northwood, Nottingham, Raymond and Stratham.

Source of Funds: 30.38% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 69.62% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

José Thier Montero, MD
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/PMT/sc

Program Name DPHS, Maternal and Child Health
Contract Purpose Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Ammonoosuc Community Health Services, Inc., 25 Mount Eustis Rd., Littleton, NH 03561	Coos County Family Health Services, Inc., 54 Willow St., Berlin, NH 03570	Concord Hospital, Inc., 250 Pleasant St., Concord, NH 03301	Families First of the Greater Seacoast, 100 Campus Drive, Portsmouth, NH 03801	Goodwin Community Health, 311 Route 108, Somersworth, NH 03878	Health First Family Care Center, 841 Central St., Franklin, NH 03235	Manchester Community Health Center, 145 Hollis St., Manchester, NH 03101	Mid-State Health Center, 101 Boulder Point Dr., Plymouth, NH 03264
Agy Capacity	30	29.00	28.00	28.00	29.00	29.00	25.00	29.00	28.00
Program Structure	50	46.00	45.00	47.00	48.00	48.00	39.00	46.00	45.00
Budget & Justification	15	14.00	15.00	15.00	15.00	12.00	13.00	15.00	12.00
Format	5	4.00	5.00	5.00	5.00	4.00	4.00	5.00	5.00
Total	100	93.00	93.00	95.00	97.00	93.00	81.00	95.00	90.00

BUDGET REQUEST								
Year 01	$339,156.25	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 02	$347,976.97	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 03	$0.00	-	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET REQUEST	$687,133.22	237,918.00	$551,408.00	$327,586.00	$584,604.00	$398,254.00	$556,404.00	$234,350.00
BUDGET AWARDED								
Year 01	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 02	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 03	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET AWARDED	$370,854.00	$243,106.00	$551,408.00	$340,554.00	$600,396.00	$400,476.00	$572,396.00	$234,350.00

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal & child health; quality assurance & performance improvement; chronic and communicable diseases and public health infrastructure
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	
7	Terry Ohlson-Martin	Co-Director	Family Voices	
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm	
11	Lisa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	

Program Name: DPHS, Maternal and Child Health
Contract Purpose: Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	The New London Hospital, Inc., 273 County Rd., New London, NH 03257	Weeks Medical Center, 170 Middle St., Lancaster, NH 03584	White Mountain Community Health Center, 298 White Mountain Hwy., Conway, NH 03818	Lamprey Health Care, Inc., 207 South Main St., Newmarket, NH 03857	Indian Stream Health Center, 141 Corliss Lane, Colebrook, NH 03576	0	0	0
Agy Capacity	30	27.00	28.00	21.00	29.00	23.00	0.00	0.00	0.00
Program Structure	50	40.00	43.00	38.00	45.00	35.00	0.00	0.00	0.00
Budget & Justification	15	9.00	15.00	15.00	13.00	9.00	0.00	0.00	0.00
Format	5	4.00	5.00	3.00	5.00	5.00	0.00	0.00	0.00
Total	100	80.00	91.00	77.00	92.00	72.00	0.00	0.00	0.00

BUDGET REQUEST									
Year 01		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 02		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET REQUEST		$312,900.00	$158,274.00	$313,346.00	$912,662.00	$272,712.00	-	-	-
BUDGET AWARDED									
Year 01		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 02		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET AWARDED		$323,264.00	$158,274.00	$315,568.00	$922,436.00	$140,718.00	-	-	-

RFP Reviewers

	Name	Job Title	Dept./Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three
2	Rhonde Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	to twenty years experience
3	Lin Barcody	Program Coordinator	NH DHHS, DPHS, BCCP	either in clinical settings
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	providing community-based
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	family support services and or
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	managing agreements with
7	Terry Ohlson-Martin	Co-Director	Family Voices	vendors for various public
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	health programs. Areas of
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	specific expertise include
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm.	maternal & child health,
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	quality assurance & performance
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	improvement, chronic and
				communicable diseases and
				public health infrastructure

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Prenatal (PN) Performance Measure #1

Measure: Percent of infants born to women receiving prenatal care beginning in the first trimester of pregnancy.

Primary Care Prenatal (PN) Performance Measure #2

Measure: Percent of pregnant women identified as cigarette smokers that are referred to QuitWorks-New Hampshire.

Primary Care Prenatal (PN) Performance Measure #3

Measure: Percent of pregnant women who were screened, using a formal valid screening tool, for alcohol and other drug use during every trimester the patient was enrolled.

Primary Care Child Health Direct (CH – D) Performance Measure #1

Measure: Percent of eligible children enrolled in Medicaid

Primary Care Child Health Direct (CH – D) Performance Measure #2

Measure: Percent of at-risk children who were screened for blood lead between 18 and 30 months of age

Primary Care Child Health Direct (CH – D) Performance Measure #3

Measure: Percent of children age two to nineteen years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85th percentile with documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Primary Care Child Health Direct (CH – D) Performance Measure #4

Measure: Percent of eligible infants and children with client record documentation of enrollment in Women Infant Children Program.

Primary Care Child Health Direct (CH – D) Performance Measure #5

Measure: Percent of infants who were exclusively breastfed for the first three months, at their four month well baby visit.

Primary Care Financial (PC) Performance Measure #1

Measure: Patient Payor Mix

Primary Care Financial (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Primary Care Financial (PC) Performance Measure #3

Measure: Current Ratio

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: Percent of adolescents aged 10-21 years who received annual health maintenance visits in the past 12 months.

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure: Percent of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid.

Subject: Primary Care Services

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows.

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Lamprey Health Care, Inc.		1.4 Contractor Address 207 South Main Street Newmarket, New Hampshire 03857	
1.5 Contractor Phone Number 603-659-2494	1.6 Account Number 010-090-5190-102-500731 010-090-5659-102-500731	1.7 Completion Date June 30, 2014	1.8 Price Limitation $922,436
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature E.L. Crepeau 3-28-2012		1.12 Name and Title of Contractor Signatory Elizabeth Crepeau, President	

1.13 Acknowledgement: State of New Hampshire, County of Rockingham

On 3/28/2012, before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

[Seal]

Anita R. Rozeff, Notary Public

My commission expires March 16, 2016

1.13.2 Name and Title of Notary or Justice of the Peace

ANITA R. Rozeff, Notary Public

1.14 State Agency Signature	1.15 Name and Title of State Agency Signatory Joan H. Ascheim, Bureau Chief
1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:	Director, On:
1.17 Approval by the Attorney General (Form, Substance and Execution) By: Jeanne P. Herrick, Attorney	On: 14 May 2012
1.18 Approval by the Governor and Executive Council By:	On:

Exhibit C

SPECIAL PROVISIONS

1. **Contractors Obligations:** The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

2. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

3. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

4. **Documentation:** In addition to the determination forms, required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

5. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

6. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

7. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

8. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party fundors for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party fundors, the Department may elect to:

   8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

9. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

   9.1 **Fiscal Records:** Books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

   9.2 **Statistical Records:** Statistical, enrollment, attendance, or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

   9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

    10.1 **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

    10.2 **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directed connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

12. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department

12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

12.2 Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

13. **Completion of Services:** Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14. **Credits:** All documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

14:1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. **Operation of Facilities:** Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the Contractor with respect to the operation of the facility or the provision of the services at such facility. If any government license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

16. Insurance: Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed $500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed $500,000, is comprehensive general liability insurance in amounts of not less than $1,000,000 per claim or occurrence and $2,000,000 in the aggregate. *These amounts may NOT be modified.*

X (1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed $500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $250,000 per claim and $2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

☐ (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

17. Renewal:

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

18. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

19. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

Contractor Initials: ELC

Date: 4/25/2019

State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Primary Care Services Contract

This 3rd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #3") dated this, 1st day of May, 2017 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Manchester Community Health Center (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 145 Hollis Street Manchester, New Hampshire 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #32) as amended by an agreement (Amendment #1 to the Contract) approved by the Governor and Executive Council on May 8, 2014 (Item #34A); as amended by an agreement (Amendment #2 to the Contract) approved by the Governor and Executive Council on June 24, 2015 (Item #58); the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement the State may amend the contract terms and conditions by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract nine (9) months, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   March 31, 2018
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $2,965,443
3. Add Exhibit A- Amendment #3, Scope of Services.
4. Add Exhibit A-1 – Amendment #3, Performance Measures
5. Add Exhibit B – Amendment #3, Method and Conditions Precedent to Payment.
6. Add Exhibit B-1 – Amendment #3 MCHS Budget.
7. Add Exhibit B-2 – Amendment #3, BCCP Budget.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

5/31/17
Date

NAME: LISA MORRIS
TITLE: Director DPHS

Manchester Community Health Center

5/23/17
Date

NAME Kris McCrachen
TITLE President/CEO

Acknowledgement:
State of New Hampshire, County of Hillsborough on May 23, 2017, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Sarah Gibson
Name and Title of Notary or Justice of the Peace
Notary Public

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/5/17
Date

Name: Megan A. Tapp
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

_____
Date

_____
Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.6.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.6.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.6.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than thirty (30) consecutive days or any sixty (60) non-consecutive days.

2.2. The Contractor shall assist individuals with completing a Medicaid/Expanded Medicaid or other health insurance application when income calculations indicate possible eligibility.

2.3. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.4. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.4.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.4.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Perinatal services, including but not limited to access to obstetrical services either on-site or by referral.

3.1.3. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.4. Integrated Behavioral Health Services.

3.1.5. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.6. Assessment of need and follow-up/referral as indicated for:

3.1.6.1. Tobacco cessation, including referral to QuitWorks-NH, www.QuitWorksNH.org.

3.1.6.2. Social services.

3.1.6.3. Chronic Disease management, including disease specific referral and self-management education, which may include, but is not limited to referral to Diabetes Self-

Management Education (DSME), as recommended by the American Diabetes Association.

3.1.6.4. Nutrition services, including WIC, as appropriate.

3.1.6.5. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.1.6.6. Screening, Brief Intervention and Referral to Treatment (SBIRT) services, including but not limited to contact with the Regional Public Health Network Continuum of Care Development Initiative.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which includes but is not limited to access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.3. The Contractor shall provide enabling services, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor shall facilitate enabling services that include, but are not limited to:

3.3.1. Case management, which may include but is not limited to, care facilitated by registries; information technology; health information exchanged; and other services that ensure patients receive necessary care when and where it is needed and wanted 8in a culturally and linguistically appropriate manner.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach, which may include but is not limited to the use of community health workers.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 – Amendment #3 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

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4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Quality Improvement

5.1. The Contractor shall conduct a minimum of two (2) quality improvement projects which consist of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall ensure:

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5.1.1. One (1) quality improvement project focuses on the performance measure as designated by the Department.

5.1.2. One (1) quality improvement project is based on previous performance outcomes needing improvement, as selected by the Contractor.

5.2. The Contractor shall utilize Quality Improvement (QI) science to develop and implement a QI Workplan for each QI project, which shall include but not be limited to:

5.2.1. Specific goals and objectives for the project period.

5.2.2. Evaluation methods to demonstrate improvements in the quality, efficiency, and effectiveness of patient care.

5.3. The Contractor may utilize activities in QI projects that enhance clinical workflow and improve patient outcomes, which may include but are not limited to:

5.3.1. EMR prompts/alerts.

5.3.2. Protocols/Guidelines.

5.3.3. Diagnostic support.

5.3.4. Patient registries.

5.3.5. Collaborative learning sessions.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care services who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within thirty (30) days of hire.

6.4. The Contractor shall notify the MCHS, in writing, when:

6.4.1. Any critical position is vacant for more than thirty (30) days.

6.4.2. There is not adequate staffing to perform all required services for more than thirty (30) consecutive days or any sixty (60) nonconsecutive days.

6.5. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.5.1. A registered nurse who:

6.5.1.1. Is licensed with the NH Board of nursing; or

6.5.1.2. Has attained bachelor's degree from a recognized college or university.

6.5.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.5.1.

7. Coordination of Services

7.1. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.1.1. Community needs assessments.

7.1.2. Public health performance assessments.

7.1.3. The development of regional health improvement plans.

7.2. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

Contractor's Initials: KM

Date 5/28/19

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit a Performance Measure Outcome Report, which details the plan for improvement when a performance measure targeted goal is not met.

9.4. The Contractor shall submit an annual Workplan for the two (2) quality improvement projects that demonstrate improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall submit at least one (1) annual Workplan that includes a detailed description of the enabling services funded by this contract. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.6. The Contractor shall collect and submit the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st of each contract year.

9.7. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

Contractor's Initials: [signature]

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9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Contractor's Initials: [illegible]

Date 5/23/17

Exhibit A-1 – Amendment #3

1. MATERNAL AND CHILD HEALTH SECTION (MCHS) PRIMARY CARE PERFORMANCE MEASURES

1.1. Definitions

1.1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1.1. The calendar year (January 1st through December 31st); or

1.1.1.2. The state fiscal year (July 1st through June 30th).

1.1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.1.4. **NQF** – National Quality Forum

1.1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.1.6. **UDS** – Uniform Data System

1.1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. **Percent of infants who are ever breastfed** (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Screening

2.2.1. **Percent of children 3 years of age who had two or more capillary or venous lead blood test for lead poisoning by their third birthday.** (NH MCHS).

2.2.1.1. Numerator: All patient children who received at least one capillary or venous lead screening test between nine (9) months to eighteen (18) months of age **AND** one (1) capillary or venous lead screening test between nineteen (19) to thirty (30) months of age.

2.2.1.2. Denominator: All patient children who turned three (3) years old during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. Preventive Health: Adolescent Well-Care Visit

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2.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (HEDIS,).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. **Maternal Depression Screening**

2.4.2.1. **Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative PLUS women who screened positive AND have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

2.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (NQF 0421, UDS).

2.5.1.1. Normal parameters: Age 65 and older BMI ≥ 23 and < 30

Age 18 through 64 BMI ≥ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit OR within twenty-four (24) months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who delivered a live birth in the measurement year.

2.6.2.4. Definitions:

2.6.2.4.1. Tobacco Use: Includes any type of tobacco

2.6.2.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

2.7. **At Risk Population: Hypertension**

2.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHG) during the measurement year** (NQF 0018).

2.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm HG at the time of their last measurement.

2.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension (must have been diagnosed with hypertension 6 or more months before the measurement date) who had at least one (1) medical visit during the measurement year. (Excludes pregnant women and patients with End Stage Renal Disease.)

2.8. **Patient Safety: Falls Screening**

2.8.1. **Percent of patients aged 65 years and older who were screened for fall risk at least once within 12 months** (NH MCHS).

2.8.1.1. Numerator: Patients who were screened for fall risk at least once within the measurement year.

2.8.1.2. Denominator: All patients aged 65 years and older seen by a health care provider within the measurement year.

2.9. **SBIRT**

2.9.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services (NHMCHS).

2.9.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention and/or referral to services.

2.9.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.1.3. Denominator: Number of patients aged 18 years and older seen for annual/preventive visit within the measurement year.

2.9.1.4. Definitions:

2.9.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.9.1.4.2. Brief Intervention: Includes guidance or counseling.

2.9.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.9.2. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services (NH MCHS)**.**

2.9.3. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

2.9.4. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.5. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.9.6. Definitions:

2.9.6.1. Substance Use: Includes any type of alcohol or drug.

2.9.6.2. Brief Intervention: Includes guidance or counseling.

2.9.6.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A – Amendment #3, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   2.1. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   2.2. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #3, Scope of Services, in accordance with Exhibit B-1 Amendment #3 through Exhibit B-2 Amendment #3.
4. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
5. Payment for said services shall be made as follows:
   5.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
   5.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   5.3. The invoice must be submitted by mail or e-mail to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

   E-mail: dphscontractbilling@dhhs.state.nh.us
6. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
8. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
9. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #3 through Exhibit B-2 Amendment #3 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: _____
Date: 5/23/17

Exhibit B-1 Amendment #3 MCHS Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Primary Care

Budget Period: July 1, 2017 - March 31, 2018

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**
1. Total Salary/Wages	$ 425,919.00	$ -	$ 425,919.00	$ 141,973.00	$ -	$ 141,973.00	$ 425,919.00	$ -	$ 425,919.00
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ 8,250.00	$ -	$ 8,250.00	$ -	$ -	$ -	$ 8,250.00	$ -	$ 8,250.00
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 434,169.00**	**$ -**	**$ 434,169.00**	**$ 141,973.00**	**$ -**	**$ 141,973.00**	**$ 434,169.00**	**$ -**	**$ 434,169.00**
Indirect As A Percent of Direct		0.0%							

Contractor Initials: [signature]

Date: 5/23/17

Exhibit B-2 Amendment #3 BCCP Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Primary Care - BCCP

Budget Period: July 1, 2017 - March 31, 2018, 2018

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**
1. Total Salary/Wages	$ 36,471.00		$ 36,471.00	$ 9,118.00	$ -	$ 9,118.00	$ 27,353.00	$ -	$ 27,353.00
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Clinical	$ 23,142.00	$ -	$ 23,142.00	$ 5,785.00	$ -	$ 5,785.00	$ 17,357.00	$ -	$ 17,357.00
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 59,613.00**	**$ -**	**$ 59,613.00**	**$ 14,903.00**	**$ -**	**$ 14,903.00**	**$ 44,710.00**	**$ -**	**$ 44,710.00**
Indirect As A Percent of Direct		0.0%							

Contractor Initials: KW

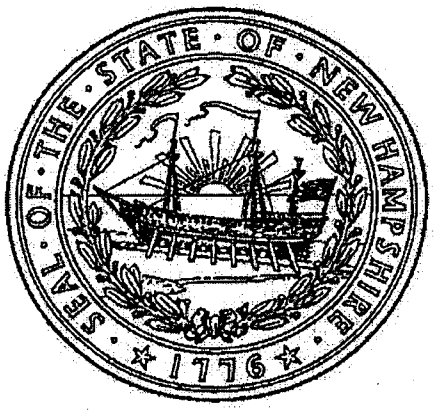
Date: 5/23/17

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 MANCHESTER COMMUNITY HEALTH CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 07, 1992. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **175115**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 3rd day of April A.D. 2017.

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Gerri Provost, Secretary of the Board of Directors, do hereby certify that:

1. I am a duly elected Officer of Manchester Community Health Center.

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency duly held on May 2, 2017:

RESOLVED: That the President/CEO is hereby authorized on behalf of this Agency to enter into the said contract with the State of New Hampshire and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and in effect as the 23rd day of May, 2017.

4. Kris McCracken is the duly elected President/CEO of the Agency.

Gerri Provost
(Signature of the Secretary of the Board of Directors)

STATE OF NEW HAMPSHIRE
County of Hillsborough

The forgoing instrument was acknowledged before me this 23rd day of May, 2017, by Gerri Provost.

Sarah Gibson
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: 9/7/21

MANCCOM-01 LMICHALS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/12/2017

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 have ADDITIONAL INSURED provisions or 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 License # AGR8150 Clark Insurance One Sundial Ave Suite 302N Manchester, NH 03103	CONTACT NAME: Lorraine Michals, CIC PHONE (A/C, No, Ext): (603) 716-2362 FAX (A/C, No): (603) 622-2854 E-MAIL ADDRESS: lmichals@clarkinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Continental Western Insurance Company	
INSURED Manchester Community Health Center MCHC 145 Hollis Street Manchester, NH 03101	INSURER B : Union Insurance Co	25844
	INSURER C : Acadia	31325
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			CPA5181886-12	11/01/2016	11/01/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			CAA5181888-12	11/01/2016	11/01/2017	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
C	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 4,000,000
	EXCESS LIAB CLAIMS-MADE			CUA5181889-12	11/01/2016	11/01/2017	AGGREGATE	$ 4,000,000
	DED X RETENTION $ 0							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)	N/A		WCA5181890-12	11/01/2016	11/01/2017	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

NH DHHS
129 Pleasant Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

MANCHESTER
COMMUNITY
HEALTH CENTER

Mission, Vision and Core Values

Mission

To improve the health and well-being of our patients and the communities we serve by leading the effort to eliminate health disparities by providing exceptional primary and preventive healthcare and support services which are accessible to all.

Vision

MCHC will become the provider of choice for comprehensive primary health care by achieving the triple aim of better health outcomes, better patient care, and lowered costs through using innovative care models and strong community partnerships. MCHC will meet our mission by using evidence-based care that is patient-centered, engages families, removes barriers, and promotes well-being and healthy lifestyles through patient empowerment and education.

Core Values

We will promote wellness, provide exceptional care, and offer outstanding services so that our patients achieve and maintain their best possible health. We will do this through fostering an environment of respect, integrity and caring for all stakeholders in our organization.

ADOPTED: 01/28/2014

BerryDunn

[redacted]

MANCHESTER COMMUNITY HEALTH CENTER

CHILD HEALTH SERVICES

FINANCIAL STATEMENTS

June 30, 2016 and 2015

With Independent Auditor's Report

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Manchester Community Health Center

We have audited the accompanying financial statements of Manchester Community Health Center, which comprise the balance sheets as of June 30, 2016 and 2015, and the related statements of operations, changes in net assets, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Manchester Community Health Center as of June 30, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
December 6, 2016

MANCHESTER COMMUNITY HEALTH CENTER

Balance Sheets

June 30, 2016 and 2015

ASSETS

	2016	2015
Current assets		
Cash and cash equivalents	**$ 1,024,773**	$ 456,651
Patient accounts receivable, less allowance for uncollectible accounts of $1,391,757 in 2016 and $608,028 in 2015	**2,055,686**	1,934,418
Other receivables	**566,395**	492,426
Prepaid expenses	**120,052**	95,958
Total current assets	**3,766,906**	2,979,453
Investment in limited liability company	**16,203**	500
Assets limited as to use	**150,000**	75,000
Property and equipment, net	**3,796,129**	3,892,785
Total assets	**$ 7,729,238**	$ 6,947,738

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	**$ 484,037**	$ 326,795
Accrued payroll and related expenses	**934,203**	621,736
Current maturities of long-term debt	**51,049**	43,176
Total current liabilities	**1,469,289**	991,707
Long-term debt, less current maturities	**1,258,264**	1,314,140
Total liabilities	**2,727,553**	2,305,847
Net assets		
Unrestricted	**4,318,627**	3,964,859
Temporarily restricted	**581,700**	575,674
Permanently restricted	**101,358**	101,358
Total net assets	**5,001,685**	4,641,891
Total liabilities and net assets	**$ 7,729,238**	$ 6,947,738

The accompanying notes are an integral part of these financial statements.

MANCHESTER COMMUNITY HEALTH CENTER

Statements of Operations

Years Ended June 30, 2016 and 2015

	2016	2015
Operating revenue		
Patient service revenue	**$ 9,284,028**	$ 6,712,836
Provision for bad debts	**(1,098,074)**	(231,869)
Net patient service revenue	**8,185,954**	6,480,967
Grants and contracts	**6,397,842**	4,484,372
Other operating revenue	**154,857**	99,152
Net assets released from restrictions for operations	**539,958**	648,831
Total operating revenue	**15,278,611**	11,713,322
Operating expenses		
Salaries and benefits	**10,658,870**	7,878,279
Other operating expense	**4,221,587**	3,418,199
Depreciation	**311,809**	287,621
Interest expense	**38,875**	44,809
Total operating expenses	**15,231,141**	11,628,908
Operating income	**47,470**	84,414
Other revenues and gains		
Contributions	**209,687**	105,518
Contribution received in acquisition of Child Health Services	**-**	1,133,495
Investment income	**984**	962
Equity in earnings from limited liability company	**15,703**	-
Total other revenues and gains	**226,374**	1,239,975
Excess of revenues over expenses	**273,844**	1,324,389
Grants for capital acquisition	**79,924**	-
Increase in unrestricted net assets	**$ 353,768**	$ 1,324,389

The accompanying notes are an integral part of these financial statements.

MANCHESTER COMMUNITY HEALTH CENTER

Statements of Changes in Net Assets

Years Ended June 30, 2016 and 2015

	2016	2015
Unrestricted net assets		
Excess of revenues over expenses	**$ 273,844**	$ 1,324,389
Grants for capital acquisition	**79,924**	-
Increase in unrestricted net assets	**353,768**	1,324,389
Temporarily restricted net assets		
Contributions	**545,984**	679,346
Contribution received in acquisition of Child Health Services	**-**	297,422
Net assets released from restrictions for operations	**(539,958)**	(648,831)
Increase in temporarily restricted net assets	**6,026**	327,937
Permanently restricted net assets		
Contribution received in acquisition of Child Health Services	**-**	101,358
Increase in permanently restricted net assets	**-**	101,358
Change in net assets	**359,794**	1,753,684
Net assets, beginning of year	**4,641,891**	2,888,207
Net assets, end of year	**$ 5,001,685**	$ 4,641,891

The accompanying notes are an integral part of these financial statements.

MANCHESTER COMMUNITY HEALTH CENTER

Statements of Cash Flows

Years Ended June 30, 2016 and 2015

	2016	2015
Cash flows from operating activities		
Change in net assets	**$ 359,794**	$ 1,753,684
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities		
Provision for bad debts	**1,098,074**	231,869
Depreciation	**311,809**	287,621
Contribution received in acquisition of Child Health Services	**-**	(1,375,281)
Equity in earnings from limited liability company	**(15,703)**	-
(Increase) decrease in the following assets		
Patient accounts receivable	**(1,219,342)**	(1,201,230)
Other receivables	**(73,969)**	218,789
Prepaid expenses	**(24,094)**	3,518
Increase in the following liabilities		
Accounts payable and accrued expenses	**157,242**	24,828
Accrued payroll and related expenses	**312,467**	36,922
Net cash provided (used) by operating activities	**906,278**	(19,280)
Cash flows from investing activities		
Increase in board-designated reserves	**(75,000)**	(25,000)
Capital expenditures	**(215,153)**	(160,297)
Net cash used by investing activities	**(290,153)**	(185,297)
Cash flows from financing activities		
Payments on long-term debt	**(48,003)**	(6,401)
Net increase (decrease) in cash and cash equivalents	**568,122**	(210,978)
Cash and cash equivalents, beginning of year	**456,651**	667,629
Cash and cash equivalents, end of year	**$ 1,024,773**	$ 456,651
Supplemental disclosures of cash flow information		
Cash paid for interest	**$ 38,875**	$ 44,809
Capital assets received in acquisition of Child Health Services	**-**	1,127,203
Net other non-cash assets received and liabilities assumed in acquisition of Child Health Services	**-**	248,078

The accompanying notes are an integral part of these financial statements.

1. Summary of Significant Accounting Policies

Organization

Manchester Community Health Center (the Organization) is a non-stock, not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) providing high-quality, comprehensive family oriented primary healthcare services which meet the needs of a diverse community, regardless of age, ethnicity or income.

On November 1, 2014, the Organization acquired Child Health Services (CHS), a New Hampshire non-profit corporation.

Child Health Services Acquisition

On November 1, 2014 (the acquisition date), the Organization acquired CHS. CHS is a community health clinic that provides primary care, family planning, ancillary and specialty services, and special medical services to children, teenagers, and young adults. The services previously provided by CHS were subsequently provided by the Organization.

In accordance with the acquisition agreement, CHS's endowment fund was not transferred to the Organization. The surviving CHS entity amended its organizing documents to reflect a change in name to Children's Public Health Fund (Fund) and a change in purpose to support the child health and welfare services of Manchester Community Health Center. In addition, the Fund will manage the endowment, perform fundraising for the endowment (in consultation and coordination with the Organization), and grant funds to the Organization from the income generated by the endowment. The Fund's board membership is independent from the Organization's board membership.

The following table summarizes the amounts of the assets acquired and liabilities assumed at the acquisition date.

Financial assets	$ 156,994
Receivables	462,800
Other current assets	16,820
Property and equipment	1,127,203
Liabilities	(231,542)
Inherent contribution received	$ 1,532,275

The Organization acquired CHS by means of an inherent contribution where no consideration was transferred by the Organization. The Organization accounted for this business combination by applying the acquisition method, and accordingly, the inherent contribution received was valued as the excess of assets acquired over liabilities assumed. In determining the inherent contribution received, all assets acquired and liabilities assumed were measured at fair value as of the acquisition date.

The following table summarizes the inherent contribution received by net asset classification.

Unrestricted	$ 1,133,495
Temporarily restricted	297,422
Permanently restricted	101,358
Inherent contribution received	$ 1,532,275

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles generally requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents exclude amounts whose use is limited by Board designation.

Allowance for Uncollectible Accounts

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patient accounts receivable, the Organization analyzes its past history and identifies trends for all funding sources in the aggregate. In addition, balances in excess of one year are 100% reserved. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts.

A reconciliation of the allowance for uncollectible accounts follows:

	2016	2015
Balance, beginning of year	**$ 608,028**	$ 375,000
Provision	**1,098,074**	231,869
(Write-offs)/recovery	**(314,345)**	1,159
Balance, end of year	**$ 1,391,757**	$ 608,028

The increase in the allowance and the provision is primarily the result of provider credentialing challenges which resulted in uncollectible receivable balances.

Grants and Other Receivables

Grants and other receivables are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

Investment in Limited Liability Company

The Organization is one of eight members who each made a capital contribution of $500 to Primary Health Care Partners, LLC (PHCP) during 2015. The Organization's investment in PHCP is reported using the equity method and the investment amounted to $16,203 and $500 at June 30, 2016 and 2015, respectively.

Assets Limited as to Use

Assets limited as to use consist of cash and cash equivalents and represent assets designated by the board for future capital needs.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted net assets and excluded from the excess of revenues over expenses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted net assets. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service, with the exception of assets acquired with restricted grants as described below.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets include contributions and grants for which donor-imposed restrictions have not been met. Assets are released from restrictions as expenditures are made in line with restrictions called for under the terms of the donor. Restricted grants received for capital acquisitions prior to July 1, 2015 are released from restriction over the life of the related acquired assets in accordance with the reporting of the depreciation expense. Restricted grants released are reported as unrestricted revenue and support. Effective July 1, 2015, restricted grants received for capital acquisitions are reported as temporarily restricted net assets in the period received, and expirations of those donor restrictions are reported when the acquired long-lived assets are placed in service and donor-imposed restrictions are satisfied.

Permanently restricted net assets include net assets subject to donor-imposed stipulations that they be maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the income earned on related investments for general or specific purposes.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is unconditionally received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statements of operations as "net assets released from restrictions." Donor-restricted contributions whose restrictions are met in the same year as received are reflected as unrestricted contributions in the accompanying financial statements.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

340B Drug Pricing Program

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. The program requires drug manufacturers to provide outpatient drugs to FQHCs and other identified entities at a reduced price. The Organization contracts with local pharmacies under this program. The local pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. Reimbursement received by the pharmacies is remitted to the Organization, less dispensing and administrative fees. Gross revenue generated from the program is included in patient service revenue. Contracted expenses and drug costs incurred related to the program are included in other operating expenses.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

Functional Expenses

The Organization provides various services to residents within its geographic location. Expenses related to providing these services are as follows:

	2016	2015
Program services	**$13,439,463**	$10,047,705
Administrative and general	**1,619,871**	1,440,079
Fundraising	**171,807**	141,124
Total	**$15,231,141**	$11,628,908

Excess of Revenues Over Expenses

The statements of operations reflect the excess of revenues over expenses. Changes in unrestricted net assets which are excluded from the excess of revenues over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through December 6, 2016, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Property and Equipment

Property and equipment consists of the following:

	2016	2015
Land	$ 81,000	$ 81,000
Building and leasehold improvements	3,877,039	3,870,043
Furniture and equipment	1,545,895	1,394,731
Total cost	5,503,934	5,345,774
Less accumulated depreciation	1,764,795	1,452,989
	3,739,139	3,892,785
Construction-in-process	56,990	-
Property and equipment, net	$ 3,796,129	$ 3,892,785

3. Line of Credit

The Organization has a $1,000,000 line-of-credit demand note with a local banking institution. The line of credit is collateralized by all assets and a second mortgage on the Organization's real property. The interest rate is LIBOR plus 3.5% (3.95% at June 30, 2016). There was no outstanding balance on the line of credit at June 30, 2016 and 2015.

4. Long-Term Debt

Long-term debt consists of the following:

	2016	2015
Note payable, with a local bank (see terms below)	$ 1,284,696	$ 1,327,316
Note payable, New Hampshire Health and Education Facilities Authority (NHHEFA), payable in monthly installments of $513, including interest at 1.00%, due July 2020, collateralized by all business assets	24,617	30,000
Total long-term debt	1,309,313	1,357,316
Less current maturities	51,049	43,176
Long-term debt, less current maturities	$ 1,258,264	$ 1,314,140

The Organization has a promissory note with RBS Citizens, N. A. (Citizens) for the purchase of the medical and office facility in Manchester, New Hampshire. The note is collateralized by the real estate. The note is a five-year balloon note due December 1, 2018 to be paid at the amortization rate of 25 years. The note is borrowed at a variable interest rate with margins adjusted annually on July 1 based on the Organization's achievement of two operating performance milestones (2.8667% at June 30, 2016). NHHEFA is participating in the lending for 30% of the promissory note. Under the NHHEFA program, the interest rate on that portion is approximately 30% of the interest rate charged by Citizens.

The Organization is required to meet an annual minimum working capital and debt service coverage as defined in the loan agreement with Citizens. In the event of default, Citizens has the option to terminate the agreement and immediately request payment of the outstanding debt without notice of any kind to the Organization. The Organization is in compliance with all loan covenants at June 30, 2016.

Scheduled principal repayments of long-term debt for the next five years are as follows:

2017	$ 51,049
2018	52,374
2019	1,199,257
2020	6,115
2021	518

5. Temporarily and Permanently Restricted Net Assets

Temporarily and permanently restricted net assets consisted of the following as of June 30:

	2016	2015
Temporarily restricted		
Program services	**$ 74,280**	$ 87,641
Child health services	**356,884**	349,494
Capital improvements (expended)	**93,546**	138,539
Capital improvements (not yet in service)	**56,990**	-
Total	**$ 581,700**	$ 575,674
Permanently restricted		
Working capital	**$ 101,358**	$ 101,358

6. Patient Service Revenue

Patient service revenue follows:

	2016	2015
Medicare	$ 824,444	$ 516,851
Medicaid	5,824,163	4,816,637
Patient and patient health insurance	1,832,738	820,883
Medical patient service revenue	8,481,345	6,154,371
340B pharmacy revenue	802,683	558,465
Total patient service revenue	$ 9,284,028	$ 6,712,836

The Organization has agreements with the Centers for Medicare and Medicaid Services (Medicare) and New Hampshire Medicaid. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Organization believes that it is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

Medicare

Effective July 1, 2015, the Organization began to be reimbursed for the care of qualified patients, on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically-adjusted rate determined by federal guidelines. Prior to July 1, 2015, the Organization was reimbursed at specified interim contractual rates during the year. Differences between the Medicare interim contractual rate and the cost of care as defined by the Principles of Reimbursement governing the program were determined and settled on a retrospective basis. Overall, reimbursement was and continues to be subject to a maximum allowable rate per visit. The Organization's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, 2015.

Medicaid and Other Payers

The Organization also has entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively-determined rates per visit, discounts from established charges, and capitated arrangements for primary care services on a per member, per month basis.

The Organization provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization charity care policy amounted to $1,803,834 and $1,264,656 for the years ended June 30, 2016 and 2015, respectively.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

7. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b) that covers substantially all employees. The Organization contributed $266,304 and $195,365 for the years ended June 30, 2016 and 2015, respectively.

8. Concentration of Risk

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The financial institutions have a strong credit rating and management believes the credit risk related to these deposits is minimal.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Following is a summary of accounts receivable, by funding source, at June 30:

	2016	2015
Medicare	**15 %**	6 %
Medicaid	**46 %**	67 %
Other	**39 %**	27 %
	100 %	100 %

9. Commitments and Contingencies

Medical Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of the year ended June 30, 2016, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

Leases

The Organization leases office space and certain other office equipment under noncancelable operating leases. Future minimum lease payments under these leases are:

2017	$ 338,327
2018	293,878
2019	113,624
2020	71,955
2021	73,016
Thereafter	207,106
Total	$ 1,097,906

Board of Directors

Manchester Community Health Center

KATHLEEN DAVIDSON	Quality Improvement	Director	11/4/2014	November, 2017	11/04/23
	Personnel				
BARBARA LABONTE	Finance (CHAIR)	**Treasurer**	6/25/2014	June, 2017	06/25/23
	Executive				
DOMINIQUE A. RUST	Executive (CHAIR)	**President**	4/6/2010	**Term ends 4/6/19**	04/06/19
	Finance				
TONI PAPPAS	Marketing & Dev (CHAIR)	Director	2/2/2010	**Term ends 2/2/19**	02/02/19
GERRI PROVOST	Finance	**Secretary**	11/4/2008	**Term ends 11/4/17**	11/04/17
	Executive				
MUKHTAR IDHOW	Quality Improvement	Director	4/6/2010	**Term ends 4/6/19**	04/06/19
MYRA NIXON	Personnel (CHAIR)	**Vice President**	9/1/2008	**Term ends 9/17**	09/01/17
	Executive				
IDOWU EDOKPOLO	Strategic Planning	Director	11/19/2013	November, 2019	11/19/21
PARSU NEPAL		Director	3/7/2017	March, 2020	03/07/26
CATHERINE MARSELLOS	Strategic Planning	Director	6/2/2015	June, 2018	06/02/24
	Quality Improvement				
ALEIDA GALINDO	Marketing & Dev	Director	6/2/2015	June, 2018	06/02/24
	Quality Improvement				
PHILLIP ADAMS		Director	6/21/2016	June, 2019	6/21/2025
SOM GURUNG		Director	3/7/2017	March, 2020	03/07/26
RAJESH KOIRALA		Director	3/7/2017	March, 2020	03/07/26
KERRI ARAMINI		Director	4/4/2017	April, 2020	04/04/20

J. Gavin Muir, M.D.

(603) 935-5223 - work

EXPERIENCE

MANCHESTER COMMUNITY HEALTH CENTER, Manchester, NH
Chief Medical Officer, Staff Physician September 2013 – present
Chair Quality Improvement Committee

MANCHESTER COMMUNITY HEALTH CENTER, Manchester, NH
Quality Director, Staff Physician March 2011 – September 2013
Chair Quality Improvement Committee

MANCHESTER COMMUNITY HEALTH CENTER, Manchester, NH
Medical Director, August 2000 – March 2011
Manage, schedule and supervise 11 providers. Co-chair Quality Improvement Committee.
Serve as provider staff liaison to MCHC Board and Senior Management.

MANCHESTER COMMUNITY HEALTH CENTER, Manchester, NH
Staff Physician, August 1998 – August 2000

COLORADO MENTAL HEALTH INSTITUTE, Pueblo, CO
Medical Staff Physician, 1997 - 1998

PRO ACTIVE MEDICAL CENTER, Pueblo, CO
Medical Staff Physician, 1997 - 1998

SPECTRUM HEALTH CENTER, Colorado Springs, CO
Urgent Care Physician, 1997 – 1998

EDUCATION

SOUTHERN COLORADO FAMILY PRACTICE RESIDENCY, Pueblo, CO
Graduated Board Eligible, June 1998
Completed Advanced Training Track for high-risk and operative obstetrics

TEMPLE UNIVERSITY SCHOOL OF MEDICINE, Philadelphia, PA
M.D. May 1995
Captain & President, Temple University School of Medicine Rugby Football Club

PRINCETON UNIVERSITY, Princeton, NJ
M.S. May 1991
Princeton University Rowing Eastern Sprints Champion 1988
Princeton University Rowing Henley Regatta Participant 1988

LICENSURE &

- New Hampshire State Medical License

CERTIFICATION

- DEA Certification
- AAFP Board Certified
- Advanced Cardiac Life Support (ACLS)
- Basic Life Support (BLS)
- Neonatal Advanced Life Support (NALS)
- Advanced Life Support in Obstetrics (ALSO)

PROFESSIONAL MEMBERSHIPS

- The American Academy of Family Physicians, 1992 – present
- American Medical Association, 1991 – present
- New Hampshire Medical Society, 1998 – present

PERSONAL

Married. Three year old daughter. Enjoy camping, hiking, skiing and outdoor activities.

Diane Trowbridge, RN, MBA

SUMMARY: **Experienced results-oriented in ambulatory healthcare with strong work ethic and proven leadership skills**

LICENSES:

- Registered Nurse

ACCOMPLISHMENTS:

- Clinical Quality Leader
- Coordinator of Board of Directors Patient Care Assessment Committee
- Promoted to Senior Management Team 2008
- Infection Control Practitioner
- JCAHO Survey/PPR (Periodic Performance Review) Leader
- Coordinator Nursing Task Force
- Project Lead-Patient Centered Medical Home Recognition –Level 3
- Chair Quality and Standards Committee
- Chair Nursing Peer Review and Competency committee
- Core Team member Project 01 (electronic health record conversion)
- Developed Nursing Evidence Based Guidelines and Peer Review Committee
- Coordinate Provider Peer Review
- Coordinate Clinical Guidelines Committee

EXPERIENCE:

04/2013-present **Lowell Community Health Center**

- Chief Quality Officer
- Responsible for Joint Commission Accreditation, Health Resources Services Administration Clinical Quality Measures, Patient-Centered Medical Home Level 3 recognition and implementation for high volume, diverse patient population

2009-present **Lowell Community Health Center**
Lowell, Massachusetts

Chief of Clinical Operations

- In conjunction with Chief Medical Officer, responsible oversight for a busy, public community health center with internal medicine, family practice, pediatrics, OB/GYN, HIV, Family Planning, Behavior Health Services and School-based health centers with over 144 thousand visits annually

2007-2009

Director Family Practice, Prenatal and Women Services

- Responsible for the clinical, fiscal and administrative operation of ambulatory care services totaling over 15,000 patient visits annually
- Manage 5 grants with 3 departmental budgets
- Recruited, interviewed, hired, trained and supervised staff.
- Manage 47 employees of various disciplines including physician, nurse midwife, nursing and clinical support

2004-2007

Quality Nurse Manager and Infection Control Practitioner

- Develop Medication Management System
- Responsible for Infection Control Plan development and system-wide implementation
- Develop Employee Bloodbourne Pathogen Exposure Plan
- Developed Staff Infection Control Trainings
- N95 Fit testing initiated for LCHC employees

Clinical Manager of Metta (family primary care practice focusing on Southeast Asian population)

- Responsible for clinical operation of busy ambulatory primary care department Providing direct patient care services with over 8000 visits annually
- Responsible for clinical operation of RHAP (MDPH Refugee Health Assessment Program)

1998-2004

Department Manager (Women's Reproductive Health)

- Coordinated clinic and staff schedules.
- Recruited, interviewed, hired, trained and supervised staff.
- Participated in monthly Department Manager and Quality Improvement Meetings.
- Maintained compliance with state and federal grants.
- Conducted monthly staff meetings and internal quality improvement audits.
- Assessed staff training needs and scheduled In-Service education.
- Developed and implemented protocols and logbooks.
- Conducted follow-up on patients with abnormal pap smears.
- Performed clinical nursing duties related to family planning.

1994-2000 **Cardiology Associates of Greater Lowell**
Senior Registered Nurse

Coagulation management/PN/INR tracking of over 100 patients

- Thallium Stress Tests
- Exercise tolerance testing
- Trans-telephonic pacemaker testing
- Direct patient office care for primary and cardiology patients

1989-1994 **Healthworks**
Lowell, Massachusetts

Family Planning Staff Nurse
Abnormal Pap Management Coordinator
Clinical Nurse Manager

- Direct family planning service provider for busy family planning clinic
- Designed and implemented abnormal pap management system

1982-1989 **St. John Hospital/Saints Memorial Medical Center**
Staff/Charge Nurse

- Emergency Department triage and critical care 1984-1989
- Charge nurse for 30 bed medical-surgical unit 1982-84
- Assumed charge responsibility of busy ambulatory emergency department
- Nominated for Staff Nurse award for Clinical Excellence in Emergency Nursing
- Served as a preceptor in a 112 hour program for Senior Nursing Students

EDUCATION:

2001 **Suffolk University**
Masters Certificate in Community Health Management

1982 **Northern Essex Community College**
Associate Degree in Nursing Science
High Honors

PROFESSIONAL:

- Member Massachusetts League of Community Health Centers (MLCH)
- Member National League of Community Health Centers
- Member Board of Directors House of Hope Family Shelter
- Member Greater Lowell Visiting Nurse Association
- Member Professional Workforce Group Massachusetts Midwifery Project
- Member American Association of Infection Control Professionals
- 2008 MLCHC (Massachusetts League of Community Health Centers)Employee of the Year

- Project Advisory Board Member'Caring for Women…A Profile of the Midwifery Workforce in Massachusetts; Center for Women in Politics and Public Policy ; McCormack Graduate School of Policy and Global StudiesUMass Boston

REFERENCES: Available upon request

Kristen McCracken, MBA

Objective

To work for an organization with a clear vision, philanthropic community involvement, well-respected leadership, a strong strategic plan, and a corporate culture that is motivating and inclusive.

Education

Undergraduate Degree: 1991 Mt. Holyoke College, Major: Psychology, Minor: Latin American Studies

Graduate Degree: 2000 Rivier College, MBA Health Care Administration

Summary of Qualifications

Areas of Experience:

- Community Health
- Primary Care
- Behavioral Health
- Electronic Medical Records
- Substance Abuse, HIV/AIDS
- Domestic Violence
- Rape Crisis
- Culturally Diverse Populations
- Federally Funded Programs
- Joint Commission Accreditation
- Fundraising
- Board of Directors

Skill Sets:

- Operations Management
- Strategic Planning
- Budget Development
- Grant Writing/Report Management
- Group Facilitation
- Regulatory Compliance
- Staff Supervision
- Project Management
- Quality Improvement/Data Mgmt.
- Community Collaboration
- Facilities Oversight
- Program Development

Professional experience

2013-Present: **President and CEO**- Manchester Community Health Center

- Oversee all service programs provided by MCHC to ensure that client needs are met and quality standards are maintained and monitored in an efficient, cost effective manner by: supervising program personnel; annually assessing relevance of current programs to community needs; achieving and maintaining appropriate accreditation and/or licenses for programs.
- Ensure that MCHC services are consistent with its mission, vision, and strategic plan to ensure that programming is relevant to existing and emerging client and community needs.
- With the Board Strategic Planning Committee, develop and assist with the planning, execution and evaluation of a fund raising program. Establish and maintain a rapport with corporate sponsors, major contributors, directors, volunteers, civic organizations, and other parties in which the Center does business.
- Recommend a staffing pattern to ensure efficient management and operation of all programs and activities.
- Serve as the primary staff resource for MCHC Board of Directors to ensure effective use of and communication with trustees.
- Ensure that MCHC activities are operated in a cost-effective, efficient manner to ensure ongoing financial stability
- Call and preside at regular meetings with staff to ensure adequate communication between staff, to give the opportunity to share ideas and concerns, to coordinate efforts, and to ensure appropriate standardization of policies and procedures.

- Recommend and communicate necessary policies and procedures to ensure adherence to management, program service, fiscal and accounting standards, and standards of good personnel procedures.

- Develop, coordinate, and maintain effective relationships between MCHC and other groups (such as State legislature, public and private health, welfare and service agencies, media, etc.,) to create public and professional understanding and support of the organization's objectives and activities.

2000-2013: **Director of Operations**- Manchester Community Health Center, Manchester, NH. In collaboration with other Senior Management staff, the DOO assumes responsibility for the day-to-day management of operations of the health center:

- Responsible for multiple departments, including Ancillary Staff, Nursing, Medical Assistants, Medical Records, Volunteers, Interpreters, and Business Office Staff.
- Collaborate with other senior management team members in overseeing health center operations, policy and program development, staff supervision, and overall program management of the organization.
- Maintaining continuity and quality of care for clients, including oversight of Patient Satisfaction programs, and co-responsibility for implementation of Quality Improvement Initiatives. Responsible for Patient Centered Medical Home and Meaningful Use activities.
- Primary responsibility for data analysis related to quality of care initiatives
- Key role in the development of center-wide goals and representing the Health Center in various community settings.
- Project Manager for the EMR (Electronic Medical Record)called Centricity (EMR & PM) including initial setup and implementation, ongoing support and development
- Participate in Board of Directors meetings, and several board and staff committees, including Safety, Personnel, Ethics, Strategic Planning, QI, Corporate Compliance, Medical Advisory Committee
- Direct staff and management team supervision, grant writing, project management, regulatory compliance, community collaborations, cultural competency, budget development, and other operational activities.
- Facilitation of employee satisfaction survey development, administration and response
- Oversight and development of ancillary services including interpretation, transportation, nutrition, dental collaboration grants and behavioral health.
- Special initiatives including Medical Home certification, Meaningful Use planning, Joint Commission accreditation, and similar ventures

1997-2000: **Family Services Manager**- Manchester Community Health Center, Manchester, NH. Responsible for the management of the behavioral health services, care management, nutrition, interpretation, and coordination of ancillary services programming.

1996-1997: **Crisis Outreach Counselor**- Manchester Community Health Center, Manchester, NH. Provided crisis intervention and short-term counseling to patients identified by provider staff as high risk. Complete psycho-social intakes on new patients. Performed outreach services to patients who had fallen out of care. Coordinated care with medical team and behavioral health staff.

1995-1996: **Substance Abuse Clinician I**- Habit Management Institute, Lawrence, MA.

- Substance Abuse individual counseling
- Methadone treatment planning
- Substance abuse education
- Facilitation of support groups
- Admission/discharge planning, and community networking.

1993-1995: **Case Manager/Volunteer Coordinator, Fundraising Coordinator**- River Valley AIDS Project, Springfield, MA.

- Volunteer Program Coordinator responsibilities included developing and maintaining a volunteer program for the agency, networking, training, design and implementation, volunteer support, and monthly billing/statistics.
- Development Coordinator responsibilities included creating a fundraising donor base, initiating the development of new fundraising events, facilitating relationships with corporate sponsors, maintaining quarterly newsletters, and facilitating the following committees: Anthology Committee, Dinner for Friends Committee, Gay Men's Focus Group, Fundraising Committee, and the Children Orphaned by AIDS Committee.
- During first year of employment functioned as a Case Manager, with responsibilities including referrals, trainings, translation, support groups, counseling, advocacy, and monthly billing. Created the first public Resource Library for HIV/AIDS in Western MA, developed a donation program, and developed a Speaker's Bureau program, as well as supervised interns and trained new staff.

1990-1993: **Rape Crisis Counselor, Children's Advocate/Counselor**- YWCA, Springfield, MA.

- Rape Crisis Counselor: responsible for essentially all aspects of programming including statistics for grant reporting, billing records, case records, and individual, couples and family counseling services. Also responsible for legal and medical advocacy, educational trainings, and hotline/on-call responsibilities. Facilitated four support groups for adults, teens, Spanish speaking women, and teenagers who had re-perpetrated their sexual abuse.
- Children's Counselor/Advocate: responsible for individual counseling, a children's support group, parenting classes, and working with the referral needs of the children in the battered women's shelter. As a member of the Counseling team: answered hotline calls, provided individual counseling, kept case files, ran in-house support groups, and provided traditional case management.

Languages Spoken

Spanish (Verbal and Written)

Community activities

- Board of Directors, NH Minority Health Coalition 1999-2002
- Medical Interpretation Advisory Board 2002-2008
- Chair, Data Subcommittee: NH Health & Equity Partnership 2010- Present
- Diversity Task Force, State of NH DHHS 2002-2010
- Healthcare for the Homeless Advisory Board 2004-2012
- Volunteer: B.R.I.N.G. IT! Program (2009-2012)
- Adult Literacy Volunteer: 2009-2010
- Advisory Board: Nursing Diversity Pipeline 2008-2012
- Advisory Committee: HPOP (Health Professionals Opportunities Project) 2010-2013

Interests and activities

I enjoy tennis, kayaking, hiking, reading, gardening, travel and family activities.

References

1. Claudia Cunningham, RN, MBA (Previous Supervisor at MCHC) 603-942-7025
2. Gavin Muir, MD, CMO of MCHC (Colleague) 603-935-5223
3. Greg White, CEO at Lamprey Health Care (Colleague) 603-673-8873
4. Tina Kenyon, RN, MSW at Dartmouth Family Practice Residency (Colleague in Community) 603-568-3417

Manchester Community Health Center

Key Personnel

Name	Job Title	Annual Salary	% Paid from SMS Contract	Amount Paid from SMS Contract
Kris McCracken	President/Chief Executive Officer	$184,163.00	0.00%	$0.00
Gavin Muir	Chief Medical Officer	$263,515.00	0.00%	$0.00
Diane Trowbridge	Chief Operating Officer	$118,227.00	0.00%	$0.00

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services
improving health, preventing disease, reducing costs for all

Nicholas A. Toumpas
Commissioner

Marcella Jordan Bobinsky
Acting Director

June 1, 2015

6/24/15 #58

Her Excellency, Governor Margaret Wood Hassen
And the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **sole source** amendments with the vendors listed in the table below for the provision of primary care services, breast and cervical cancer screening services and screening, brief intervention and referral to treatment for alcohol and drug misuse by increasing the total price limitation by $8,986,056 from $10,143,156 to $19,129,212 and extending the completion date from June 30, 2015 to June 30, 2017 upon Governor and Executive Council approval. 75.2% General Funds / 24.8% Federal Funds

The original contract, approved in 2012, included a two (2) year renewal option. The Department exercised a one (1) year renewal in 2014. The Department is now seeking to extend the contracts for two (2) two additional years through these sole source amendments. The Governor and Executive Council approved the original contracts and subsequent amendments as follows:

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Ammonoosuc Community Health Services, Inc. (177755-R001)	North Grafton/ South Coos	6/20/12 (Item #128)	5/8/14 (Item #34A)	$667,687	$540,879	$1,208,566
Concord Hospital, Inc. (177653-B011)	Merrimack/ Hillsborough	6/20/12 (Item #133)	5/8/14 (Item #34A)	$992,198	$788,937	$1,781,135
Coos County Family Health Services (155327-B001)	Eastern Coos	6/20/12 (Item #130)	5/8/14 (Item #34A)	$427,142	$371,229	$798,371
Families First of the Greater Seacoast (166629-B001)	Seacoast Area	6/20/12 (Item #134)	5/8/14 (Item #34A)	$624,540	$506,291	$1,130,831

Families First of the Greater Seacoast (166629-B001)	Seacoast Area - Homeless	6/6/12 (Item #69)	5/8/14 (Item #34B)	$218,537	$240,101	$458,638
Goodwin Community Health Center (154703-B001)	Strafford County	6/20/12 (Item #135)	5/8/14 (Item #34A)	$1,095,268	$825,647	$1,920,915
Harbor Homes (155358-B001)	Southern Hillsborough County - Homeless	6/6/12 (Item #68)	5/8/14 (Item #34B)	$225,045	$209,393	$434,438
Health First Family Care Center (158221-B001)	Central/East ern Belknap	6/20/12 (#131)	5/8/14 (Item #34)	$748,658	$586,113	$1,334,771
Indian Stream Health Center (165274-B001)	Northern Coos	6/20/12 (Item #125)	5/8/14 (Item #34A)	$259,157	$239,237	$498,394
Lamprey Health Care (177677-B001)	Central Southern/ Eastern NH	6/20/12 (Item #136)	5/8/14 (Item #34A)	$1,696,513	$1,299,195	$2,995,708
Manchester Community Health Center (157274-B001)	Greater Manchester	6/20/12 (Item #132)	5/8/14 (Item #34A)	$1,051,425	$1,435.139	$2,486,564
Manchester Health Department (177433-B009)	Greater Manchester - Homeless	6/20/12 (Item #124)	5/8/14 (Item #34B)	$232,205	$250,169	$482,374
Mid-State Health Center (158055-B001)	Central Northern Belknap	6/20/12 (Item #126)	5/8/14 (Item #34A)	$444,862	$406,811	$851,673
New London Hospital Association, Inc. (177167-R005)	Sullivan County	6/20/12 (Item #129)	5/8/14 (Item #34A)	$587,923	$487,419	$1,075,342
Weeks Medical Center (177171-R001)	Western Coos	7/11/12 (Item #31)	5/8/14 (Item #34A)	$292,483	$306,707	$599,190
White Mountain Community Health Center (174170-R001)	Northern Carroll	6/20/12 (Item #127)	5/8/14 (Item #34A)	$579,513	$492,789	$1,072,302
			Total:	**$10,143,156**	**$8,986,056**	**$19,129.212**

Funds are anticipated to be available in the following accounts for State Fiscal Years 2016 and in State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budgets with the ability to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified without further approval from the Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

Please see attachment for fiscal details.

EXPLANATION

These amendments are **sole source** because the Department is renewing the contracts for two (2) additional years after exercising a one (1) year renewal option in 2014 as allowable in Exhibit C, Special Provisions, paragraph 17 of the contracts, and adding to the scope of services for community health centers that provide primary care services, statewide.

This package includes sixteen (16) of sixteen (16) contracts being amended.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

Breast and cervical cancer screening services are provided as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap smears and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or

diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will add infrastructure to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will use funding to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. This request includes three (3) vendors who provide primary care and universal screening services to homeless individuals, who otherwise would have no access to health care. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, low-income individuals statewide may not have adequate access to primary care services. Some women may not receive recommended breast and cervical cancer screenings, which would increase their risk of having an untreatable stage of cancer. Additionally, undetected alcohol and drug misuse could result in increases of alcohol and drug related accidents and deaths, which would negatively impact NH citizens.

Area Served: Statewide.

Source of Funds: 75.2% General Funds

24.8% Federal Funds (CFDA #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse. FAIN #T1010035-14; CFDA #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds. FAIN # U58DP003930; CFDA #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States. FAIN #B04MC28113.)

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

Marcella Bobinsky
Acting Director
Division of Public Health Services

for Diane Langley
Acting Director
Division of Community Based Care Services

Approved by: Nicholas A. Toumpas
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
7.2% Federal Funds and 92.8% General Funds (FAIN# B04MC28113)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	142,819	-	142,819
SFY 2014	102-500731	Contracts for Program Svcs	90080000	142,819	-	142,819
SFY 2014	102-500731	Contracts for Program Svcs	90080400	42,661		42,661
SFY 2015	102-500731	Contracts for Program Svcs	90080000	213,921	-	213,921
SFY 2016	102-500731	Contracts for Program Svcs	90080000		199,701	199,701
SFY 2017	102-500731	Contracts for Program Svcs	90080000		199,701	199,701
			Sub-Total	$542,220	$399,402	$941,622

Concord Hospital, Inc., Vendor # 177653-B011

Fiscal Year	185480	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	215,637	-	215,637
SFY 2014	102-500731	Contracts for Program Svcs	90080000	215,637	-	215,637
SFY 2014	102-500731	Contracts for Program Svcs	90080400	64,413		64,413
SFY 2015	102-500731	Contracts for Program Svcs	90080000	322,992	-	322,992
SFY 2016	102-500731	Contracts for Program Svcs	90080000		301,521	301,521
SFY 2017	102-500731	Contracts for Program Svcs	90080000		301,521	301,521
			Sub-Total	$818,679	$603,042	$1,421,721

Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	81,519	-	81,519
SFY 2014	102-500731	Contracts for Program Svcs	90080000	81,519	-	81,519
SFY 2014	102-500731	Contracts for Program Svcs	90080400	24,351		24,351
SFY 2015	102-500731	Contracts for Program Svcs	90080000	122,103	-	122,103
SFY 2016	102-500731	Contracts for Program Svcs	90080000		113,986	113,986
SFY 2017	102-500731	Contracts for Program Svcs	90080000		113,986	113,986
			Sub-Total	$309,492	$227,972	$537,464

Families First of the Greater Seacoast Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	140,243	-	140,243
SFY 2014	102-500731	Contracts for Program Svcs	90080000	140,243	-	140,243
SFY 2014	102-500731	Contracts for Program Svcs	90080400	41,892		41,892
SFY 2015	102-500731	Contracts for Program Svcs	90080000	210,063	-	210,063
SFY 2016	102-500731	Contracts for Program Svcs	90080000		196,099	196,099
SFY 2017	102-500731	Contracts for Program Svcs	90080000		196,099	196,099
			Sub-Total	$532,441	$392,198	$924,639

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services

Families First of the Greater Seacoast - Homeless Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	57,562	-	57,562
SFY 2014	102-500731	Contracts for Program Svcs	90080000	57,562		57,562
SFY 2014	102-500731	Contracts for Program Svcs	90080400	17,194		17,194
SFY 2015	102-500731	Contracts for Program Svcs	90080000	86,219		86,219
SFY 2016	102-500731	Contracts for Program Svcs	90080000		80,488	80,488
SFY 2017	102-500731	Contracts for Program Svcs	90080000		80,488	80,488
			Sub-Total	$218,537	$160,976	$379,513

Goodwin Community Health Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	248,712	-	248,712
SFY 2014	102-500731	Contracts for Program Svcs	90080000	248,712	-	248,712
SFY 2014	102-500731	Contracts for Program Svcs	90080400	74,293		74,293
SFY 2015	102-500731	Contracts for Program Svcs	90080000	372,533	-	372,533
SFY 2016	102-500731	Contracts for Program Svcs	90080000		347,769	347,769
SFY 2017	102-500731	Contracts for Program Svcs	90080000		347,769	347,769
			Sub-Total	$944,250	$695,538	$1,639,788

Harbor Homes, Inc. Vendor # 155358-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	59,276	-	59,276
SFY 2014	102-500731	Contracts for Program Svcs	90080000	59,276		59,276
SFY 2014	102-500731	Contracts for Program Svcs	90080400	17,706		17,706
SFY 2015	102-500731	Contracts for Program Svcs	90080000	88,787		88,787
SFY 2016	102-500731	Contracts for Program Svcs	90080000		82,884	82,884
SFY 2017	102-500731	Contracts for Program Svcs	90080000		82,884	82,884
			Sub-Total	$225,045	$165,768	$390,813

Health First Family Care Center, Vendor # 158221-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	187,367	-	187,367
SFY 2014	102-500731	Contracts for Program Svcs	90080000	187,367	-	187,367
SFY 2014	102-500731	Contracts for Program Svcs	90080400	55,968		55,968
SFY 2015	102-500731	Contracts for Program Svcs	90080000	280,648	-	280,648
SFY 2016	102-500731	Contracts for Program Svcs	90080000		261,991	261,991
SFY 2017	102-500731	Contracts for Program Svcs	90080000		261,991	261,991
			Sub-Total	$711,350	$523,982	$1,235,332

Indian Stream Health Center, Vendor #165274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	60,359	-	60,359
SFY 2014	102-500731	Contracts for Program Svcs	90080000	60,359	-	60,359
SFY 2014	102-500731	Contracts for Program Svcs	90080400	18,030		18,030
SFY 2015	102-500731	Contracts for Program Svcs	90080000	90,409	-	90,409
SFY 2016	102-500731	Contracts for Program Svcs	90080000		84,399	84,399
SFY 2017	102-500731	Contracts for Program Svcs	90080000		84,399	84,399
			Sub-Total	$229,157	$168,798	$397,955

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Lamprey Health Care, Inc., Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	401,151	-	401,151
SFY 2014	102-500731	Contracts for Program Svcs	90080000	401,151	-	401,151
SFY 2014	102-500731	Contracts for Program Svcs	90080400	119,828		119,828
SFY 2015	102-500731	Contracts for Program Svcs	90080000	600,864	-	600,864
SFY 2016	102-500731	Contracts for Program Svcs	90080000		560,921	560,921
SFY 2017	102-500731	Contracts for Program Svcs	90080000		560,921	560,921
			Sub-Total	$1,522,994	$1,121,842	$2,644,836

Manchester Community Health Center, Vendor # 157274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	239,002	-	239,002
SFY 2014	102-500731	Contracts for Program Svcs	90080000	239,002	-	239,002
SFY 2014	102-500731	Contracts for Program Svcs	90080400	71,392		71,392
SFY 2015	102-500731	Contracts for Program Svcs	90080000	357,989	-	357,989
SFY 2016	102-500731	Contracts for Program Svcs	90080000		636,144	636,144
SFY 2017	102-500731	Contracts for Program Svcs	90080000		636,144	636,144
			Sub-Total	$907,385	$1,272,288	$2,179,673

Manchester Health Department Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	$61,162		61,162
SFY 2014	102-500731	Contracts for Program Svcs	90080000	$61,162		61,162
SFY 2014	102-500731	Contracts for Program Svcs	90080400	$18,270		18,270
SFY 2015	102-500731	Contracts for Program Svcs	90080000	$91,611		91,611
SFY 2016	102-500731	Contracts for Program Svcs	90080000		$85,522	85,522
SFY 2017	102-500731	Contracts for Program Svcs	90080000		$85,522	85,522
			Sub-Total	$232,205	$171,044	$403,249

Mid-State Health Center, Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	117,175	-	117,175
SFY 2014	102-500731	Contracts for Program Svcs	90080000	117,175	-	117,175
SFY 2014	102-500731	Contracts for Program Svcs	90080400	35,001	-	35,001
SFY 2015	102-500731	Contracts for Program Svcs	90080000	175,511	-	175,511
SFY 2016	102-500731	Contracts for Program Svcs	90080000		163,843	163,843
SFY 2017	102-500731	Contracts for Program Svcs	90080000		163,843	163,843
			Sub-Total	$444,862	$327,686	$772,548

The New London Hospital, Inc., Vendor # 177167-R005

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	132,457	-	132,457
SFY 2014	102-500731	Contracts for Program Svcs	90080000	132,457	-	132,457
SFY 2014	102-500731	Contracts for Program Svcs	90080400	39,566		39,566
SFY 2015	102-500731	Contracts for Program Svcs	90080000	198,401		198,401
SFY 2016	102-500731	Contracts for Program Svcs	90080000		185,212	185,212
SFY 2017	102-500731	Contracts for Program Svcs	90080000	-	185,212	185,212
			Sub-Total	$502,881	$370,424	$873,305

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	69,137	-	69,137
SFY 2014	102-500731	Contracts for Program Svcs	90080000	69,137	-	69,137
SFY 2014	102-500371	Contracts for Program Svcs	90080400	20,652		20,652
SFY 2015	102-500731	Contracts for Program Svcs	90080000	103,557	-	103,557
SFY 2016	102-500731	Contracts for Program Svcs	90080000		96,673	96,673
SFY 2017	102-500731	Contracts for Program Svcs	90080000		96,673	96,673
			Sub-Total	$262,483	$193,346	$455,829

White Mountain Community Health Center, Vendor # 174170-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	134,913	-	134,913
SFY 2014	102-500731	Contracts for Program Svcs	90080000	134,913	-	134,913
SFY 2014	102-500731	Contracts for Program Svcs	90080400	40,300		40,300
SFY 2015	102-500731	Contracts for Program Svcs	90080000	202,079	-	202,079
SFY 2016	102-500731	Contracts for Program Svcs	90080000		188646	188,646
SFY 2017	102-500731	Contracts for Program Svcs	90080000		$188,646	188,646
			Sub-Total	$512,205	$377,292	$889,497
		Primary Care MCH	**TOTAL**	**$8,916,186**	**$7,171,598**	**$16,087,784**

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER
100% Federal Funds (FAIN #U58DP003930)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	32,608	-	32,608
SFY 2014	102-500731	Contracts for Program Svcs	90080081	32,608	-	32,608
SFY 2015	102-500731	Contracts for Program Svcs	90080081	30,251	-	30,251
SFY 2016	102-500731	Contracts for Program Svcs	90080081		21,176	21,176
SFY 2017	102-500731	Contracts for Program Svcs	90080081		21,176	21,176
			Sub-Total	$95,467	$42,352	$137,819

Concord Hospital, Inc., Vendor # 177653-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2014	102-500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2015	102-500731	Contracts for Program Svcs	90080081	53,385	-	53,385
SFY 2016	102-500731	Contracts for Program Svcs	90080081		53,385	53,385
SFY 2017	102-500731	Contracts for Program Svcs	90080081		53,385	53,385
			Sub-Total	$173,519	$106,770	$280,289

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2014	102-500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2015	102-500731	Contracts for Program Svcs	90080081	27,582	-	27,582
SFY 2016	102-500731	Contracts for Program Svcs	90080081		22,066	22,066
SFY 2017	102-500731	Contracts for Program Svcs	90080081		22,066	22,066
			Sub-Total	$87,650	$44,132	$131,782

Families First of the Greater Seacoast Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2014	102-500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2015	102-500731	Contracts for Program Svcs	90080081	32,031	-	32,031
SFY 2016	102-500731	Contracts for Program Svcs	90080081		35,234	35,234
SFY 2017	102-500731	Contracts for Program Svcs	90080081		35,234	35,234
			Sub-Total	$92,099	$70,468	$162,567

Goodwin Community Health Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	51,486	-	51,486
SFY 2014	102-500731	Contracts for Program Svcs	90080081	51,486	-	51,486
SFY 2015	102-500731	Contracts for Program Svcs	90080081	48,046	-	48,046
SFY 2016	102-500731	Contracts for Program Svcs	90080081		43,242	43,242
SFY 2017	102-500731	Contracts for Program Svcs	90080081		43,242	43,242
			Sub-Total	$151,018	$86,484	$237,502

Health First Family Care Center, Vendor # 158221-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2014	102-500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2015	102-500731	Contracts for Program Svcs	90080081	11,566	-	11,566
SFY 2016	102-500731	Contracts for Program Svcs	90080081		9,253	9,253
SFY 2017	102-500731	Contracts for Program Svcs	90080081		9,253	9,253
			Sub-Total	$37,308	$18,506	$55,814

Indian Stream Health Center, Vendor #165274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081			
SFY 2014	102-500731	Contracts for Program Svcs	90080081			
SFY 2015	102-500731	Contracts for Program Svcs	90080081			
SFY 2016	102-500731	Contracts for Program Svcs	90080081		10,677	10,677
SFY 2017	102-500731	Contracts for Program Svcs	90080081		10,677	10,677
			Sub-Total	$0	$21,354	$21,354

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Lamprey Health Care, Inc., Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2014	102-500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2015	102-500731	Contracts for Program Svcs	90080081	53,385	-	53,385
SFY 2016	102-500731	Contracts for Program Svcs	90080081		49,114	49,114
SFY 2017	102-500731	Contracts for Program Svcs	90080081		49,114	49,114
			Sub-Total	$173,519	$98,228	$271,747

Manchester Community Health Center, Vendor # 157274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	47,196	-	47,196
SFY 2014	102-500731	Contracts for Program Svcs	90080081	47,196	-	47,196
SFY 2015	102-500731	Contracts for Program Svcs	90080081	49,648	-	49,648
SFY 2016	102-500731	Contracts for Program Svcs	90080081		59,613	59,613
SFY 2017	102-500731	Contracts for Program Svcs	90080081		59,613	59,613
			Sub-Total	$144,040	$119,226	$263,266

The New London Hospital, Inc., Vendor # 177167-R005

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	29,175	-	29,175
SFY 2014	102-500731	Contracts for Program Svcs	90080081	29,175	-	29,175
SFY 2015	102-500731	Contracts for Program Svcs	90080081	26,692	-	26,692
SFY 2016	102-500731	Contracts for Program Svcs	90080081		18,685	18,685
SFY 2017	102-500731	Contracts for Program Svcs	90080081		18,685	18,685
			Sub-Total	$85,042	$37,370	$122,412

Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90080081		7,118	7,118
SFY 2017	102-500731	Contracts for Program Svcs	90080081		7,118	7,118
			Sub-Total	$0	$14,236	$14,236

White Mountain Community Health Center, Vendor # 174170-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2014	102-500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2015	102-500731	Contracts for Program Svcs	90080081	11,566	-	11,566
SFY 2016	102-500731	Contracts for Program Svcs	90080081		8,186	8,186
SFY 2017	102-500731	Contracts for Program Svcs	90080081		8,186	8,186
			Sub-Total	$37,308	$16,372	$53,680
			BCCP TOTAL	**$1,076,970**	**$675,498**	**$1,752,468**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-901010-5149 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001		-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001		-	-
			Sub-Total	$20,000	$0	20,000

Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000		10,000
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001			
SFY 2017	102-500731	Contracts for Program Svcs	90073001			
			Sub-Total	$20,000	$0	20,000

Indian Stream Health Center, Vendor #165274-B001 PO # 1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001			
SFY 2017	102-500731	Contracts for Program Svcs	90073001			
			Sub-Total	$20,000	$0	$20,000

Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001			
SFY 2017	102-500731	Contracts for Program Svcs	90073001			
			Sub-Total	$20,000	$0	$20,000

White Mountain Community Health Center, Vendor # 174170-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001			
SFY 2017	102-500731	Contracts for Program Svcs	90073001			
			Sub-Total	$20,000	$0	$20,000
		5149	**RHPC TOTAL**	**$100,000**	**$0**	**$100,000**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2016	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
SFY 2017	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
			Sub-Total	$10,000	$20,000	$30,000

Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-		-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2016	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
SFY 2017	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
			Sub-Total	$10,000	$20,000	$30,000

Indian Stream Health Center, Vendor #165274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2016	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
SFY 2017	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
			Sub-Total	$10,000	$20,000	$30,000

Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2016	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
SFY 2017	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
			Sub-Total	$10,000	$20,000	$30,000

White Mountain Community Health Center, Vendor # 174170-R001 PO # 1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2016	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
SFY 2017	102-500731	Contracts for Program Svcs	90073001		10,000	10,000
			Sub-Total	$10,000	$20,000	$30,000
		7965	**RHPC TOTAL**	**$50,000**	**$100,000**	**$150,000**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES
100% Federal Funds (FAIN #T1010035-14)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	75,875	75,875
SFY 2017	102-500734	Contracts for Program Services	49156501		3,250	3,250
			Sub-Total	$0	$79,125	$79,125

Concord Hospital, Inc., Vendor # 177653-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	75,062.50	75,062.50
SFY 2017	102-500734	Contracts for Program Services	49156501		4,062.50	4,062.50
			Sub-Total	$0	$79,125	$79,125

Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	75,125	75,125
SFY 2017	102-500734	Contracts for Program Services	49156501		4,000	4,000
			Sub-Total	$0	$79,125	$79,125

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Families First of the Greater Seacoast Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	43,500	43,500
SFY 2017	102-500734	Contracts for Program Services	49156501		125	125
			Sub-Total	$0	$43,625	$43,625

Goodwin Community Health Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	43,500	43,500
SFY 2017	102-500734	Contracts for Program Services	49156501		125	125
			Sub-Total	$0	$43,625	$43,625

Health First Family Care Center, Vendor # 158221-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	41,594	41,594
SFY 2017	102-500734	Contracts for Program Services	49156501		2,031	2,031
			Sub-Total	$0	$43,625	$43,625

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Indian Stream Health Center, Vendor #165274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	24,960	24,960
SFY 2017	102-500734	Contracts for Program Services	49156501		4,125	4,125
						-
			Sub-Total	$0	$29,085	$29,085

Lamprey Health Care, Inc., Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	79,000	79,000
SFY 2017	102-500734	Contracts for Program Services			125	125
						-
			Sub-Total	$0	$79,125	$79,125

Manchester Community Health Center, Vendor # 157274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	43,125	43,125
SFY 2017	102-500734	Contracts for Program Services	49156501		500	500
			Sub-Total	$0	$43,625	$43,625

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Mid-State Health Center, Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	78,625	78,625
SFY 2017	102-500734	Contracts for Program Services	49156501		500	500
						-
			Sub-Total	$0	$79,125	$79,125

The New London Hospital, Inc., Vendor # 177167-R005

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	79,500	79,500
SFY 2017	102-500734	Contracts for Program Services	49156501		125	125
						-
			Sub-Total	$0	$79,625	$79,625

Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	75,063	75,063
SFY 2017	102-500734	Contracts for Program Services	49156501		4,063	4,063
						-
			Sub-Total	$0	$79,125	$79,125

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services

White Mountain Community Health Center, Vendor # 174170-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	73,125	73,125
SFY 2017	102-500734	Contracts for Program Services	49156501		6,000	6,000
						-
			Sub-Total	$0	$79,125	$79,125

Families First of the Greater Seacoast (Homeless) Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	79,000	79,000
SFY 2017	102-500734	Contracts for Program Services	49156501		125	125
			Sub-Total	$0	$79,125	$79,125

Harbor Homes, Inc. Vendor # 155358-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	42,500	42,500
SFY 2017	102-500734	Contracts for Program Services	49156501		1,125	1,125
			Sub-Total	$0	$43,625	$43,625

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Manchester Health Department Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-		-
SFY 2014	102-500734	Contracts for Program Services	49156501	-		-
SFY 2015	102-500734	Contracts for Program Services	49156501	-		-
SFY 2016	102-500734	Contracts for Program Services	49156501	-	78,000	78,000
SFY 2017	102-500734	Contracts for Program Services	49156501		1,125	1,125
			Sub-Total	$0	$79,125	$79,125
		2990	**CS TOTAL**	**$0**	**$1,038,960**	**$1,038,960**
			Total Funding	**$10,143,156**	**$8,986,056**	**$19,129,212**

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services Contract

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") dated this, 30th day of April, 2015 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Manchester Community Health Center (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 145 Hollis Street Manchester, New Hampshire 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #32 and amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34A), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, and Exhibit C, Special Provisions, Paragraph 17, the State may amend the contract terms and conditions and renew the contract for two (2) additional years by written agreement of the parties and approval of the Governor and Executive Council; and;

WHEREAS, the parties agree to extend the contract for two additional years, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   June 30, 2017
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $2,486,564
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read:
   Eric D. Borrin
4. Form P-37, General Provisions, Item 1.10, State Agency Telephone Number, to read:
   (603) 271-9558
5. Delete Exhibit A, Scope of Services and Exhibit A-1 Amendment 1, Scope of Services and replace with Exhibit A – Amendment #2.
6. Delete Exhibit A-1 Amendment #1 - Performance Measures and replace with Exhibit A-1 Amendment #2 – Performance Measures.

7. Delete Exhibit B, Purchase of Services Contract Price and replace with Exhibit B – Amendment #2, Method and Conditions Precedent to Payment.
8. Add Exhibit B-1, Budget Form Primary Care through Exhibit B-6, Budget Form SBIRT.
9. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Period Covered by this Certification, to read:

   From 7/1/2012 to 6/30/2017
10. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read:

    July 1, 2012 through June 30, 2017
11. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

6/3/15
Date

NAME: Brook Dupee
TITLE: Bureau Chief

Manchester Community Health Center

5/14/15
Date

NAME Kris McCracken
TITLE President/CEO

Acknowledgement:
State of New Hampshire, County of Hillsborough on 5/14/15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace

LAURIE A. GARLAND
MY COMMISSION EXPIRES FEB. 12, 2019
NOTARY PUBLIC
NEW HAMPSHIRE

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/9/15
Date

Name: Megan A. Yagle
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

_____
Date

_____
Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services shall be provided to all individuals who seek services described in Section 1.4 and Section 1.5, above.

1.7. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.7.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.7.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.7.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

Contractor Initials: MS
Date: 5/14/15

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than a one month period.

2.2. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

2.2.1. Family income.

2.2.2. Family size.

2.2.3. Income in relation to the Federal Poverty Guidelines.

2.3. The Contractor shall assist individuals with completing a Medicaid application when income calculations indicate possible Mediciad eligibility.

2.4. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.5. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.5.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.5.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.3. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.4. Assessment of need for:

3.1.4.1. Tobacco cessation, including referral to NH Quitworks, as appropriate.

3.1.4.2. Social services.

3.1.4.3. Nutrition services, including WIC, as appropriate.

3.1.4.4. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.2.2. Care facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health

3.2.3.2. Oral health.

3.2.3.3. Use of navigators and case management.

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

3.3. The Contractor can choose to provide enabling services, if the budget allows, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor can facilitate enabling services that include, but are not limited to:

3.3.1. Case management.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

3.4. The Contractor must elect to do at least two quality improvement project which consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. One quality improvement project should focus on pediatrics and the other on adult health. The Contractor shall facilitate quality improvement according to the following:

3.4.1. Enhancing clinical workflow/improve patient outcomes by methods that may include, but are not limited to:

3.4.2. Alerts.

3.4.3. Guidelines.

3.4.4. Diagnostic support.

3.4.5. Patient registries.

3.4.6. Collaborative learning sessions.

3.4.7. Implementing projects that lead to measurable improvements on any of the performance measures and indicators identified in Exhibit A-1 Amendment #2

Contractor Initials: [signature]

Date: 5/14/15

3.4.8. Utilizing defined improvement processes to coordinate quality improvement activities.

3.4.9. Identifying and defining specific goals and objectives to be achieved in the project period.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventive Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

Contractor Initials: _____
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4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

5.1. The Contractor shall develop the infrastructure necessary to provide and record Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance use for all eligible individuals ages nineteen (19) to sixty-five (65) years receiving services in Section 3 and/or Section 4. The Contractor shall:

5.1.1. Provide training to integrated primary care and behavioral health teams to ensure SBIRT activities are conducted with fidelity to the model in Section 5.1.

5.1.2. Modify and/or adapt current Electronic Health Records (EHR) systems in order to track SBIRT:

5.1.2.1. Activities

5.1.2.2. Completions.

5.1.2.3. Actions.

5.1.2.4. Recommendations.

5.1.2.5. Follow-ups.

5.1.3. Utilize Substance Use Disorder (SUD) codes in the EHR for billing that shall:

5.1.3.1. Enable submission for payment through NH Managed Care/Medicaid and other insurance companies.

5.1.3.2. Allow the generation of reports..

5.2. The Contractor shall implement SBIRT services by ensuring sufficient qualified staff are available to conduct SBIRT services according to the SBIRT model described by the Centers for Disease Control (CDC), available on-line at http/www.dcd.gov/ncddd/fasd/documents/aloholsbiimplementationguide.pdf. The Contractor shall:

5.2.1. Implement SBIRT services by including SBIRT activities in daily operations.

5.2.2. Use one or more of the screening instruments listed in Appendix E of "Systems-Level Implementation of Screening, Brief Intervention and Referral to Treatment. TAP 33" (2013 edition) (http://www.integration.samhsa.gov/sbirt/TAP33.pdf) and document screening in the electronic medical record (EMR).

5.2.3. Conduct brief interventions with patients who screen positive for potential substance use concerns and document activities in the EHR

5.2.4. Refer patients to Substance Use Disorder (SUD) treatment services as necessary, and ensure each patient has connected with the specific service provider by documenting in the EHR, which is audited to ensure appropriate follow up.

5.2.5. Conduct SBIRT with covered populations that include all adults on an annual basis and pregnant women on a trimester basis.

5.3. Coordinate care between community health center (CHC) services and external treatment providers by collaborating with entities that provide SUD treatment services not available at the CHC. The Contractor shall:

5.3.1. Obtain client consents to contact service providers in order to resolve any barriers to accessing services.

5.3.2. Refer patients for SUD services, as needed.

5.3.3. Follow up with patient and/or SUD service provider to ensure appropriate services are provided.

5.3.4. Work with Regional Public Health Networks (RPHNs) to identify new SUD referral resources as they become available.

5.4. The Contractor shall test SBIRT fidelity with a subset of the target population prior to full implementation for all adults ages nineteen (19) to sixty-five (65) annually and pregnant women at each trimester.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH professional licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall ensure staff delivering SBIRT services have, at minimum, one of the following:

6.3.1. Masters prepared behavioral health practitioners. This includes individuals licensed under the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board.

6.3.2. Masters prepared and in the process of obtaining a license from the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board, while under the supervision of a licensed practitioner of the same profession.

6.3.3. Physicians or Advanced Practice Registered Nurses licensed to practice in NH.

6.3.4. Physician Assistants or other practitioners under the supervision of a Physician licensed to practice medicine in NH.

6.4. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include but is not limited to:

6.4.1. Outreach and education by lay persons with clinical case management services provided by a registered nurse who:

6.4.1.1. Is currently licensed as a registered nurse to practice in the State of NH; or

6.4.1.1.1. Has attained a bachelor's degree from a recognized college or university; or

6.4.1.1.2. Is working under the direct supervision of a registered nurse licensed to practice in the State of NH.

6.5. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within one month of being hired.

6.6. The Contractor shall notify the MCHS, in writing, when:

6.6.1. Any critical position is vacant for more than one month.

6.6.2. There is not adequate staffing to perform all required services for more than one month.

7. Coordination of Services

7.1. The Contractor shall coordinate referrals for continued care with other service providers within the community, where possible.

7.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.2.1. Community needs assessments.

7.2.2. Public health performance assessments.

7.2.3. The development of regional health improvement plans.

7.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per year according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit an annual Workplan and Workplan Outcome Report for the quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.4. If utilizing any portion of this contract for enabling services, the Contractor shall submit an annual Workplan and Workplan Outcome Report that includes at least one (1) performance measure for each type of enabling service provided, which shall be developed and submitted to the Department according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st.

9.6. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.7. The Contractor shall submit monthly Outcome Reports for SBIRT services according to the schedule and instructions provided by the MCHS. The Contractor shall:

9.7.1. Collect information that includes, but is not limited to:

9.7.1.1. Description of trainings, which includes but is not limited to:

9.7.1.1.1. Content of the trainings.

9.7.1.1.2. Number of staff that attended trainings.

9.7.1.2. The number of:

9.7.1.2.1. Qualified staff conducting SBIRT

9.7.1.2.2. SBIRT billing codes developed.

9.7.1.2.3. SBIRT services billed to insurance.

9.7.1.3. Updates on any changes, enhancements or adaptations to SBIRT procedures in:

9.7.1.3.1. Technology based systems.

9.7.1.3.2. Staffing.

9.7.1.3.3. Coding and billing.

9.7.1.4. The total number of clients receiving SBIRT delineated by:

9.7.1.4.1. Percentage of clients receiving only screening.

9.7.1.4.2. Percentage of clients receiving brief interventions.

9.7.1.4.3. Percentage of clients referred for more intensive services who initiated services.

9.7.1.4.4. Percentage of clients referred for more intensive services who had problems connecting to services.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

Contractor Initials: _____
Date: 5/14/15

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.2.3. SBIRT documentation, which includes but is not limited to:

10.2.3.1. SBIRT policies and procedures.

10.2.3.2. Staff credentials for all staff delivering SBIRT services

10.2.3.3. SBIRT procedures utilized and documented in patient records.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Contractor Initials: [illegible]

Date: 5/14/15

Exhibit A-1 – Amendment #2

1. PRIMARY CARE PERFORMANCE MEASURES

1.1. Breastfeeding

1.1.1. **Percent of infants who are ever breastfed** (Title V PM #10).

1.1.1.1. Numerator: Infants who were ever breastfed or received breast milk

1.1.1.2. Denominator: All infants born in a state fiscal year

1.2. Preventive Health: Lead Screening

1.2.1. **Percent of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.** (CMS, Hedis).

1.2.1.1. Numerator: At least one capillary or venous blood test on or before the child's second birthday.

1.2.1.2. Denominator: Children who turn 2 years old during the state fiscal year.

1.3. Preventive Health: Adolescent Well-Care Visit

1.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (Hedis, Title V PM #7).

1.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

1.3.1.2. Denominator: Number of adolescents, ages 12 through 21 years of age.

1.4. Preventive Health: Depression Screening

1.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (ACO 18, NQF 0418).

1.4.1.1. Numerator: Patients who are screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan documented.

1.4.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.1.3. Denominator: All patients 12 years and older.

1.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

Contractor Initials: KA
Date: 5/14/15

1.4.2. **Maternal Depression Screening** (Developmental: not required for FY 16)

1.4.2.1. **Percentage of women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.**

1.4.2.1.1. Numerator: Women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool and screen negative.

AND

Women who are screened for depression during the post-partum visit using an appropriate standardized depression screening tool, screen positive, AND have a follow-up plan documented.

1.4.2.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.2.1.3. Denominator: All women who are at least 6 weeks post-partum in a state fiscal year.

1.4.2.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

1.5. **Preventive Health: Obesity Screening**

1.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (ACO 16, NQF 0421, HRSA UDS).

1.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

1.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters.

1.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist,

occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

1.5.1.4. Denominator: All patients aged 18 years and older who had at least one medical visit during the state fiscal year.

1.5.2. Percent of patients aged 2 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (HRSA UDS).

1.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

1.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

1.6. **Preventive Health: Tobacco Screening**

1.6.1. Percent of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user (ACO 17, NQF 0028, HRSA UDS).

1.6.1.1. Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.1.2. Definitions:

1.6.1.2.1. Tobacco Use: Includes any type of tobacco

1.6.1.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.1.3. Denominator: All patients aged 18 years and older seen for at least two visits ever

1.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (Title V, PM #15).

1.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.2.2. Definitions:

1.6.2.2.1. Tobacco Use: Includes any type of tobacco

1.6.2.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.2.3. Denominator: All women who delivered a live birth in a state fiscal year

1.7. **At Risk Population: Hypertension**

1.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year** (ACO 28, NQF 0018).

1.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm Hg at the time of their last measurement.

1.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)

1.8. **Patient Safety: Falls Screening**

1.8.1. **Percent of patients aged 65 years and older who were screened for future fall risk at least once within 12 months** (ACO 13, NQF0101).

1.8.1.1. Numerator: Patients who were screened for future fall risk at least once within 12 months.

1.8.1.2. Definition of Fall: a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force.

1.8.1.3. Numerator note: Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year.

1.8.1.4. Denominator: All patients aged 65 years and older

1.8.1.5. Excluded from denominator population: (Exclusion only applied if patient was not screened for future fall risk) Documentation of medical reason(s) for not screening for future fall risk (e.g. patient is not ambulatory)

2. BCCP PERFORMANCE MEASURES

2.1. BCCP Performance Measure #1

2.1.1. **Measure:*** 78% of female patients age 24 through 64 years of age screened for cervical cancer per USPSTF guidelines.

2.1.2. **Numerator –** Number of female patients 24 through 29 years of age who have had a documented pap in the past 3 years AND female patients 30-64 who have either had a pap in the past 3 years OR an HPV test and a pap in the past 5 years

2.1.3. **Denominator –** Number of female patients 24 through 64 years of age who have had a visit in the past year and do not have evidence of having had a total hysterectomy.

2.1.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.1.5. *Measure based on the UDS measure

2.1.6. **Healthy People 2020 National Target is 93%

2.2. BCCP Performance Measure #2

2.2.1. **Measure:*** 75% of female patients age 52 through 74 years of age screened for breast cancer per USPSTF guidelines.

2.2.2. **Numerator –** Number of female patients 52 through 74 years of age who have had a documented mammogram in the past 24 months.

2.2.3. **Denominator –** Number of female patients 52 through 74 years of age who have had a visit in the past year and do not have evidence of having had a bilateral mastectomy.

2.2.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.2.5. *Measure based on the USPSTF Guidelines

2.2.6. ** Healthy People 2020 National Target is 81.1%

3. SBIRT PERFORMANCE MEASURES

3.1. **Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services**

3.1.1. **Numerator:** Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention or referral to services.

3.1.2. Definitions

3.1.2.1. Substance Use: Includes any type of alcohol or drug.

3.1.2.2. Brief Intervention: Includes guidance or counseling.

3.1.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.1.3. Denominator: Number of patients aged 18 years and older seen for annual visit within 12 months.

3.2. **Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services**

3.2.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

3.2.2. Definitions:

3.2.2.1. Substance Use: Includes any type of alcohol or drug.

3.2.2.2. Brief Intervention: Includes guidance or counseling.

3.2.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the state fiscal year.

Contractor Initials: _____
Date: 5/14/15

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   2.1. #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse.
   2.2. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   2.3. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #2, Scope of Services, in accordance with Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2.
4. The Contractor shall use and apply the amount in the SBIRT line item in Exhibit B-3 and Exhibit B-6 on actual SBIRT services provided.
5. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
6. Payment for said services shall be made as follows:
   6.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for:
      6.1.1. Authorized expenses incurred in the prior month.
      6.1.2. The units of SBIRT services provided, in accordance with Exhibit A – Amendment #2, Section 5.2.2 through Section 5.2.5 and Section 5.3.1 through Section 5.3.3, which shall be paid on a fee-for-service basis at the following rates:
         6.1.2.1. $29.86 for each unit of service that is 15-30 minutes.
         6.1.2.2. $57.31 for each unit of service that is more than 30 minutes.
   6.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   6.3. The invoice must be submitted by mail or e-mail to:

Financial Manager
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

E-mail: dphscontractbilling@dhhs.state.nh.us

Contractor Initials: VW
Date: 5/14/15

7. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
8. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
9. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
10. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: KM
Date: 5/4/15

EXHIBIT B-1 AMENDMENT #2

PRIMARY CARE BUDGET FORM

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Primary Care MCH-RHPC

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 625,144.00	$ -	$ 625,144.00	$ -	$ -	$ -	$ 625,144.00	$ -	$ 625,144.00
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ 11,000.00	$ -	$ 11,000.00	$ -	$ -	$ -	$ 11,000.00	$ -	$ 11,000.00
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 636,144.00**	**$ -**	**$ 636,144.00**	**$ -**	**$ -**	**$ -**	**$ 636,144.00**	**$ -**	**$ 636,144.00**
Indirect As A Percent of Direct		0.0%							

Date: 5/14/15

Contractor's Initials: 5/14/15

EXHIBIT B-2 AMENDMENT #2

BCCP BUDGET FORM

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Primary Care - BCCP

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

	CDC Program Grant			Contractor Cash/In-Kind Match			Funding Source/DHHS Contract Share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 35,414.00	$ -	$ 35,414.00	$ -	$ -	$ -	$ 35,414.00	$ -	$ 35,414.00
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ 24,199.00	$ -	$ 24,199.00	$ -	$ -	$ -	$ 24,199.00	$ -	$ 24,199.00
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 59,613.00	$ -	$ 59,613.00	$ -	$ -	$ -	$ 59,613.00	$ -	$ 59,613.00
Indirect As A Percent of Direct		0.0%							

Date: 5/04/15

Contractor's Initials: 5/04/15

EXHIBIT B-3 AMENDMENT #2

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

	Total Program Cost			Contractor Share / Match			Funded by DHHS Contract Share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 35,500.00	$ -	$ 35,500.00	$ -	$ -	$ -	$ 35,500.00	$ -	$ 35,500.00
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 7,625.00	$ -	$ 7,625.00	$ -	$ -	$ -	$ 7,625.00	$ -	$ 7,625.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 43,125.00	$ -	$ 43,125.00	$ -	$ -	$ -	$ 43,125.00	$ -	$ 43,125.00
Indirect As A Percent of Direct		0.0%							

Contractor Initials: _____

Date: 5/14/15

EXHIBIT B-4 AMENDMENT #2

PRIMARY CARE BUDGET FORM

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Primary Care MCH-RHPC

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

	Total Program Cost			Contractor Share/Match			Funded by DHHS contract share		
Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 625,144.00	$ -	$ 625,144.00	$ -	$ -	$ -	$ 625,144.00	$ -	$ 625,144.00
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ 11,000.00	$ -	$ 11,000.00	$ -	$ -	$ -	$ 11,000.00	$ -	$ 11,000.00
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 636,144.00	$ -	$ 636,144.00	$ -	$ -	$ -	$ 636,144.00	$ -	$ 636,144.00

Indirect As A Percent of Direct 0.0%

Date: 5/14/16

Contractor's Initials: 5/14/16

EXHIBIT B-5 AMENDMENT #2

BCCP BUDGET FORM

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Primary Care - BCCP

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

Line Item	Total Program Cost: Direct	Total Program Cost: Indirect	Total Program Cost: Total	Contractor Share / Match: Direct	Contractor Share / Match: Indirect	Contractor Share / Match: Total	Funded by DHHS contract share: Direct	Funded by DHHS contract share: Indirect	Funded by DHHS contract share: Total
1. Total Salary/Wages	$ 35,414.00	$ -	$ 35,414.00	$ -	$ -	$ -	$ 35,414.00	$ -	$ 35,414.00
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ 24,199.00	$ -	$ 24,199.00	$ -	$ -	$ -	$ 24,199.00	$ -	$ 24,199.00
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 59,613.00**	**$ -**	**$ 59,613.00**	**$ -**	**$ -**	**$ -**	**$ 59,613.00**	**$ -**	**$ 59,613.00**
Indirect As A Percent of Direct		0.0%							

Date: 5/16/16

Contractor's Initials: 5/16/16

EXHIBIT B-6 AMENDMENT #2

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

	Total Program Cost			Contractor Share / Match			Funded by DHHS Share/Match		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services placeholder for carryover	$ 500.00	$ -	$ 500.00	$ -	$ -	$ -	$ 500.00	$ -	$ 500.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 500.00	$ -	$ 500.00	$ -	$ -	$ -	$ 500.00	$ -	$ 500.00

Indirect As A Percent of Direct 0.0%

Contractor Initials: _____

Date: 5/14/15

CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND WHISTLEBLOWER PROTECTIONS

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name:

5/14/15
Date

Name: Kris MacCracken
Title: President / CEO

9/8/14# 34A MJ
5/8/14

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964

NH DIVISION OF
Public Health Services
Improving health, preventing disease, reducing costs for all

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

March 28, 2014

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Retroactive
Sole source
13% Federal funds
87% General fund

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend agreements with 13 vendors by increasing the total price limitation by $4,293,569 from $5,173,800 to $9,467,369 to provide primary care services. This amount includes a request to **retroactively** enter into **sole-source** amendments in an amount of $648,347, effective **retroactive** to July, 1, 2013 through June 30, 2014 and to exercise a one-year renewal option with the same 13 vendors in an amount of $3,645,222, extending the completion date from June 30, 2014 to June 30, 2015, effective upon Governor and Council approval. Twelve of these agreements were originally approved by Governor and Council on June 20, 2012, Item numbers 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, and one agreement was originally approved by Governor and Council on July 11, 2012, Item number 31.

Summary of contracted amounts by vendor:

Vendor	Location	SFY 2014 Amount	SFY 2015 Amount	Total Increase
Ammonoosuc Community Health	North Grafton/ South Coos	$42,661	$254,172	$296,833
Concord Hospital, Inc.	Merrimack/ Hillsborough	$64,413	$376,377	$440,790
Coos County Family Health	Eastern Coos	$24,351	$159,685	$184,036
Families First of the Greater Seacoast	Seacoast Area	$41,892	$242,094	$283,986
Goodwin Community Health	Strafford County	$74,293	$420,579	$494,872
Health First Family Care Center	Central/Eastern Belknap	$55,968	$292,214	$348,182
Indian Stream Health Center	Northern Coos & Colebrook	$18,030	$100,409	$118,439
Lamprey Health Care, Inc.	Central Southern/Eastern NH	$119,828	$654,249	$774,077
Manchester Community Health Center	Greater Manchester Area	$71,392	$407,637	$479,029
Mid-State Health Center	Central Northern Belknap	$35,001	$175,511	$210,512
The New London Hospital, Inc.	Sullivan County	$39,566	$225,093	$264,659
Weeks Medical Center	Western Coos	$20,652	$113,557	$134,209
White Mountain Community Health	Northern Carroll	$40,300	$223,645	$263,945
TOTAL		**$648,347**	**$3,645,222**	**$4,293,569**

Funds to support this request are available in the following accounts for SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

See attachment for financial details

EXPLANATION

Approval is requested **retroactive** to July 1, 2013. The services provided by these contracts are consistent with prior contracts and were included in the operating budget for SFY 2014 and SFY 2015. Contracts were delayed, however, since the exact amount of funding available was only recently determined. The SFY 2014 amendments are **sole source** because they exceed more than 10% of the original contract amount.

This requested action seeks approval of 13 amendments that represents $4,293,569 total anticipated to be spent statewide to continue breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services, and because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program

provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, low-income individuals statewide may not have adequate access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Contracts were awarded to Primary Care agencies through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by teams of three professionals. All reviewers have between three to 20 years' experience managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, these competitively procured Agreements have the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Department is exercising one year of this renewal option.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. All Primary Care vendors are making adequate progress in meeting clinical performance measures and the Departments wishes to continue working with the vendors for another year.

The performance measures as described in the contract amendment Exhibit A – Amendment 1 – Performance Measures, will be used to continue to measure the effectiveness of the agreement.

Area to be served is statewide.

Source of Funds: 13.09% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau; Centers for Disease Control and Prevention and 86.91% 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,

Brook Dupee for

José Thier Montero, MD, MHCDS
Director

Approved by:

Nicholas A. Toumpas
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-B003 PO # 1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	42,661	42,661
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$42,661	$42,661

Concord Hospital, Inc., Vendor # 177653-B011 PO # 1024253

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	64,413	64,413
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$64,413	$64,413

Coos County Family Health Services, Inc., Vendor # 155327-B001 PO # 1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	24,351	24,351
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$24,351	$24,351

Families First of the Greater Seacoast, Vendor # 166629-B001 PO # 1024254

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	41,892	41,892
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$41,892	$41,892

Goodwin Community Health, Vendor # 154703-B001 PO # 1024256

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	74,293	74,293
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$74,293	$74,293

Health First Family Care Center, Vendor # 158221-B001 PO # 1024257

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	55,968	55,968
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$55,968	$55,968

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services

Indian Stream Health Center, Vendor # 165274-B001 — PO # 1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	18,030	18,030
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$18,030	$18,030

Lamprey Health Care, Inc., Vendor # 177677-R001 — PO # 1024259

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	119,828	119,828
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$119,828	$119,828

Manchester Community Health Center, Vendor # 157274-B001 — PO # 1024260

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	71,392	71,392
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$71,392	$71,392

Mid-State Health Center, Vendor # 158055-B001 — PO # 1024350

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	35,001	35,001
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$35,001	$35,001

The New London Hospital, Inc., Vendor # 177167-R005 — PO # 1024262

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	39,566	39,566
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$39,566	$39,566

Weeks Medical Center, Vendor # 177171-R001 — PO # 1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	20,652	20,652
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$20,652	$20,652

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services

White Mountain Community Health Center, Vendor # 174170-R001 PO # 1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	40,300	40,300
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$40,300	$40,300
			SUB TOTAL	**$0**	**$648,347**	**$648,347**

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

6.7% Federal Funds and 93.3% General Funds (FAIN# MC26681)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-B003 PO # 1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	142,819	-	142,819
SFY 2014	102/500731	Contracts for Program Svcs	90080000	142,819	-	142,819
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	213,921	213,921
			Sub-Total	$285,638	$213,921	$499,559

Concord Hospital, Inc., Vendor # 177653-B011 PO # 1024253

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	215,637	-	215,637
SFY 2014	102/500731	Contracts for Program Svcs	90080000	215,637	-	215,637
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	322,992	322,992
			Sub-Total	$431,274	$322,992	$754,266

Coos County Family Health Services, Inc., Vendor # 155327-B001 PO # 1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	81,519	-	81,519
SFY 2014	102/500731	Contracts for Program Svcs	90080000	81,519	-	81,519
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	122,103	122,103
			Sub-Total	$163,038	$122,103	$285,141

Families First of the Greater Seacoast Vendor # 166629-B001 PO # 1024254

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	140,243	-	140,243
SFY 2014	102/500731	Contracts for Program Svcs	90080000	140,243	-	140,243
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	210,063	210,063
			Sub-Total	$280,486	$210,063	$490,549

Goodwin Community Health Vendor # 154703-B001 PO # 1024256

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	248,712	-	248,712
SFY 2014	102/500731	Contracts for Program Svcs	90080000	248,712	-	248,712
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	372,533	372,533
			Sub-Total	$497,424	$372,533	$869,957

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Health First Family Care Center, Vendor # 158221-B001 PO # 1024257

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	187,367	-	187,367
SFY 2014	102/500731	Contracts for Program Svcs	90080000	187,367	-	187,367
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	280,648	280,648
			Sub-Total	$374,734	$280,648	$655,382

Indian Stream Health Center, Vendor #165274-B001 PO # 1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	60,359	-	60,359
SFY 2014	102/500731	Contracts for Program Svcs	90080000	60,359	-	60,359
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	90,409	90,409
			Sub-Total	$120,718	$90,409	$211,127

Lamprey Health Care, Inc., Vendor # 177677-R001 PO # 1024259

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	401,151	-	401,151
SFY 2014	102/500731	Contracts for Program Svcs	90080000	401,151	-	401,151
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	600,864	600,864
			Sub-Total	$802,302	$600,864	$1,403,166

Manchester Community Health Center, Vendor # 157274-B001 PO # 1024260

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	239,002	-	239,002
SFY 2014	102/500731	Contracts for Program Svcs	90080000	239,002	-	239,002
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	357,989	357,989
			Sub-Total	$478,004	$357,989	$835,993

Mid-State Health Center, Vendor # 158055-B001 PO # 1024350

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	117,175	-	117,175
SFY 2014	102/500731	Contracts for Program Svcs	90080000	117,175	-	117,175
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	175,511	175,511
			Sub-Total	$234,350	$175,511	$409,861

The New London Hospital, Inc., Vendor # 177167-R005 PO # 1024262

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	132,457	-	132,457
SFY 2014	102/500731	Contracts for Program Svcs	90080000	132,457	-	132,457
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	198,401	198,401
			Sub-Total	$264,914	$198,401	$463,315

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Weeks Medical Center, Vendor # 177171-R001 PO # 1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	69,137	-	69,137
SFY 2014	102/500731	Contracts for Program Svcs	90080000	69,137	-	69,137
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	103,557	103,557
			Sub-Total	$138,274	$103,557	$241,831

White Mountain Community Health Center, Vendor # 174170-R001 PO # 1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	134,913	-	134,913
SFY 2014	102/500731	Contracts for Program Svcs	90080000	134,913	-	134,913
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	202,079	202,079
			Sub-Total	$269,826	$202,079	$471,905
			SUB TOTAL	**$4,340,982**	**$3,251,070**	**$7,592,052**

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER 100% Federal Funds (FAIN #U58DP003930)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-B003 PO # 1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	32,608	-	32,608
SFY 2014	102/500731	Contracts for Program Svcs	90080081	32,608	-	32,608
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	30,251	30,251
			Sub-Total	$65,216	$30,251	$95,467

Concord Hospital, Inc., Vendor # 177653-B011 PO # 1024253

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2014	102/500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	53,385	53,385
			Sub-Total	$120,134	$53,385	$173,519

Coos County Family Health Services, Inc., Vendor # 155327-B001 PO # 1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2014	102/500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	27,582	27,582
			Sub-Total	$60,068	$27,582	$87,650

Families First of the Greater Seacoast Vendor # 166629-B001 PO # 1024254

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2014	102/500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	32,031	32,031
			Sub-Total	$60,068	$32,031	$92,099

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services

Goodwin Community Health Vendor # 154703-B001 PO # 1024256

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	51,486	-	51,486
SFY 2014	102/500731	Contracts for Program Svcs	90080081	51,486	-	51,486
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	48,046	48,046
			Sub-Total	$102,972	$48,046	$151,018

Health First Family Care Center, Vendor # 158221-B001 PO # 1024257

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2014	102/500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	11,566	11,566
			Sub-Total	$25,742	$11,566	$37,308

Lamprey Health Care, Inc., Vendor # 177677-R001 PO # 1024259

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2014	102/500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	53,385	53,385
			Sub-Total	$120,134	$53,385	$173,519

Manchester Community Health Center, Vendor # 157274-B001 PO # 1024260

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	47,196	-	47,196
SFY 2014	102/500731	Contracts for Program Svcs	90080081	47,196	-	47,196
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	49,648	49,648
			Sub-Total	$94,392	$49,648	$144,040

The New London Hospital, Inc., Vendor # 177167-R005 PO # 1024262

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	29,175	-	29,175
SFY 2014	102/500731	Contracts for Program Svcs	90080081	29,175	-	29,175
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	26,692	26,692
			Sub-Total	$58,350	$26,692	$85,042

White Mountain Community Health Center, Vendor # 174170-R001 PO # 1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2014	102/500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	11,566	11,566
			Sub-Total	25,742	11,566	37,308
			SUB TOTAL	**$732,818**	**$344,152**	**$1,076,970**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-901010-5149 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-B003 — PO # 1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	$20,000	$0	$20,000

Coos County Family Health Services, Inc., Vendor # 155327-B001 — PO # 1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	10,000		10,000
SFY 2014	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	$20,000	$0	$20,000

Indian Stream Health Center, Vendor #165274-B001 — PO # 1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	$20,000	$0	$20,000

Weeks Medical Center, Vendor # 177171-R001 — PO # 1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	$20,000	$0	$20,000

White Mountain Community Health Center, Vendor # 174170-R001 — PO # 1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	$20,000	$0	$20,000
			SUB TOTAL	**$100,000**	**$0**	**$100,000**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-B003 — PO # 1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	10,000	10,000
			Sub-Total	$0	$10,000	$10,000

Coos County Family Health Services, Inc., Vendor # 155327-B001 — PO # 1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	-		-
SFY 2014	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	10,000	10,000
			Sub-Total	$0	$10,000	$10,000

Indian Stream Health Center, Vendor #165274-B001 — PO # 1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	10,000	10,000
			Sub-Total	$0	$10,000	$10,000

Weeks Medical Center, Vendor # 177171-R001 — PO # 1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	10,000	10,000
			Sub-Total	$0	$10,000	$10,000

White Mountain Community Health Center, Vendor # 174170-R001 — PO # 1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	10,000	10,000
			Sub-Total	$0	$10,000	$10,000
			SUB TOTAL	**$0**	**$50,000**	**$50,000**
			TOTAL	**$5,173,800**	**$4,243,569**	**$9,417,369**

Program Name: DPHS, Maternal and Child Health
Contract Purpose: Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Ammonoosuc Community Health Services, Inc., 25 Mount Eustis Rd., Littleton, NH 03561	Coos County Family Health Services, Inc., 54 Willow St., Berlin, NH 03570	Concord Hospital, Inc., 250 Pleasant St., Concord, NH 03301	Families First of the Greater Seacoast, 100 Campus Drive, Portsmouth, NH 03801	Goodwin Community Health, 311 Route 108, Somersworth, NH 03878	Health First Family Care Center, 841 Central St., Franklin, NH 03235	Manchester Community Health Center, 145 Hollis St., Manchester, NH 03101	Mid-State Health Center, 101 Boulder Point Dr., Plymouth, NH 03264
Agy Capacity	30	29.00	28.00	28.00	29.00	29.00	25.00	29.00	28.00
Program Structure	50	46.00	45.00	47.00	48.00	48.00	39.00	46.00	45.00
Budget & Justification	15	14.00	15.00	15.00	15.00	12.00	13.00	15.00	12.00
Format	5	4.00	5.00	5.00	5.00	4.00	4.00	5.00	5.00
Total	100	93.00	93.00	95.00	97.00	93.00	81.00	95.00	90.00

BUDGET REQUEST								
Year 01	$339,156.25	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 02	$347,976.97	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 03	$0.00	-	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET REQUEST	$687,133.22	237,918.00	$551,408.00	$327,586.00	$584,604.00	$398,254.00	$556,404.00	$234,350.00
BUDGET AWARDED								
Year 01	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 02	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 03	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET AWARDED	$370,854.00	$243,106.00	$551,408.00	$340,554.00	$600,396.00	$400,476.00	$572,396.00	$234,350.00

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	to twenty years experience
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	either in clinical settings,
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	providing community-based
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	family support services and or
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	managing agreements with
7	Terry Ohlson-Martin	Co-Director	Family Voices	vendors for various public
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	health programs. Areas of
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	specific expertise include
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm	maternal & child health,
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	quality assurance & performance
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	improvement; chronic and
				communicable diseases and
				public health infrastructure

Program Name: DPHS, Maternal and Child Health
Contract Purpose: Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	The New London Hospital, Inc., 273 County Rd., New London, NH 03257	Weeks Medical Center, 170 Middle St., Lancaster, NH 03584	White Mountain Community Health Center, 298 White Mountain Hwy., Conway, NH 03818	Lamprey Health Care, Inc., 207 South Main St., Newmarket, NH 03857	Indian Stream Health Center, 141 Corless Lane, Colebrook, NH 03576	0	0	0
Agy Capacity	30	27.00	28.00	21.00	29.00	23.00	0.00	0.00	0.00
Program Structure	50	40.00	43.00	38.00	45.00	35.00	0.00	0.00	0.00
Budget & Justification	15	9.00	15.00	15.00	13.00	9.00	0.00	0.00	0.00
Format	5	4.00	5.00	3.00	5.00	5.00	0.00	0.00	0.00
Total	100	80.00	91.00	77.00	92.00	72.00	0.00	0.00	0.00

BUDGET REQUEST									
Year 01		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 02		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET REQUEST		$312,900.00	$158,274.00	$313,346.00	$912,662.00	$272,712.00	-	-	-
BUDGET AWARDED									
Year 01		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 02		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET AWARDED		$323,264.00	$158,274.00	$315,568.00	$922,436.00	$140,718.00	-	-	-

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal & child health, quality assurance & performance improvement, chronic and communicable diseases and public health infrastructure
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	
7	Terry Ohlson-Martin	Co-Director	Family Voices	
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm	
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Manchester Community Health Center

This 1st Amendment to the Manchester Community Health Center contract (hereinafter referred to as "Amendment One") dated this 12th day of March, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Manchester Community Health Center (hereinafter referred to as "the Contractor"), a corporation with a place of business at 145 Hollis Street, Manchester, New Hampshire 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the Department desires to provide additional primary health care services for preventive and episodic health care for acute and chronic health conditions for people of all ages.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $1,051,425

- Exhibit A, Scope of Services to add:
  Exhibit A – Amendment 1

- Exhibit B, Purchase of Services, Contract Price, to add:

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $71,392 for SFY 2014 and $407,637 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $71,392 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $357,989 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

Contractor Initials:
Date: 3/12/14

- $49,648 from 05-95-90-902010-5659-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.283;

  Add Paragraph 8
  8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

- Budget, to add:
  Exhibit B-1 (2014) - Amendment 1,
  Exhibit B-1 (2015) - Amendment 1

This amendment shall be in effect July 1, 2013, effective upon the date of Governor and Executive Council approval.

Contractor Initials: _____
Date: 3/12/14

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

5/28/14
Date

Brook Dupee
Bureau Chief

Manchester Community Health Center

3/12/14
Date

Name: Karen Mackenzie
Title: President/CEO

Acknowledgement:

State of New Hampshire County of Hillsborough on 3/12/14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

LAURIE A. GARLAND
MY COMMISSION EXPIRES FEB. 12, 2019
NOTARY PUBLIC
NEW HAMPSHIRE

Signature of Notary Public or Justice of the Peace

Laurie Garland, Notary Public
Name and Title of Notary or Justice of the Peace

Contractor Initials:
Date: 5/12/14

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4-3-14
Date

Name: Rosemary Wiant
Title: Asst Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: _____
Date: 3/12/14

Scope of Services

The Department desires to continue the relationship with the primary care agencies to provide additional primary health care services for preventive and episodic health care for acute and chronic health conditions for people of all ages.

I. General Provisions

A) Eligibility and Income Determination

1. Office-based primary care services will be provided to low-income individuals and families (defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), in the State of New Hampshire.

2. Breast and Cervical Cancer screening services will be provided to low-income (defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), New Hampshire women age 21– 64, uninsured or underinsured. BCCP changes.

3. The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing if, at any time, the practice is closed to new patients, or maintains a wait list for new patients, or any other mechanism is used that limits access for new patients for more than a one month period.

4. The Contractor shall document annually, for each client enrolled in the program, family income and family size, and calculate percentage of the federal poverty level. If calculations indicate that the client may be eligible for enrollment in Medicaid, the Contractor shall complete with the client the most recent version of the 800P form.

5. The Contractor shall implement, and post in a public and conspicuous location, a sliding fee payment schedule, approved in advance by the Division of Public Health Services (DPHS), for low-income patients. Signage must state that no client will be denied services for inability to pay.

    a. As an alternative, the contractor may post, in a public and conspicuous location, a notice to clients that a sliding fee scale is available and that no client will be denied services for inability to pay. The sliding fee scale must be updated annually based on USDHHS Poverty guidelines as published in the Federal Register, submitted to and approved by DPHS prior to implementation.

6. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered.

B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 9,425 users annually with 37,620 medical encounters, as defined in the Data and Reporting Requirements. Breast and Cervical Cancer Screening for eligible women, as defined by the Breast and Cervical Cancer Program (BCCP), shall be provided to 279 women annually and billed directly to the BCCP. Clinical service reimbursements shall not exceed the Medicare rate.

C) Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.
2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
3. Provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.
4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.
5. The contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency Citation 45 CFR 80.3(b) (2). The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client, language line).

D) State and Federal Laws

The Contractor is responsible for compliance with all relevant state and federal laws. Special attention is called to the following statutory responsibilities:

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 301, adopted 6/3/08.

2. Persons employed by the contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults, RSA 631:6, Assault and Related Offences and RSA 130:A, Lead Paint Poisoning and Control.

3. Immunizations shall be conducted in accordance with RSA 141-C and the Immunization Rules promulgated hereunder.

E) Relevant Policies and Guidelines

1. The Contractor shall design and provide the services described above to meet the unique and identified health needs of the populations within the contracted service area.

2. Primary Care funds shall be targeted to populations in need. Populations in need are defined as follows:

   a) uninsured;

   b) under-insured;

   c) families and individuals with significant psychosocial and economic risk, including low income status;

   d) all life cycles including perinatal, child, adolescent, adult, and elderly who meet one or more of the above criteria.

3. The Contractor shall design and implement systems of governance, administration, financial management, information management, and clinical services which are adequate to assure the provision of contracted services, and to meet the data and reporting requirements. These systems shall meet the most current minimum standards described in at least one of the following: Health Resources and Services Administration (HRSA) Office of Performance Review protocols, Joint Commission on Accreditation of Health Care Organizations (JCAHO), Accreditation Association for Ambulatory Healthcare (AAAHC), Community Health Accreditation Program (CHAP), or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey.

4. The Contractor shall have an agency emergency preparedness and response plan in accordance with HRSA Health Center Emergency Management Program Expectations, Document #2007-15 or most recent version. Such plan shall also include a Continuity of Operations plan.

5. The Contractor shall carry out the work as described in the performance Workplan submitted with the proposal and approved by the Rural Health and Primary Care Section (RHPCS), and the Maternal and Child Health Section (MCHS).

6. No Workplan is required by the Breast and Cervical Cancer Program (BCCP). The contractor shall be required to respond to the Quality Improvement Feedback Report twice a year.

7. The Contractor shall carry out the work as described in the Supplemental Funding Form submitted with the proposal and approved by the Rural Health and Primary Care Section (RHPCS), and the Maternal and Child Health Section (MCHS).

F) Publications Funded Under Contract

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.

2. All documents (written, video, audio, electronic) produced, reproduced, or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.

3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C (14).

G) Subcontractors

If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the Division of Public Health Services (DPHS), Maternal and Child Health Section must be notified in writing and approve the subcontractual agreement, prior to initiation of the subcontract.

1. If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the Division of Public Health Services (DPHS), Maternal and Child Health Section must be notified in writing and approve the subcontractual agreement, prior to initiation of the subcontract.

2. In addition, the original DPHS contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

II. Minimal Standards of Core Services

A. Service Requirements

1. Medical Home

The Contractor shall provide a Medical Home that:

a) Facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family.

b) Provides care facilitated by registries, information technology, health information exchange, and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

2. Primary Care Services

The Contractor shall provide office-based primary care services to populations in need who reside in the contractor's service area. Primary care services shall include:

a) Health care provided by a New Hampshire licensed MD, DO, APRN, or PA, including diagnosis and treatment of acute and chronic illnesses within the scope of family practice; preventive services, screenings, and health education according to established, documented state or national guidelines; assessment of need for social and nutrition services, and appropriate referrals to health, oral health, and behavioral health specialty providers.

b) Referral to the WIC Nutrition Program for all eligible pregnant women, infants and children.

c) In-hospital care for conditions within the scope of family practice must be provided at a hospital, within the agency service area, through a staff clinician with full hospital privileges, or in the alternative, through a formal referral and admissions procedure available to clients on a 24 hour/7 day a week basis.

d) Access to a healthcare provider, directly or by referral or subcontract, by telephone twenty-four hours per day, seven days per week.

e) Assessment of psychosocial risk for all clients at least annually and for children at scheduled preventive care visits, including, at a minimum, age appropriate assessment of safety in the home, domestic violence, adequacy of food and housing, care and welfare of children, transportation needs, and provision of necessary social services to address the priority needs and safety issues of clients and families.

f) Falls prevention screening for patients 65 years and older using the algorithm and guidelines of the American Geriatrics Society.

g) Behavioral health care directly or by referral to an agency or provider with a sliding fee scale.

h) Nutrition assessment for all clients as part of the health maintenance visit. Therapeutic nutrition services shall be provided as indicated directly or by referral to an agency or provider with a sliding fee scale. These services shall be recorded in the medical record.

i) Formal arrangements with a local hospital for emergency care must be in place and reviewed annually.

j) Home health care directly or by referral to an agency or provider with a sliding fee scale.

k) Assisted living and skilled nursing facility care by referral.

l) Oral screening annually for all clients 21 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health.

m) Diagnosis and management of pediatric and adult patients with asthma provided according to National Heart Lung Blood Institute, National Asthma Education and Prevention Program, Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma, 2007.

3. Breast and Cervical Cancer Screening

a) Women age 21 to 64 who are eligible for Breast and Cervical Cancer Program (BCCP) services according to income (equal to or under 250% of poverty, underinsured/uninsured) and insurance status criteria shall be provided the following services, following USPSTF screening recommendations:

i. cervical cancer screening including a pelvic examination and Pap smear;
ii. breast cancer screening including a clinical breast exam, mammogram and,
iii. referrals for diagnostic and treatment services based on screening results,
iv. case management services.

b) All referrals under this provision shall be to approved certified laboratory, pathology, radiology, and surgical services. Mammography units shall be accredited by the American College of Radiology, and must be FDA certified under MQSA. Laboratories shall be CLIA certified.

c) All services shall be provided in accordance with the Breast and Cervical Cancer Program (BCCP) Policy and Procedure Manual.

d) Follow-up and tracking of all tests done, and referrals made shall be provided in accordance with the minimum standards outlined in the Breast and Cervical Cancer Program Policy and Procedure Manual.

e) All services for women enrolled in the Breast and Cervical Cancer Program (BCCP) shall be billed directly to the BCCP in accordance with protocols established by the Breast and Cervical Cancer Program.

f) The Contractor shall provide the NH Breast and Cervical Cancer Program with breast and cervical cancer screening rates for all women served by the practice as requested, but not more than twice per SFY.

g) The contractor shall work with the NH Breast and Cervical Cancer Program staff to increase the breast and cervical cancer screening rates among all women serviced by the practice.

4. Reproductive Health Services

The Contractor shall provide prenatal, interconceptional and preconception medical care, social services, nutrition services, education, and nursing care to all women of childbearing age. Preconceptional care includes the preconception, interconceptional, and postpartum periods in women's health. It is recommended that preconceptional and interconceptional care visits focus on maintaining or achieving the optimal health of the mother, lowering the risk of future adverse pregnancy outcomes, the family's future plans, and how additional children fit into that plan. Preconceptional counseling may be done during an office, group or home visit.

a) In the event prenatal care is not provided directly by the Contractor a formal Memorandum/a of Agreement for coordinated referral to an appropriately qualified provider must be maintained.

b) Prenatal care shall, at minimum, be provided in accordance with the Guidelines for Perinatal Care, sixth or most current edition, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and /or the Centers for Disease Control.

c) Age appropriate reproductive health care shall, at a minimum, be provided in accordance with the American College of Obstetricians and Gynecologists, or the USDHHS Centers for Disease Control (CDC) current guidelines.

d) Pregnant women enrolled in the WIC Nutrition Program shall be referred to WIC for breastfeeding education and referral to the WIC Nutrition Program peer counselors.

e. Family planning counseling for prevention of subsequent pregnancy following an infant's birth shall be discussed with the infant's mother at the first postpartum visit and at the infant's 2-month visit and other visits as appropriate. Rationale for birth intervals of 18-24 months shall be presented.

f) A referral to a Title X Family Planning Clinic or other reproductive health care provider shall be made as appropriate.

5. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent. Children and adolescent visits shall include:

a) The World Health Organization (WHO) growth charts shall be used to monitor growth for infants and children birth up to age 2 years. The Centers for Disease Control and Prevention (CDC) growth charts shall be used for children age 2 years and older.

b) Blood lead testing shall be performed in accordance with "New Hampshire Childhood Lead Poisoning Screening and Management Guidelines", issued by the New Hampshire Department of Health and Human Services, 2009 or subsequent revisions.

c) All children enrolled in either Medicaid, Head Start, or the Women, Infant, and Children (WIC) Program and/or who are ≤ 185% poverty, regardless of town of residence, are required to have a blood lead test at ages one and two years. All children ages three to six years who have not been previously tested shall have a blood lead test performed.

d) All children shall be screened for iron deficiency anemia as outlined in the Centers for Disease Control and Prevention document "Recommendations to Prevent and Control Iron Deficiency in the United States (4/2/98)".

e) Age-appropriate anticipatory guidance, dietary guidance, and *feeding practice counseling* for optimal oral health shall be provided at each well child visit according to the American Academy of Pediatrics' periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent edition. Starting at age 6 months, it is recommended that all children receive an oral health assessment at every well child visit, and a referral for the child's first visit to the dentist by age one as recommended by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry.

f) Supplemental fluoride shall be prescribed as needed based upon the fluoride levels in the child's drinking water supply. The fluoride dosage regimen accepted by the American Academy of Pediatrics shall be followed. No fluoride shall be prescribed without obtaining water from private wells or noting the presence or absence of fluoride in the public water supply. Supplemental fluoride may include bottled water containing fluoride and topical applications such as varnishes.

g) For infants enrolled in the WIC Nutrition Program, parents shall be referred to WIC for breastfeeding support and referral to the WIC Nutrition Program peer counselors.

6. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment of sexually transmitted infections.

a) Treatment for sexually transmitted infections shall be provided according to the United States Centers for Disease Control Sexually Transmitted Diseases Treatment Guidelines, 2010 or subsequent revisions.

b) All clients, including women, shall be offered HIV testing following the most current recommendations of the United States Centers for Disease Control.

c) The contractor shall be responsible for ensuring referral to appropriate treatment services for any woman found to screen positive.

d) Appropriate risk reduction counseling shall be provided based on client needs.

7. Substance Use Services

a) A substance use screening history using a formal, validated screening tool shall be obtained for all clients as soon after entry into care as possible. Substance use counseling or other substance abuse intervention, treatment, or recovery services by an appropriately credentialed provider shall be provided on-site, or by referral, to clients with identified needs for these services. For these identified clients, ongoing primary care services should include follow up monitoring relative to substance abuse.

b) All clients, including pregnant women, identified as smokers shall receive counseling using the 5A's (ask, advise, assess, assist, and arrange) treatment available through the NH Tobacco Helpline as cited in the US Public Health Services report "Tobacco Use and Dependence", 2008, or "Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking", American College of Obstetricians and Gynecologists, 2011. With prior approval, agencies may also opt to participate in the DPHS best practice initiative of the 2A's and R (ask, advise and refer).

8. Immunizations

a) The Contractor shall adhere to the most current version of the "Recommended Adult Immunization Schedule for Adults (19 years and older) by Age and Medical Condition - United States", approved by the Advisory Committee on Immunization Practices, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians.

b) The Contractor shall administer vaccines according to the most current version of the "Recommended Immunization Schedule for Persons Aged 0 Through 6 Years - United States", and "Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States" approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians, based upon availability of vaccine from the New Hampshire Immunization Program.

9. Prenatal Genetic Screening

a) A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

b) All pregnant women should be offered voluntary genetic screening for fetal chromosomal abnormalities at the appropriate time following recommendations found in the American College of Obstetricians and Gynecologists' "Screening for Fetal Chromosomal Abnormalities (2007)" or more recent guidelines. The Contractor shall be responsible for ensuring referral to appropriate genetic testing and counseling for any woman found to have a positive screening test.

10. Additional Requirements

a) The Contractor's Medical Director shall participate in the development and approval of specific guidelines for medical care that supplement minimal clinical standards. Supplemental guidelines should be reviewed, signed, and dated annually, and updated as indicated.

b) Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

c) The Contractor shall provide information to all employees annually about the Medical Reserve Corps Unit within their Public Health Region to enhance recruitment.

d) The Contractor shall provide information to all employees annually regarding the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) managed by the NH Department of Health and Human Services' Emergency Services Unit, to enhance recruitment.

B) Staffing Provisions

The Contractor shall have, at minimum, the following staff positions:

a) executive director

b) fiscal director

c) registered nurse

d) clinical coordinator

e) medical service director

f) nutritionist (on site or by referral)

g) social worker

Staff positions required to provide direct services on-site include:

a) registered nurse

b) clinical coordinator

c) social worker

1. Qualifications

All health and allied health professionals shall have the appropriate New Hampshire licenses whether directly employed, contracted, or subcontracted.

In addition the following minimum qualifications shall be met for:

a) Registered Nurse
   a. A registered nurse licensed in the state of New Hampshire, Bachelor's degree preferred. Minimum of one-year experience in a community health setting.

b) Nutritionists:
   a. A Bachelor's degree in nutritional sciences or dietetics, or a Master's degree in nutritional sciences, nutrition education, or public health nutrition or current Registered Dietitian status in accordance with the Commission on dietetic Registration of the American Dietetic Association.
   b. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.

c) Social Workers shall have:
   a. A Bachelor's or Master's degree in social work or Bachelor's or Master's degree in a related social science or human behavior field. A minimum of one year of experience in a community health or social services setting is preferred.
   b. Individuals who perform functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.

d) Clinical Coordinators shall be:
   a. A registered nurse (RN), physician, physician assistant, or nurse practitioner with a license to practice in New Hampshire.
   b. The coordinator is a clinical position that oversees and takes responsibility for the clinical and administrative functions of each program.
   c. The coordinator may be responsible for more than one MCH funded program.

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator, or any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.

3. Vacancies

   a) The Contractor must notify the MCHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month. This may be done through a budget revision.

   b) Before an agency hires new program personnel that do not meet the required staff qualifications, the agency shall notify the MCHS in writing requesting a waiver of the applicable staffing requirements. The Section may grant waivers based on the need of the program, individuals' experience, and additional training.

C) Coordination of Services

1. The Contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.

2. The Contractor shall participate in activities in the Public Health Region in which they provide services as appropriate. These activities enhance the integration of community-based public health prevention and health care initiatives that are being implemented by the contractor and may include community needs assessments, public health performance assessments, and/or the development of regional health improvement plans.

3. The Contractor agrees to participate in and coordinate public health activities as requested by the Division of Public Health Services during any disease outbreak and/or emergency, natural or man-made, affecting the public's health.

4. The Contractor is responsible for case management of the client enrolled in the program and for program follow-up activities. Case management services shall promote effective and efficient organization and utilization of resources to assure access to necessary comprehensive medical, nutritional, and social services for clients.

5. The Contractor shall assure that appropriate, responsive, and timely referrals and linkages for other needed services are made, carried through, and documented. Such services shall include, but not be limited to: dental services, genetic counseling, high risk prenatal services, mental health, social services, including domestic violence crisis centers, substance abuse services; and family planning services, Early Supports and Services Program, local WIC/CSF Program, Home Visiting New Hampshire Programs and health and social service agencies which serve children and families in need of those services.

D) **Meetings and Trainings**

The contractor will be responsible for sending staff to meetings and training required by the MCHS program, including but not limited to:

1. MCHS Agency Directors' meetings
2. Prenatal and Child Health Coordinators' meetings
3. MCHS Agency Medical Services Directors' meetings

III. **Quality or Performance Improvement (QI/PI)**

A) **Workplans**

1. Performance Workplans are required for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the RHPCS and the MCHS performance-based contracting system and of this contract. Outcomes shall be reported by clinical site.
2. Performance Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.
3. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan plans and activities that monitor and evaluate the agency's progress toward performance measure targets.
4. The Contractor shall comply with modifications and/or additions to the workplan and annual report format as requested by RHPCS and MCHS. MCHS will provide the contractor with reasonable notice of such changes.
5. Agencies contracting for Primary Care Services must submit the workplans for Primary Care Clinical and Financial, Child Health, and Prenatal Care.

B) **Additional Reporting requirements**

In addition to Performance Workplans, the Contractor shall submit to MCHS the following data and information listed below which are used to monitor program performance:

1. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be

completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.

2. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

3. Completed Uniform Data Set (UDS) tables reflecting program performance in the previous calendar year, by March 31 of each year.

4. The Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

5. A copy of the agency's updated Sliding Fee Scale including the amount(s) of any client fees and the schedule of discounts must be submitted by March 31st of each year. The agency's sliding fee scale must be updated annually based on the US DHHS Poverty guidelines as published in the Federal Register.

6. An annual summary of program-specific patient satisfaction results obtained during the prior contract period and the method by which the results were obtained shall be submitted annually as an addendum to the Workplan Outcome/Progress reports.

C) On-site reviews

1. The contractor shall allow a team or person authorized by the Division of Public Health Services to periodically review the contractor's systems of governance, administration, data collection and submission, clinical and financial management, and delivery of education services in order to assure systems are adequate to provide the contracted services.

2. Reviews shall include client record reviews to measure compliance with this exhibit.

3. The contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this exhibit.

4. On-Site reviews may be waived or abbreviated at the discretion of MCHS, upon submission of satisfactory reports of reviews such as Health Services Resources Administration (HRSA): Office of Performance Review (OPR), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, the Community Health Accreditation Program (CHAP), Accreditation Association for Ambulatory Healthcare (AAAHC), or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE CHILD HEALTH DIRECT CARE SERVICES
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Please note, for all measures, the following should be used **unless otherwise indicated:**

- Less than 19 years of age
- Served within the scope of this MCH contract during State Fiscal Year 2015 (July 1, 2014 – June 30, 2015)
- Each client can only be counted once (unduplicated)

Child Health Direct (CH – D) Performance Measure #1

Measure: 92%* of eligible children will be enrolled in Medicaid

Goal: To increase access to health care for children through the provision of health insurance

Definition: **Numerator-**
Of those in the denominator, the number of children enrolled in Medicaid.

Denominator-
Number of children who meet all of the following criteria:

- Less than 19 years of age
- Had 3 or more visits/encounters** during the reporting period
- As of the last visit during the reporting period were eligible for Medicaid

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

*Target based on 2012 & 2013 Data Trend Table averages.
**An encounter is face to face contact between a user and a provider who exercises independent judgment in the provision of services to the individual (UDS Table Definition).

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) Performance Measure #2

Measure: 85%* of at-risk** children who were screened for blood lead between 18 and 30 months of age

Goal: To prevent childhood lead poisoning through early identification of lead exposure

Definition: **Numerator-**
Of those in the denominator, number of children screened for blood lead by capillary or venous on or after their 18-month birthday and prior to their 30-month birthday.

Denominator-
Number of at-risk** children who reached age 30 months during the reporting period. If discharged prior to 30 months, do not include in denominator.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

*Target based on 2012 & 2013 Data Trend Table averages.
**At risk = During the reporting period, the children were 18-29 months of age, and fit at least one of the following criteria:

- "Low income" (less than 185% poverty guidelines)
- Over 185% and resided in a town considered needing "Universal" screening per NH Childhood Lead Poisoning Prevention Program
- Over 185%, resided in a town considered "Target" and had a positive response to the risk questionnaire
- Refugee children -A refugee is defined as a person outside of his or her country of nationality who is unable or unwilling to return because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion (U.S. Citizenship and Immigration Services definition).

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) Performance Measure #3

Measure: 71%* of children age two to nineteen years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85%ile with documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Goal: To increase the percent of children receiving primary care preventive health services who have an elevated BMI percentile who receive guidance about promoting a healthier lifestyle.

Definition:

Numerator-
Of those in the denominator, the number of children who had documentation in their medical record of there being discussion at least once during the reporting period of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Denominator-
Number of children who turned twenty-four months during or before the reporting period, up to the age of nineteen years, with one or more well child visit after their twenty-fourth month of age within the reporting year, and had an age and gender appropriate BMI percentile greater than or equal to the 85 % percentile at least once during the reporting period.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

Rationale: Children between the 85th – 94th percentiles BMI are encouraged to have 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks. (Discussion of the importance of family meal time, limiting eating out, consuming a healthy breakfast, preparing own foods, and promotion of breastfeeding is also encouraged.) American Academy of Pediatrics' guidance for Prevention and Treatment of Childhood Overweight and Obesity, (http://www.aap.org/obesity/health_professionals.html), from AAP Policy Statement: *Prevention of Pediatric Overweight and Obesity* and the AAP endorsed Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Children and Adolescent Overweight and Obesity, 2007.

*Target based on 2012 & 2013 Data Trend Table averages.

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) #4

Measure: 75%* of eligible** infants and children with client record documentation of enrollment in WIC

Goal: To increase access to nutrition education, breastfeeding support, and healthy food through enrollment in the WIC Nutrition Program

Definition: **Numerator** -
Of those in the denominator, the number of infants and children who, as of the last well child visit during the reporting period, had client record documentation that infant or child was enrolled in WIC.

Denominator -
Unduplicated number of infants and children less than 5 years of age, enrolled in the agency, during the reporting period, who were eligible** for WIC.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

*Target based on 2012 & 2013 Data Trend Table averages.
**WIC Eligibility Requirements:

- Infants, and children up to their fifth birthday
- Must be income eligible (income guidelines are up to 185% of federal gross income, and are based on family size)

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) Performance Measure #5

Measure: 23%* of infants who were exclusively** breastfed for the first three months, at their four month well baby visit

Goal: To provide optimum nutrition to infants in their first three months of life

Definition: **Numerator -**
Of those in the denominator, the number of infants who had client record documentation that the infant had been exclusively breastfed for their first three months when checked at their four month well baby visit.

Denominator -
Number of infants who received one or more visits during or before the reporting period and were seen for a four-month well baby visit during the reporting period.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

Benmarks: 2011 PedNSS (WIC) exclusive at 3 months: NH 22.9%, National (2010) 10.7%
2013 CDC Report Card (NIS, provisional 2010 births): NH 49.5%, National 37.7%
Healthy People 2020 goal: 44%

Rationale: The AAP recommends exclusive breastfeeding for about 6 months, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant, a recommendation concurred to by the World Health Organization and the Institute of Medicine. (American Academy of Pediatrics Policy Statement on Breastfeeding and the Use of Human Milk, 2012)

*Target based on 2012 & 2013 Data Trend Table averages.
**Exclusive means breast milk only, no supplemental formula, cereal/baby food, or water/fluids.

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE: ADULT

PERFORMANCE MEASURES DEFINITIONS

State Fiscal Year 2015

Primary Care: Adult Performance Measure #1

Measure:*	58%** of adult patients 18 – 85 years of age diagnosed with hypertension will have a blood pressure measurement less than 140/90*** mm at the time of their last measurement.
Goal:	To ensure patients diagnosed with hypertension are adequately controlled.
Definition:	**Numerator-** Number of patients from the denominator with blood pressure measurement less than 140/90 mm at the time of their last measurement. **Denominator-** Number of patients age 18 – 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

*Measure based on the National Quality Forum 0018

**Health People 2020 National Target is 61.2%

***Both the numerator and denominator must be less that 140/90 mm

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE CLINICAL
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: 61%* of adolescents aged 11-21 years received an annual health maintenance visits in the past 12 months.

Goal: To enhance adolescent health by assuring annual, recommended, adolescent well -visits.

Definition:

Numerator-
Number of adolescents in the denominator who received an annual health maintenance "well" visit during the reporting year.

Denominator-
Total number of adolescents aged 11-21 years who were enrolled in the primary care clinic as primary care clients during the reporting year period.

Data Source: Chart audits or query of 100% of the **total** population of patients as described in the denominator.

***Target based on 2012 & 2013 Data Trend Table averages.**

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure:	31%* of women and adolescent girls aged 15-44 take multi-vitamins with folic acid.
Goal:	To enhance pregnancy outcomes by reducing neural tube defects.
Definition:	**Numerator-** The number of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid. **Denominator-** The number of women and adolescent girls aged 15-44 who were seen in primary care for a well visit in the past year.
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

***Target based on 2012 & 2013 Data Trend Table averages.**

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE - FINANCIAL
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Primary Care (PC) Performance Measure #1

Measure: Patient Payor Mix

Goal: To allow monitoring of payment method trends at State funded primary care sites.

Definition: Patients enrolled in Medicare, Medicaid, Commercial insurance, or uninsured.

Data Source: Provided by agency

Primary Care (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Goal: To allow monitoring of financial sustainability trends at State funded primary care sites.

Definition: AR Days: Net Patient Accounts Receivable **multiplied by** 365 **divided by** Net Patient Revenue

Data Source: Provided by agency

Primary Care (PC) Performance Measure #3

Measure: Current Ratio

Goal: To allow monitoring of financial sustainability trends at State funded primary care sites.

Definition: Current Ratio = Current Assets **divided by** Current Liabilities

Data Source: Provided by agency

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRENATAL
PERFORMANCE MEASURES DEFINITIONS
State Fiscal Year 2015

Prenatal (PN) Performance Measure #1

Measure:	85%* of pregnant women who are enrolled in the agency's prenatal program will begin prenatal care during the first trimester of pregnancy.
Goal:	To enhance pregnancy outcomes by assuring early entrance into prenatal care.
Definition:	**Numerator-** Number of women in the denominator who had a documented prenatal visit during the first trimester (on or before 13.6 weeks gestation). **Denominator-** Number of women enrolled in the agency prenatal program who gave birth during the reporting year.
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

* Target based on 2012 & 2013 Data Trend Table averages.

Prenatal (PN) Performance Measure #2

Measure:	20%* of pregnant women who are identified as cigarette smokers will be referred to QuitWorks-New Hampshire.
Goal:	To reduce tobacco use during pregnancy through focused tobacco use cessation activities at public health prenatal clinics.
Definition:	**Numerator-** Number of women in the denominator who received at least one referral to QuitWorks-New Hampshire during pregnancy. **A referral is defined as signing the patient up for QuitWorks-NH via phone, fax, or EMR. It is not defined as discussing QuitWorks-NH with the patient and encouraging her to sign up.** **Denominator-** Number of women enrolled in the agency prenatal program and identified as tobacco users who gave birth during the reporting year.

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

*Target set in consultation with the NH Tobacco Program & FY13 Data Trend Table average.

Prenatal (PN) Performance Measure #3

Measure:	79%* of pregnant women will be screened, using a formal valid screening tool, for alcohol and other substance use during every trimester they are enrolled in the prenatal program.
Goal:	To reduce prenatal substance use through systematic screening and identification.
Definition:	**Numerator-** Number of women in the denominator who were screened for substance and alcohol use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program. **Denominator-** Number of women enrolled in the agency prenatal program and who gave birth during the reporting year.
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

* Target based on 2012 & 2013 Data Trend Table averages.

Exhibit B-1 (2014) -Amendment 1

Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Community Health Center

Budget Request for: MCH Primary Care
(Name of RFP)

Budget Period: SFY 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 71,392.00	$ -	$ 71,392.00	
2. Employee Benefits	$ -	$ -	$ -	
3. Consultants	$ -	$ -	$ -	
4. Equipment:	$ -	$ -	$ -	
Rental	$ -	$ -	$ -	
Repair and Maintenance	$ -	$ -	$ -	
Purchase/Depreciation	$ -	$ -	$ -	
5. Supplies:	$ -	$ -	$ -	
Educational	$ -	$ -	$ -	
Lab	$ -	$ -	$ -	
Pharmacy	$ -	$ -	$ -	
Medical	$ -	$ -	$ -	
Office	$ -	$ -	$ -	
6. Travel	$ -	$ -	$ -	
7. Occupancy	$ -	$ -	$ -	
8. Current Expenses	$ -	$ -	$ -	
Telephone	$ -	$ -	$ -	
Postage	$ -	$ -	$ -	
Subscriptions	$ -	$ -	$ -	
Audit and Legal	$ -	$ -	$ -	
Insurance	$ -	$ -	$ -	
Board Expenses	$ -	$ -	$ -	
9. Software	$ -	$ -	$ -	
10. Marketing/Communications	$ -	$ -	$ -	
11. Staff Education and Training	$ -	$ -	$ -	
12. Subcontracts/Agreements	$ -	$ -	$ -	
13. Other (specific details mandatory):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 71,392.00	$ -	$ 71,392.00	

Indirect As A Percent of Direct 0.0%

Contractor Initials: _____

Date: 12/14

Exhibit B-1 (2015) -Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Community Health Center

Budget Request for: MCH Primary Care & BCCP
(Name of RFP)

Budget Period: SFY 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost	
1. Total Salary/Wages	$ 370,261.00	$ -	$ 370,261.00		0
2. Employee Benefits	$ -	$ -	$ -		0
3. Consultants	$ -	$ -	$ -		0
4. Equipment:	$ -	$ -	$ -		0
Rental	$ -	$ -	$ -		0
Repair and Maintenance	$ -	$ -	$ -		0
Purchase/Depreciation	$ -	$ -	$ -		0
5. Supplies:	$ -	$ -	$ -		0
Educational	$ -	$ -	$ -		0
Lab	$ -	$ -	$ -		0
Pharmacy	$ -	$ -	$ -		0
Medical	$ -	$ -	$ -		0
Office	$ -	$ -	$ -		0
6. Travel	$ -	$ -	$ -		0
7. Occupancy	$ -	$ -	$ -		0
8. Current Expenses	$ -	$ -	$ -		0
Telephone	$ -	$ -	$ -		0
Postage	$ -	$ -	$ -		0
Subscriptions	$ -	$ -	$ -		0
Audit and Legal	$ -	$ -	$ -		0
Insurance	$ -	$ -	$ -		0
Board Expenses	$ -	$ -	$ -		0
9. Software	$ -	$ -	$ -		0
10. Marketing/Communications	$ -	$ -	$ -		0
11. Staff Education and Training	$ -	$ -	$ -		0
12. Subcontracts/Agreements	$ 37,376.00	$ -	$ 37,376.00		0
13. Other (specific details mandatory):	$ -	$ -	$ -		0
0	$ -	$ -	$ -		0
0	$ -	$ -	$ -		0
0	$ -	$ -	$ -		0
0	$ -	$ -	$ -		0
0	$ -	$ -	$ -		0
0	$ -	$ -	$ -		0
	$ -	$ -	$ -		0
TOTAL	**$ 407,637.00**	**$ -**	**$ 407,637.00**		0

Indirect As A Percent of Direct 0.0%

Contractor Initials: VM

Date: 3/12/14

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs for all

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 2, 2012

APPROVED G&C
DATE
APPROVED G&C # 132
DATE 6/20/12
NOT APPROVED

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with Manchester Community Health Center (Vendor #157274-B001), 145 Hollis Street, Manchester, New Hampshire 03101, in an amount not to exceed $572,396.00, to provide primary care services and breast and cervical cancer screening, to be effective July 1, 2012 or date of Governor and Executive Council approval, whichever is later, through June 30, 2014. Funds are available in the following accounts for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budgets.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080000	$239,002
SFY 2014	102-500731	Contracts for Program Services	90080000	$239,002
			Sub-Total	$478,004

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080081	$47,196
SFY 2014	102-500731	Contracts for Program Services	90080081	$47,196
			Sub-Total	$94,392
			Total	$572,396

EXPLANATION

Funds in this agreement will be used to provide breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. This agreement provides funds for services as a last resort; contractor is required to make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. For example, in State Fiscal Year 2011:

- 88% of eligible children served were enrolled in Medicaid/Healthy Kids Gold.
- 86% of children 24-35 months, served received the appropriate schedule of immunizations.
- 82% of infants born to women served received prenatal care beginning in the first trimester of pregnancy.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, a minimum of 16,050 low-income individuals from the Greater Manchester area may not have access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Manchester Community Health Center was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by three professionals, who work internal and external to the Department of Health and Human Services. All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services, and managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. In those instances where scores were less than ideal, agency specific remedial actions were recommended and completed. Some primary care agencies are being funded at levels higher than they requested. Agencies were instructed to develop budgets based on previous allocations. While some proposed budgets higher than what was available for funding, others proposed budgets lower than what was available. There was an increase in breast and cervical cancer screening funds that bidders were unaware of when they drafted budgets. Adjustments were made accordingly for those agencies that proposed budgets at levels lower than available funds. This is a contract where that situation occurred. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. These services were contracted previously with this agency in SFY 2011 and SFY 2012 in the amount of $903,136. This represents a decrease of $330,740. The decrease is due to budget reductions.

The performance measures used to measure the effectiveness of the agreement are attached.

Area served: Greater Manchester.

Source of Funds: 33.15% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 66.85% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

José Thier Montero, MD
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/PMT/sc

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Prenatal (PN) Performance Measure #1

Measure: Percent of infants born to women receiving prenatal care beginning in the first trimester of pregnancy.

Primary Care Prenatal (PN) Performance Measure #2

Measure: Percent of pregnant women identified as cigarette smokers that are referred to QuitWorks-New Hampshire.

Primary Care Prenatal (PN) Performance Measure #3

Measure: Percent of pregnant women who were screened, using a formal valid screening tool, for alcohol and other drug use during every trimester the patient was enrolled.

Primary Care Child Health Direct (CH – D) Performance Measure #1

Measure: Percent of eligible children enrolled in Medicaid

Primary Care Child Health Direct (CH – D) Performance Measure #2

Measure: Percent of at-risk children who were screened for blood lead between 18 and 30 months of age

Primary Care Child Health Direct (CH – D) Performance Measure #3

Measure: Percent of children age two to nineteen years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85th percentile with documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Primary Care Child Health Direct (CH – D) Performance Measure #4

Measure: Percent of eligible infants and children with client record documentation of enrollment in Women Infant Children Program.

Primary Care Child Health Direct (CH – D) Performance Measure #5

Measure: Percent of infants who were exclusively breastfed for the first three months, at their four month well baby visit.

Primary Care Financial (PC) Performance Measure #1

Measure: Patient Payor Mix

Primary Care Financial (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Primary Care Financial (PC) Performance Measure #3

Measure: Current Ratio

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: Percent of adolescents aged 10-21 years who received annual health maintenance visits in the past 12 months.

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure: Percent of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid.

Subject: Primary Care Services

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Manchester Community Health Center		1.4 Contractor Address 145 Hollis Street Manchester, New Hampshire 03101	
1.5 Contractor Phone Number 603-935-5213	1.6 Account Number 010-090-5190-102-500731 010-090-5659-102-500731	1.7 Completion Date June 30, 2014	1.8 Price Limitation $572,396
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature		1.12 Name and Title of Contractor Signatory Edward G. George President / CEO	

1.13 Acknowledgement: State of NH, County of Hillsborough

On 4/3/12, before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

NOTARY PUBLIC [Seal] My Commission Expires 05-12-2015 NEW HAMPSHIRE

1.13.2 Name and Title of Notary or Justice of the Peace

Cecilia M. Sharry

1.14 State Agency Signature	1.15 Name and Title of State Agency Signatory Joan H. Ascheim, Bureau Chief
1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:	Director, On:
1.17 Approval by the Attorney General (Form, Substance and Execution) By: Jeanne P. Herrick, Attorney	On: 14 May 2012
1.18 Approval by the Governor and Executive Council By:	On:

NH Department of Health and Human Services

Exhibit A

Scope of Services

Primary Care Services

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: Manchester Community Health Center

ADDRESS: 145 Hollis Street
Manchester, New Hampshire 03101

President/Chief Executive Officer: Edward George

TELEPHONE: 603-935-5213

The Contractor shall:

I. General Provisions

A) Eligibility and Income Determination

1. Office-based primary care services will be provided to low-income individuals and families (defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), in the State of New Hampshire.

2. Breast and Cervical Cancer screening services will be provided to low-income (defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), New Hampshire women age 18 – 64, *uninsured or underinsured.*

3. The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing if, at any time, the practice is closed to new patients, or maintains a wait list for new patients, or any other mechanism is used that limits access for new patients for more than a one month period.

4. The Contractor shall document annually, for each client enrolled in the program, family income and family size, and calculate percentage of the federal poverty level. If calculations indicate that the client may be eligible for enrollment in Medicaid, the Contractor shall complete with the client the most recent version of the 800P form.

5. The Contractor shall implement, and post in a public and conspicuous location, a sliding fee payment schedule, approved in advance by the Division of Public Health Services (DPHS), for low-income patients. Signage must state that no client will be denied services for inability to pay.

   a. As an alternative, the contractor may post, in a public and conspicuous location, a notice to clients that a sliding fee scale is available and that no client will be denied services for inability to pay. The sliding fee scale must be updated annually based on USDHHS Poverty guidelines as published in the Federal Register, submitted to and approved by DPHS *prior to implementation.*

6. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered.

Contractor Initials: [signature]

Date: 4/2/12

B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 8,025 users annually with 37,930 medical encounters, as defined in the Data and Reporting Requirements. Breast and Cervical Cancer Screening for eligible women, as defined by the Breast and Cervical Cancer Program (BCCP), shall be provided to 310 women annually and billed directly to the BCCP. Clinical service reimbursements shall not exceed the Medicare rate.

C) **Culturally and Linguistically Appropriate Standards of Care**

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.

2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.

3. *Provide* clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.

4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.

5. The contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency Citation 45 CFR 80.3(b) (2). The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client, language line).

D) **State and Federal Laws**

The Contractor is responsible for compliance with all relevant state and federal laws. Special attention is called to the following statutory responsibilities:

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 301, adopted 6/3/08.

2. Persons employed by the contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults, RSA 631:6, Assault and Related Offences and RSA 130:A, Lead Paint Poisoning and Control.

3. Immunizations shall be conducted in accordance with RSA 141-C and the Immunization Rules promulgated hereunder.

E) **Relevant Policies and Guidelines**

1. The Contractor shall design and provide the services described above to meet the unique and identified health needs of the populations within the contracted service area.

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2. Primary Care funds shall be targeted to populations in need. Populations in need are defined as follows:

   a) uninsured;

   b) under-insured;

   c) families and individuals with significant psychosocial and economic risk, including low income status;

   d) all life cycles including perinatal, child, adolescent, adult, and elderly who meet one or more of the above criteria.

3. The Contractor shall design and implement systems of governance, administration, financial management, information management, and clinical services which are adequate to assure the provision of contracted services, and to meet the data and reporting requirements. These systems shall meet the most current minimum standards described in at least one of the following: Health Resources and Services Administration (HRSA) Office of Performance Review protocols, Joint Commission on Accreditation of Health Care Organizations (JCAHO), Accreditation Association for Ambulatory Healthcare (AAAHC), Community Health Accreditation Program (CHAP), or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey.

4. *The Contractor shall have an agency emergency preparedness and response plan in accordance with HRSA Health Center Emergency Management Program Expectations, Document #2007-15 or most recent version. Such plan shall also include a Continuity of Operations plan.*

5. The Contractor shall carry out the work as described in the performance Workplan submitted with the proposal and approved by the Rural Health and Primary Care Section (RHPCS), and the Maternal and Child Health Section (MCHS).

6. No Workplan is required by the Breast and Cervical Cancer Program (BCCP). The contractor shall be required to respond to the Quality Improvement Feedback Report twice a year.

7. The Contractor shall carry out the work as described in the Supplemental Funding Form submitted with the proposal and approved by the Rural Health and Primary Care Section (RHPCS), and the Maternal and Child Health Section (MCHS).

F) Publications Funded Under Contract

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.

2. All documents (written, video, audio, *electronic*) produced, reproduced, or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.

3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C (14).

G) Subcontractors

1. If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the Division of Public Health Services (DPHS), Maternal and Child Health Section must be notified in writing *and approve the subcontractual agreement*, prior to initiation of the subcontract.

Contractor Initials: [signature]
Date: 1/13/17

2. In addition, the original DPHS contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

II. Minimal Standards of Core Services

A) Service Requirements

1. *Medical Home*

The Contractor shall provide a Medical Home that:

a) *Facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family.*

b) *Provides care facilitated by registries, information technology, health information exchange, and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.*

2. Primary Care Services

The Contractor shall provide office-based primary care services to populations in need who reside in the contractor's service area. Primary care services shall include:

a) Health care provided by a New Hampshire licensed MD, DO, APRN, or PA, including diagnosis and treatment of acute and chronic illnesses within the scope of family practice; preventive services, screenings, and health education according to established, documented state or national guidelines; assessment of need for social and nutrition services, and appropriate referrals to health, *oral health*, and behavioral health specialty providers.

b) *Referral to the WIC Nutrition Program for all eligible pregnant women, infants and children.*

c) In-hospital care for conditions within the scope of family practice must be provided at a hospital, within the agency service area, through a staff clinician with full hospital privileges, or in the alternative, through a formal referral and admissions procedure available to clients on a 24 hour/7 day a week basis.

d) Access to a healthcare provider, directly or by referral or subcontract, by telephone twenty-four hours per day, seven days per week.

e) Assessment of psychosocial risk for all clients at least annually and for children at scheduled preventive care visits, including, at a minimum, age appropriate assessment of safety in the home, domestic violence, adequacy of food and housing, care and welfare of children, transportation needs, and provision of necessary social services to address the priority needs and safety issues of clients and families.

f) Falls prevention screening for patients 65 years and older using the algorithm and guidelines of the American Geriatrics Society.

g) Behavioral health care directly or by referral to an agency or provider with a sliding fee scale.

h) *Nutrition assessment for all clients as part of the health maintenance visit.* Therapeutic nutrition services shall be provided *as indicated* directly or by referral to an agency or provider with a sliding fee scale. These services shall be recorded in the medical record.

i) Formal arrangements with a local hospital for emergency care must be in place and reviewed annually.

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j) Home health care directly or by referral to an agency or provider with a sliding fee scale.

k) Assisted living and skilled nursing facility care by referral.

l) *Oral screening annually for all clients 19 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health.*

m) *Diagnosis and management of pediatric and adult patients with asthma provided according to National Heart Lung Blood Institute, National Asthma Education and Prevention Program, Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma, 2007.*

2. Breast and Cervical Cancer Screening

a) Women age 18 to 64 who are eligible for Breast and Cervical Cancer Program (BCCP) services according to income (equal to or under 250% of poverty, underinsured/uninsured) *and insurance status* criteria shall be provided the following services:

i. cervical cancer screening including a pelvic examination and Pap smear;
ii. annual breast cancer screening including a clinical breast exam, mammogram and,
iii. referrals for diagnostic and treatment services based on screening results,
iv. case management services.

b) All referrals under this provision shall be to approved certified laboratory, pathology, radiology, and surgical services. Mammography units shall be accredited by the American College of Radiology, and must be FDA certified under MQSA. Laboratories shall be CLIA certified.

c) All services shall be provided in accordance with the Breast and Cervical Cancer Program (BCCP) Policy and Procedure Manual.

d) Follow-up and tracking of all tests done, and referrals made shall be provided in accordance with the minimum standards outlined in the Breast and Cervical Cancer Program Policy and Procedure Manual.

e) All services for women enrolled in the Breast and Cervical Cancer Program (BCCP) shall be billed directly to the BCCP in accordance with protocols established by the Breast and Cervical Cancer Program.

3. Reproductive Health Services

The Contractor shall provide prenatal, interconceptional and preconception medical care, social services, nutrition services, education, and nursing care to all women of childbearing age. Preconceptional care includes the preconception, interconceptional, and postpartum periods in women's health. It is recommended that preconceptional and interconceptional care visits focus on maintaining or achieving the optimal health of the mother, lowering the risk of future adverse pregnancy outcomes, the family's future plans, and how additional children fit into that plan. Preconceptional counseling may be done during an office, group or home visit.

a) In the event prenatal care is not provided directly by the Contractor a formal Memorandum/a of Agreement for coordinated referral to an appropriately qualified provider must be maintained.

b) Prenatal care shall, at minimum, be provided in accordance with the Guidelines for Perinatal Care, sixth or most current edition, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and /or the Centers for Disease Control.

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c) Age appropriate reproductive health care shall, at a minimum, be provided in accordance with the American College of Obstetricians and Gynecologists, or the USDHHS Centers for Disease Control (CDC) current guidelines.

d) *Pregnant women enrolled in the WIC Nutrition Program shall be referred to WIC for breastfeeding education and referral to the WIC Nutrition Program peer counselors.*

e. Family planning counseling for prevention of subsequent pregnancy following an infant's birth shall be discussed with the infant's mother *at the first postpartum visit and at the infant's 2-month visit and other visits as appropriate.* Rationale for birth intervals of 18-24 months shall be presented.

f) A referral to a Title X Family Planning Clinic or other reproductive health care provider shall be made as appropriate.

4. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent. Children and adolescent visits shall include:

a) Blood lead testing shall be performed in accordance with "New Hampshire Childhood Lead Poisoning Screening and Management Guidelines", issued by the New Hampshire Department of Health and Human Services, 2009 or subsequent revisions.

b) All children enrolled in either Healthy Kids-Gold or the Women, Infant, and Children (WIC) Program and/or who are ≤ 185% poverty, regardless of town of residence, are required to have a blood lead test at ages one and two years. All children ages three to six years who have not been previously tested shall have a capillary or venous blood lead test performed.

c) All children shall be screened for iron deficiency anemia as outlined in the Centers for Disease Control and Prevention document "Recommendations to Prevent and Control Iron Deficiency in the United States (4/2/98)".

d) Age-appropriate anticipatory guidance, dietary guidance, and *feeding practice counseling* for optimal oral health shall be provided at each well child visit according to the American Academy of Pediatrics' periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent edition. Starting at age 6 months, it is recommended that all children receive an oral health assessment at every well child visit.

e) Supplemental fluoride shall be prescribed as needed based upon the fluoride levels in the child's *drinking* water supply. The fluoride dosage regimen accepted by the American Academy of Pediatrics shall be followed. No fluoride shall be prescribed without obtaining water from private wells or noting the presence or absence of fluoride in the public water supply. *Supplemental fluoride may include bottled water containing fluoride and topical applications such as varnishes.*

f) *For infants enrolled in the WIC Nutrition Program, parents shall be referred to WIC for breastfeeding support and referral to the WIC Nutrition Program peer counselors.*

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5. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment of sexually transmitted infections.

a) Treatment for sexually transmitted infections shall be provided according to the United States Centers for Disease Control Sexually Transmitted Diseases Treatment Guidelines, 2010 or subsequent revisions.

b) All clients, including women, shall be offered HIV testing following the most current recommendations of the United States Centers for Disease Control.

c) The contractor shall be responsible for ensuring referral to appropriate treatment services for any woman found to screen positive.

d) Appropriate risk reduction counseling shall be provided based on client needs.

6. Substance Use Services

a) A substance use screening history using a formal, validated screening tool shall be obtained for all clients as soon after entry into care as possible. Substance use counseling *or other substance abuse intervention, treatment, or recovery services* by an appropriately credentialed provider shall be provided on-site, or by referral, to clients with identified needs for these services. *For these identified clients, ongoing primary care services should include follow up monitoring relative to substance abuse.*

b) All clients, including pregnant women, identified as smokers shall receive counseling *using the 5A's (ask, advise, assess, assist, and arrange) treatment available through the NH Tobacco Helpline* as cited in the US Public Health Services report "Tobacco Use and Dependence", 2008, or "Smoking Cessation During Pregnancy: *A Clinician's Guide to Helping Pregnant Women Quit Smoking*", American College of Obstetricians and Gynecologists, 2011. *With prior approval, agencies may also opt to participate in the DPHS best practice initiative of the 2A's and R (ask, advise and refer).*

7. Immunizations

a) The Contractor shall adhere to the most current version of the "Recommended Adult Immunization Schedule United States", approved by the Advisory Committee on Immunization Practices, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians.

b) The Contractor shall administer vaccines according to the most current version of the *"Recommended Immunization Schedule for Persons Aged 0 Through 6 Years - United States", and "Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States"* approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians, based upon availability of vaccine from the New Hampshire Immunization Program.

8. Prenatal Genetic Screening

a) A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

b) All pregnant women should be offered voluntary genetic screening for fetal chromosomal abnormalities at the appropriate time following recommendations found in the American College of Obstetricians and Gynecologists' "Screening for Fetal Chromosomal

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Abnormalities (2007)" or more recent guidelines. The Contractor shall be responsible for ensuring referral to appropriate genetic testing and counseling for any woman found to have a positive screening test.

9. Additional Requirements

a) The Contractor's Medical Director shall participate in the development and approval of specific guidelines for medical care that supplement minimal clinical standards. Supplemental guidelines should be reviewed, signed, and dated annually, and updated as indicated.

b) Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

c) *The Contractor shall provide information to all employees annually about the Medical Reserve Corps Unit within their Public Health Region to enhance recruitment.*

d) *The Contractor shall provide information to all employees annually regarding the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) managed by the NH Department of Health and Human Services' Emergency Services Unit, to enhance recruitment.*

B) Staffing Provisions

The Contractor shall have, at minimum, the following staff positions:

a) executive director

b) fiscal director

c) registered nurse

d) clinical coordinator

e) medical service director

f) nutritionist *(on site or by referral)*

g) social worker

Staff positions required to provide direct services on-site include:

a) registered nurse

b) clinical coordinator

c) social worker

1. Qualifications

All health and allied health professionals shall have the appropriate New Hampshire licenses whether directly employed, contracted, or subcontracted.

In addition the following minimum qualifications shall be met for:

a) Registered Nurse

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a. A registered nurse licensed in the state of New Hampshire, Bachelor's degree preferred. Minimum of one-year experience in a community health setting.

b) Nutritionists:
   a. A Bachelor's degree in nutritional sciences or dietetics, or a Master's degree in nutritional sciences, nutrition education, or public health nutrition or current Registered Dietitian status in accordance with the Commission on dietetic Registration of the American Dietetic Association.

   b. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.

c) Social Workers shall have:
   a. A Bachelor's or Master's degree in social work or Bachelor's or Master's degree in a related social science or human behavior field. A minimum of one year of experience in a community health or social services setting is preferred.

   b. Individuals who perform functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.

d) Clinical Coordinators shall be:
   a. A registered nurse (RN), physician, physician assistant, or nurse practitioner with a license to practice in New Hampshire.

   b. The coordinator is a clinical position that oversees and takes responsibility for the clinical and administrative functions of each program.

   c. The coordinator may be responsible for more than one MCH funded program.

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator, or any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.

3. Vacancies

a) The Contractor must notify the MCHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month. This may be done through a budget revision.

b) Before an agency hires new program personnel that do not meet the required staff qualifications, the agency shall notify the MCHS in writing requesting a waiver of the applicable staffing requirements. The Section may grant waivers based on the need of the program, individuals' experience, and additional training.

C) Coordination of Services

1. The Contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.

2. The Contractor shall participate in activities *in the Public Health Region in which they provide services* as appropriate. These activities enhance the integration of community-based public health

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prevention and health care initiatives that are being implemented by the contractor and may include community needs assessments, public health performance assessments, and/or the development of regional health improvement plans.

3. The Contractor agrees to *participate* in and coordinate public health activities as requested by the Division of Public Health Services during any *disease outbreak* and/or *emergency*, natural or man made, affecting the public's health.

4. The Contractor is responsible for case management of the client enrolled in the program and for program follow-up activities. Case management services shall promote effective and efficient organization and utilization of resources to assure access to necessary comprehensive medical, nutritional, and social services for clients.

5. The Contractor shall assure that *appropriate, responsive, and timely* referrals and linkages for other needed services are made, carried through, and documented. Such services shall include, but not be limited to: dental services, genetic counseling, high risk prenatal services, mental health, social services, including domestic violence crisis centers, substance abuse services; and family planning services, Early Supports and Services Program, local WIC/CSF Program, Home Visiting New Hampshire Programs and health and social service agencies which serve children and families in need of those services.

D) Meetings and Trainings

The contractor will be responsible for sending staff to meetings and training required by the MCHS program, including but not limited to:

1. MCHS Agency Directors' meetings

2. Prenatal and Child Health Coordinators' meetings

3. MCHS Agency Medical Services Directors' meetings

III. Quality or Performance Improvement (QI/PI)

A) Workplans

1. Performance Workplans are required for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the RHPCS and the MCHS performance-based contracting system and of this contract. Outcomes shall be reported by clinical site.

2. Performance Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

3. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan plans and activities that monitor and evaluate the agency's progress toward performance measure targets.

4. The Contractor shall comply with modifications and/or additions to the workplan and annual report format as requested by RHPCS and MCHS. MCHS will provide the contractor with reasonable notice of such changes.

5. Agencies contracting for Primary Care Services must submit the workplans for Primary Care *Clinical and Financial*, Child Health, and Prenatal Care.

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B) Additional Reporting requirements

In addition to Performance Workplans, the Contractor shall submit to MCHS the following data and information listed below which are used to monitor program performance:

1. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.

2. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

3. Completed Uniform Data Set (UDS) tables reflecting program performance in the previous calendar year, by March 31 of each year.

4. The Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

5. A copy of the agency's updated Sliding Fee Scale including the amount(s) of any client fees and the schedule of discounts must be submitted by March 31st of each year. The agency's sliding fee scale must be updated annually based on the US DHHS Poverty guidelines as published in the Federal Register.

6. An annual summary of program-specific patient satisfaction results obtained during the prior contract period and the method by which the results were obtained shall be submitted annually as an addendum to the Workplan Outcome/Progress reports.

C) On-site reviews

1. The contractor shall allow a team or person authorized by the Division of Public Health Services to periodically review the contractor's systems of governance, administration, data collection and submission, clinical and financial management, and delivery of education services in order to assure systems are adequate to provide the contracted services.
2. Reviews shall include client record reviews to measure compliance with this exhibit.
3. The contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this exhibit.
4. On-Site reviews may be waived or abbreviated at the discretion of MCHS, upon submission of satisfactory reports of reviews such as Health Services Resources Administration (HRSA): Office of Performance Review (OPR), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, the Community Health Accreditation Program (CHAP), Accreditation Association for Ambulatory Healthcare (AAAHC), or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

Contractor Initials: [signature]

Date: 4/3/17

NH Department of Health and Human Services

Exhibit B

Purchase of Services
Contract Price

Primary Care Services

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: **Manchester Community Health Center**

ADDRESS: **145 Hollis Street**
Manchester, New Hampshire 03101
President/Chief Executive Officer: **Edward George**
TELEPHONE: **603-935-5213**

Vendor #157274-B001 Job #90080000 #90080081 Appropriation #010-090-51900000-102-500731 #010-090-56590000-102-500731

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during the period of the contract shall not exceed:

   $478,004 for Primary Care Services, funded from 19.95% federal funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (CFDA #93.994) and 80.05% general funds.

   $94,392 for Breast and Cervical Cancer Screening, funded from 100% federal funds from the Center for Disease Control (CFDA #93.283).

TOTAL: $572,396

2. The Contractor agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including, but not limited to, personnel costs and operating expenses related to the Services, as detailed in the attached budgets. Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Contractor agrees not to use or apply such funds for capital additions or improvements, entertainment costs, or any other costs not approved by the State.

3. This is a cost-reimbursement contract based on an approved budget for the contract period. Reimbursement shall be made monthly based on actual costs incurred during the month up to an amount not greater than one-twelfth of the contract amount. Reimbursement greater than one-twelfth of the contract amount in any month shall require prior, written permission from the State.

4. Invoices shall be submitted by the Contractor to the State in a form satisfactory to the State for each of the Service category budgets. Said invoices shall be submitted within twenty (20) working days following the end of the month during which the contract activities were completed, and the final invoice shall be due to the State no later than sixty (60) days after the contract Completion Date. Said invoice shall contain a description of all allowable costs and expenses incurred by the Contractor during the contract period.

5. Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Contractor to cover the costs and expenses incurred in the performances of the services.

Contractor Initials: [signature]
Date: 4/3/12

6. The Contractor may amend the contract budget for any Service category through line item increases, decreases, or the creation of new line items provided these amendments do not exceed the contract price for that particular Service category. Such amendments shall only be made upon written request to and written approval by the State. Budget revisions will not be accepted after June 20th of each contract year.

7. The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars ($300) and with a useful life beyond one year.

The remainder of this page is intentionally left blank.

Contractor Initials: _____

Date: 4/23/17

Exhibit C

SPECIAL PROVISIONS

1. **Contractors Obligations:** The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

2. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

3. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

4. **Documentation:** In addition to the determination forms, required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

5. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

6. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

7. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

8. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party fundors for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party fundors, the Department may elect to:

   8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

Contractor Initials:

Date: 4/3/17

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

9. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

9.1 **Fiscal Records:** Books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

9.2 **Statistical Records:** Statistical, enrollment, attendance, or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

10.1 **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

10.2 **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directed connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

Contractor Initials:

Date: 4/3/12

Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

12. **Reports: Fiscal and Statistical**: The Contractor agrees to submit the following reports at the following times if requested by the Department

12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

12.2 Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

13. **Completion of Services:** Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14. **Credits:** All documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. **Operation of Facilities:** Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the Contractor with respect to the operation of the facility or the provision of the services at such facility. If any government license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

Contractor Initials: _____
Date: 4/3/12

16. **Insurance:** Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed $500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed $500,000, is comprehensive general liability insurance in amounts of not less than $1,000,000 per claim or occurrence and $2,000,000 in the aggregate. *These amounts may NOT be modified.*

X (1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed $500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $250,000 per claim and $2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

☐ (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

18. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

Contractor Initials: [signature]
Date: 4/3/12

19. **Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;**

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

Contractor Initials: _____

Date: 4/3/17

SPECIAL PROVISIONS – DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean the section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Whenever federal or state laws, regulations, rules, orders, and policies, etc., are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc., as they may be amended or revised from time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act. NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.

Contractor Initials: _____

Date: 4/3/12

Standard Exhibit D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act to 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I – FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES – CONTRACTORS
US DEPARTMENT OF EDUCATION – CONTRACTORS
US DEPARTMENT OF AGRICULTURE – CONTRACTORS

This certification is required by the regulations implementing Sections 5151-51-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). the January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630 of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services,
129 Pleasant Street
Concord, NH 03301

1) The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employee's about:

(1) The dangers of drug abuse in the workplace;
(2) The grantee's policy of maintaining a drug-free workplace;
(3) Any available drug counseling, rehabilitation, and employee assistance programs; and
(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and

Contractor Initials: [signature]
Date: 4/3/17

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

2) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, State, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

Manchester Community Health Center From: 7/1/12 or date of G&C Approval, whichever is later To: 6/30/14

Contractor Name **Period Covered by this Certification**

Edward G. George President/CEO

Name and Title of Authorized Contractor Representative

Edward G. George 4/3/12

Contractor Representative Signature **Date**

NH Department of Health and Human Services

Standard Exhibit E

CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES – CONTRACTORS
US DEPARTMENT OF EDUCATION – CONTRACTORS
US DEPARTMENT OF AGRICULTURE – CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

Contract Period: **7/1/12** or date of G&C Approval, whichever is later, through **6/30/14**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

(2) If any funds, other than Federal appropriated funds, have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions, attached and identified as Standard Exhibit E-I.

(3) The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Edward J. Gyves	President/CEO
Contractor Signature	**Contractor's Representative Title**
Manchester Community Health Center	4/3/12
Contractor Name	**Date**

Standard Exhibit F

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions, execute the following Certification:

Instructions for Certification

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transition. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transition," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntary excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rule implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transaction", "provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

Contractor Initials: [signature]

Date 4/23/19

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

   a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

   b. have not within a three-year period preceding this proposal (contract) been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

   c. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph 1 b of this certification; and

   d. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

Lower Tier Covered Transactions

By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

(b) where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

[signature]	President/CEO
Contractor Signature	**Contractor's Representative Title**
Manchester Community Health Center	4/3/12
Contractor Name	**Date**

NH Department of Health and Human Services

Standard Exhibit G

CERTIFICATION REGARDING THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

The contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.

[signature]	President/CEO
Contractor Signature	**Contractor's Representative Title**
Manchester Community Health Center	4/3/12
Contractor Name	**Date**

State of New Hampshire
Department of Health and Human Services
Amendment #4 to the Primary Care Services for the Homeless Contract

This 4th Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #4") dated this, 1st day of May, 2017 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and the City of Manchester Health Department. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 152 Elm Street, Manchester, NH 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #124); as amended by an agreement (Amendment #1 to the Contract) approved by the Governor and Executive Council on May 8, 2014 (Item #34B); as amended by an agreement (Amendment #2 to the Contract) approved by the Governor and Executive Council on June 24, 2015 (Item #58); as amended by an agreement (Amendment #3 to the Contract) approved by the Department on December 21, 2016; the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement the State may amend the contract terms and conditions by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the agreement for nine (9) months, add services to the scope of services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:

   March 31, 2018
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:

   $540,742
3. Add Exhibit A- Amendment #4, Scope of Services.
4. Add Exhibit A-1 – Amendment #4, Performance Measures
5. Add Exhibit B – Amendment #4, Method and Conditions Precedent to Payment.
6. Add Exhibit B-1 – Amendment #4 MCHS Budget.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

6/8/17
Date

Lori Shibinette
NAME Lori Shibinette
TITLE Deputy Commissioner

City of Manchester Health Department

6/7/2017
Date

Theodore Gatsas
NAME Theodore Gatsas
TITLE Mayor

Acknowledgement:

State of New Hampshire County of Hillsborough on 6/7/2017, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Victoria L. Ferraro

Name and Title of Notary or Justice of the Peace

VICTORIA L. FERRARO, Notary Public
My Commission Expires June 24, 2020

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/9/17
Date

Name: Megan Yeh
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

_____
Date

_____
Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. The Contractor shall utilize flexible hours and minimal use of appointment systems to provide **primary care and enabling** services to homeless individuals and families through the use of permanent office based locations and/or mobile or temporary delivery locations.

1.5. The Contractor shall serve target populations that include individuals who:

1.5.1. Are uninsured;

1.5.2. Are underinsured;

1.5.3. Are low-income, which is defined as $\leq$ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines;

1.5.4. Lack housing including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations;

1.5.5. Are residents in transitional housing;

1.5.6. Are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members, hence are considered homeless;

1.5.7. Are to be released from a prison or a hospital and do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

1.6. The Contractor shall continue to provide primary care and enabling services to individuals described in Section 1.5.4 through Section 1.5.7 above for three

hundred sixty-four (364) calendar days following the individual's placement in permanent housing.

1.7. The Contractor shall provide **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services to all individuals described in Section 1.4 through Section 1.6, above.

1.8. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.8.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases;

1.8.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control;

1.8.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care, Enabling or SBIRT Services for new patients is limited or closed for more than a one month period.

2.2. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

2.2.1. Family income;

2.2.2. Family size;

2.2.3. Income in relation to the Federal Poverty Guidelines.

2.3. The Contractor shall assist individuals with completing a Medicaid/Expanded Medicaid or other health insurance application when income calculations indicate possible Medicaid eligibility.

2.4. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.5. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.5.1. Update the sliding fee scale on an annual basis every when new Federal Poverty Guidelines are released;

2.5.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. These services can be designed to meet the unique and identified needs of

the homeless populations within the contracted service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services;

3.1.2. Behavioral health services;

3.1.3. Preventive services, screenings and health education in accordance with established, documented state or national guidelines;

3.1.4. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral;

3.1.5. Assessment of need and follow-up/referral as indicated for:

3.1.5.1. Tobacco cessation, including referral to QuitWorks-NH, www.QuitWorksNH.org;

3.1.5.2. Social services;

3.1.5.3. Chronic Disease management, including disease specific referral and self-management education such as referral to Diabetes Self-Management education (DSME) as recommended by American Diabetes Association;

3.1.5.4. Nutrition services, including WIC, as appropriate;

3.1.5.5. SBIRT services, including a connection with the Regional Public Health Network Continuum of Care Development Initiative;

3.1.5.6. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract;

3.2.2. Care coordination facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health;

3.2.3.2. Oral health;

3.2.3.3. Use of navigators and case management;

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

4. Enabling Services

4.1. The Contractor shall provide enabling services, which are non-clinical services that support the delivery of basic primary care services and facilitate access to comprehensive patient care as well as social services. The Contractor can facilitate enabling services that include, but are not limited to:

4.1.1. Case management;

4.1.2. Benefit counseling;

4.1.3. Eligibility assistance;

4.1.4. Health education and supportive counseling;

4.1.5. Interpretation/Translation;

4.1.6. Outreach which can include the use of community health workers;

4.1.7. Transportation;

4.1.8. Education of patients and the community regarding the availability and appropriate use of health services.

5. Quality Improvement

5.1. The Contractor shall conduct a minimum of two (2) quality improvement projects which consist of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall ensure:

5.1.1. One (1) quality improvement project focuses on the performance measure as designated by the Department.

5.1.2. One (1) quality improvement project is based on previous performance outcomes needing improvement, as selected by the Contractor.

5.2. The Contractor shall utilize Quality Improvement (QI) science to develop and implement a QI Workplan for each QI project, which shall include but not be limited to:

5.2.1. Specific goals and objectives for the project period.

5.2.2. Evaluation methods to demonstrate improvements in the quality, efficiency, and effectiveness of patient care.

5.3. The Contractor may utilize activities in QI projects that enhance clinical workflow and improve patient outcomes, which may include but are not limited to:

5.3.1. EMR prompts/alerts.

5.3.2. Protocols/Guidelines.

5.3.3. Diagnostic support.

5.3.4. Patient registries.

5.3.5. Collaborative learning sessions.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within one month of hired.

6.4. The Contractor shall notify the MCHS, in writing, when:

6.4.1. Any critical position is vacant for more than thirty (30) consecutive days;

6.4.2. There is not adequate staffing to perform all required services for more than thirty (30) consecutive days.

7. Coordination of Services

7.1. The Contractor shall coordinate with other service providers within the community, where possible, including but not limited to collaboration with interagency referrals and to deliver coordination of care.

7.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.2.1. Community needs assessments;

7.2.2. Public health performance assessments;

7.2.3. The development of regional health improvement plans.

7.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings;

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year, which may require attendance by agency quality improvement staff;

8.1.3. MCHS Agency Medical Services Directors' meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a Performance Measure Outcome Report (plan for improvement) per directions from MCHS.

9.2. The Contractor shall submit an annual Workplan for the two quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.3. The Contractor shall submit at least one (1) annual Workplan that includes a detailed description of the enabling services funded by this contract. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.4. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st of each contract year.

9.5. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.6. The Contractor shall submit the following per contract period:

9.6.1. DPHS Budget Form;

9.6.2. Budget Justification;

9.6.3. Sources of Revenue;

9.6.4. Program Staff List, which includes staff titles.

9.7. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.8. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.8.1. Survey template;

9.8.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance;

10.1.2. Administration;

10.1.3. Data collection and submission;

10.1.4. Clinical and financial management;

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records;

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Date: 6/7/17

Contractor Initials: T.G.

Exhibit A-1 – Amendment #4

1. MATERNAL AND CHILD HEALTH SECTION (MCHS) PRIMARY CARE HOMELESS PERFORMANCE MEASURES

1.1. Definitions

1.1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1.1. The calendar year (January 1st through December 31st); or

1.1.1.2. The state fiscal year (July 1st through June 30th).

1.1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.1.4. **NQF** – National Quality Forum

1.1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.1.6. **UDS** – Uniform Data System

1.1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. MCHS PRIMARY CARE HOMELESS PERFORMANCE MEASURES

2.1. Preventive Health: Depression Screening

2.1.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NQF 0418, UDS).

2.1.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.1.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.1.1.3. Denominator: All patients 12 years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.1.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.1.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.2. Preventive Health: Obesity Screening

Contractor Initials: 6/7/17
Date: 7.6.

2.2.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (NQF 0421, UDS).

2.2.1.1. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.2.1.2. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

2.2.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.2.1.4. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

2.3. **Preventive Health: Tobacco Screening**

2.3.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.3.1.1. Numerator: number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit OR within twenty-four (24) months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.3.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.3.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.3.1.4. Definitions:

2.3.1.4.1. Tobacco Use: Includes any type of tobacco

2.3.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

2.4. **At Risk Population: Hypertension**

2.4.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHG) during the measurement year** (NQF 0018).

2.4.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm HG at the time of their last measurement.

2.4.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension (must have been diagnosed with hypertension 6 or more months before the measurement date) who had at least one (1) medical visit during the measurement year. (Excludes pregnant women and patients with End Stage Renal Disease.)

2.5. **Patient Safety: Falls Screening**

2.5.1. **Percent of patients aged 65 years and older who were screened for fall risk at least once within 12 months** (NH MCHS).

2.5.1.1. Numerator: Patients who were screened for fall risk at least once within the measurement year.

2.5.1.2. Denominator: All patients aged 65 years and older seen by a health care provider within the measurement year.

2.6. **SBIRT**

2.6.1. Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services (NH MCHS).

2.6.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention and/or referral to services.

2.6.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.6.1.3. Denominator: Number of patients aged 18 years and older seen for annual/preventive visit within the measurement year.

2.6.1.4. Definitions:

2.6.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.6.1.4.2. Brief Intervention: Includes guidance or counseling.

2.6.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A – Amendment #1, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov) #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #4, Scope of Services, in accordance with Exhibit B-1 Amendment #4.
4. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
5. Payment for said services shall be made as follows:
   5.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
   5.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   5.3. The invoice must be submitted by mail or e-mail to:

        Financial Manager
        Department of Health and Human Services
        129 Pleasant Street
        Concord, NH 03301

        E-mail: dphscontractbilling@dhhs.state.nh.us
6. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
8. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
9. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to adjusting budget line items in Exhibit B-1 Amendment #4 within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: BT.G.
Date: 12/7/17

Exhibit B-1 Amendment #4 MCHS Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Manchester Health Department

Budget Request for: Primary Care for the Homeless
(Name of RFP)

Budget Period: July 1, 2017 - March 31, 2018 (x 9 months budget - FY18) **Total $ 58, 368**

1. Total Salary/Wages	$ 38,835.00	$ -	$ 38,835.00	$ -	$ -	$ -	$ 38,835.00	$ -	$ 38,835.00
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ 12,633.00	$ -	$ 12,633.00	$ -	$ -	$ -	$ 12,633.00	$ -	$ 12,633.00
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software / CHAN	$ 3,000.00	$ -	$ 3,000.00	$ -	$ -	$ -	$ 3,000.00	$ -	$ 3,000.00
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Dental Care for uninsured	$ 3,000.00	$ -	$ 3,000.00	$ -	$ -	$ -	$ 3,000.00	$ -	$ 3,000.00
MHD Admin services & support	$ 900.00	$ -	$ 900.00	$ -	$ -	$ -	$ 900.00	$ -	$ 900.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 58,368.00	$ -	$ 58,368.00	$ -	$ -	$ -	$ 58,368.00	$ -	$ 58,368.00
Indirect As A Percent of Direct		0.0%							

Contractor Initials: T-G
Date: 6/7/17

CERTIFICATE OF VOTE

I, Matthew Normand, do hereby certify that:
(Name of the City Clerk of the Municipality)

1. I am duly elected City Clerk of the City of Manchester

2. The following is a true copy of an action duly adopted at a meeting of the Board of Mayor and Aldermen duly held on ~~June 20, 2017~~ June 6, 2017 (NP)

RESOLVED: That this Municipality enter into a contract amendment with the State of New Hampshire, Department of Health and Human Services.

RESOLVED: That Theodore Gatsas,
(Mayor of the City of Manchester)
hereby is authorized on behalf of this municipality to enter into the said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate.

3. The foregoing action on has not been amended or revoked and remains in full force and effect as of June 7, 2017

4. Theodore Gatsas (is/are) the duly elected Mayor of the City of Manchester.

Matthew Normand
(Signature of the Clerk of the Municipality)

State of New Hampshire
County of Hillsborough

The foregoing instrument was acknowledge before me this 7th day of June, 2017 by Matthew Normand.
(Name of Person Signing Above)

(NOTARY SEAL)

(Name of Notary Public)

Title: Notary Public/Justice of the Peace
Commission Expires:

HEATHER FREEMAN
NOTARY PUBLIC
COMMISSION EXPIRES SEPTEMBER 3, 2019
NEW HAMPSHIRE
JUSTICE OF THE PEACE

Kevin J. O'Neil
Risk Manager

CITY OF MANCHESTER

Office of Risk Management

CERTIFICATE OF COVERAGE

New Hampshire Department of Health & Human Services
Attn: Denise Sherburne
129 Pleasant Street
Concord, New Hampshire 03301

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage within the financial limits of RSA 507-B as follows:

	Limits of Liability (in thousands 000)	
GENERAL LIABILITY	Bodily Injury and Property Damage	
	Each Person	275
	Each Occurrence	925
AUTOMOBILE LIABILITY	Bodily Injury and Property Damage	
	Each Person	275
	Each Occurrence	925
WORKER'S COMPENSATION	Statutory Limits	

The City of Manchester, New Hampshire maintains a Self-Insured, Self-Funded Program and retains outside claim service administration. All coverages are continuous until otherwise notified. Effective on the date Certificate issued and expiring upon completion of contract. Notwithstanding any requirements, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded by the limits described herein is subject to all the terms, exclusions and conditions of RSA 507-B.

DESCRIPTION OF OPERATIONS/LOCATION/CONTRACT PERIOD
For the 4th Amendment to the Primary Care Services contract.

Issued the 1st day of May, 2017.

Risk Manager

One City Hall Plaza • Manchester, New Hampshire 03101 • (603) 624-6503 • FAX: (603) 624-6528
TTY: 1-800-735-2964
E-Mail: koneil@manchesternh.gov • Website: www.manchesternh.gov

Timothy M. Soucy, MPH, REHS
Public Health Director

Anna J. Thomas, MPH
Deputy Public Health Director

CITY OF MANCHESTER
Health Department

MISSION STATEMENT

To improve the health of individuals, families, and the community through disease prevention, health promotion, and protection from environmental threats.

VISION STATEMENT

To be a healthy community where the public can enjoy a high qualify of health in a clean environment, enjoy protection from public health threats, and can access high quality health care.

1528 Elm Street • Manchester, New Hampshire 03101 • (603) 624-6466
Administrative Fax: (603) 624-6584, Community Health Fax: (603) 665-6894
Environmental Health & School Health Fax: (603) 628-6004
E-mail: health@manchesternh.gov • Website: www.manchesternh.gov/health

Timothy M. Soucy, MPH, REHS
Public Health Director

Anna J. Thomas, MPH
Deputy Public Health Director

CITY OF MANCHESTER
Health Department

BOARD OF HEALTH MEMBERS:

Members:

Rosemary M. Caron, PhD, MPH
Chair
University of New Hampshire
College of Health and Human Services
Department of Health Management and Policy
319 Hewitt Hall
4 Library Way
Durham NH 03824
(603) 862-3653

Elaine M. Michaud, Esquire
Clerk
Devine, Millimet & Branch, P.A.
111 Amherst Street
Manchester NH 03101
((603) 695-8546

Christopher N. Skaperdas, DMD
Christopher N. Skaperdas, PLLC
101 Webster Street
Manchester NH 03104
(603) 668-02444

Stephanie P. Hewitt, MSN, FNP-BC
Southern New Hampshire University
2500 North River Road
Manchester NH 03106
(603) 494-2343

Tanya A. Tupick, D.O.
Catholic Medical Center Urgent Care
5 Washington Place, Suite 1B
Bedford NH 03310
(603) 232-7521

TIMOTHY M. SOUCY, MPH, REHS

SUMMARY OF QUALIFICATIONS

- 22-Year Manchester Health Department Employee, 18-Year Senior Manager
- Recognized Public Health Leader in City of Manchester and State of New Hampshire
- Experienced in Managing Employees and Budgets
- Lifelong Manchester, New Hampshire Resident

EDUCATION

- Master of Public Health Degree — May 1998 — Boston University School of Public Health, Boston, Massachusetts
  Concentration: Environmental Health
- Bachelor of Science Degree — May 1989 — University of Vermont, Burlington, Vermont
  Major: Biology

PROFESSIONAL PUBLIC HEALTH EXPERIENCE

02/90 – Present: Manchester Health Department

12/06 – Present: Public Health Director

As the Chief Administrative Officer provides administrative oversight to all operations and activities of the Manchester Health Department including exclusive personnel responsibility, supervisory authority and budgetary authority. The Manchester Healt Department routinely assesses the health of the community and recommends appropriate policies, ordinances and programs to improve the health of the community. The Department investigates and controls communicable diseases, completes environmental inspections and investigations necessary to protect the public health and is also responsible for the provision of school health services for Manchester school children. The Public Health Director also serves as the Executive Director of the Health Care for the Homeless Program (330-h) and has overseen the AmeriCorps VISTA Program and Weed & Seed Strategy.

11/02 – 06/06: Public Health Preparedness Administrator

Carried out all functions of Chief of Environmental Health. In addition, planned, directed and supervised all activities to assure local readiness, interagency collaboration, and preparedness for bioterrorism, outbreaks of infectious disease, and other public health threats and emergencies. Secured over two million dollars ($2,000,000) in federal public health preparedness funding for the City of Manchester since 2002. Experienced in Manchester Emergency Operations Center (EOC) operations.

08/94 – 11/02: Chief, Division of Environmental Health

Planned, directed and supervised all environmental health activities carried out within the City of Manchester. Evaluated and recommended public health standards, ordinances and legislation. Advised governmental leaders, community representatives, a the general public on environmental health issues. Planned and conducted professional public health training programs. Coordinated epidemiological investigations for specific disease outbreaks. Supervised division staff and evaluated personnel performance.

02/90 - 08/94: Environmental Health Specialist / Sanitarian

Performed duties related to a comprehensive environmental health program, including, but not limited to inspection of food service facilities, investigation of foodborne illnesses, inspection of institutional facilities, swimming pool inspections, indoor ai quality investigations, inspections of septic systems, investigation of public health nuisances, and investigation of childhood lea poisoning cases.

PROFESSIONAL CERTIFICATIONS

- Registered Environmental Health Specialist, National Environmental Health Association, Number 85241 (Inactive)
- Designer of Subsurface Sewage Disposal Systems, State of New Hampshire, Permit number 1273 (Active)
- ServSafe Food Protection Manager Certification Course, National Restaurant Association, 1998 (Inactive)

(W) MANCHESTER HEALTH DEPARTMENT, 1528 ELM STREET, MANCHESTER, NEW HAMPSHIRE 03101
(W): (603) 624-6466 X301 FAX (W): (603) 628-6004
E-MAIL (W): TSOUCY@MANCHESTERNH.GOV

PROFESSIONAL ORGANIZATIONS

- Member, National Association of County & City Health Officials (NACCHO)
- Member, American Public Health Association (APHA)
- Member, National Environmental Health Association, (NEHA)
- Member, New Hampshire Public Health Association (NHPHA)
- Member, New Hampshire Health Officer Association (NHHOA)

HONORS AND RECOGNITIONS

- Appointee, New Hampshire Health Exchange Advisory Board, 2012
- Poster Session, NACCHO Annual Conference, 2010
- Presenter, NALBOH Annual Conference, 2009
- Presented with Key to the City, Honorable Mayor Frank C Guinta, 2009
- Appointee, Survive & Thrive Workgroup, National Association of County & City Health Officials 2009 – Present
- Fellow, Survive & Thrive, National Association of County & City Health Officials 2008 – 2009
- Guest Lecturer, University of New Hampshire, MPH, MPA and Undergraduate Programs 2006- Present
- Associate, Leadership New Hampshire, Class of 2005
- 40 Under Forty, The Union Leader & Business and Industry Association of New Hampshire, Class of 2004
- Appointee, Legislative Study Committee for Public Health and the Environment, 2000-2003
- Inductee, Delta Omega, Public Health Honor Society, Boston University School of Public Health 1998

CONTINUING EDUCATION

- Reasonable Suspicion Supervisory Training, City of Manchester Human Resources, 2010
- New Hampshire Department of Environmental Services, Subsurface Bureau Educational Seminars, 2010
- Survive & Thrive, National Association of County & City Health Officials, 2009
- ICS 300, MGT 313, Incident Management/Unified Command, Texas A&M, 2008
- MGT -100 WMD Incident Management/Unified Command Concept, Texas A&M, 2008
- ICS 100, ICS 200, US Department of Homeland Security, 2008
- Bi-State Primary Care Association, Primary Care Conference, 2007
- Public Health Preparedness Summit, National Association of City & County Health Officials, 2006
- National Incident Management Systems (NIMS), US Department of Homeland Security, 2005
- Healthcare Leadership & Administrative Decision-Making in Response to Weapons of Mass Destruction (WMD) Incider US Federal Emergency Management Agency, 2004
- Forensic Epidemiology, US Department of Justice & US Centers for Disease Control & Prevention, 2003
- BioDefense Mobilization Conference, University of Washington, School of Public Health, 2002
- Emergency Response to Domestic Biological Incidents, US Department of Justice & LSU, 2001
- Financial Skills for Non-Financial Managers, University of New Hampshire, 2001
- National Environmental Health Association Annual Education Conference, NEHA, 2000
- Management Perspectives for Public Health Practitioners, US Centers for Disease Control & Prevention, 2000
- Investigating Foodborne Illnesses, US Food & Drug Administration, 1999
- Environmental Health Risks to Children, US Environmental Protection Agency, 1998
- Food Microbiological Control, US Food & Drug Administration, 1998
- Computer Assisted Modeling for Emergency Operations (CAMEO), Harvard School of Public Health, 1997
- Local Radon Coordinators Network Training, National Association of City & County Health Officials, 1996
- Introduction to Indoor Air Quality, US Environmental Protection Agency & Harvard University, 1995
- Hazard Analysis & Critical Control Point (HACCP), US Food & Drug Administration, 1995
- Safety Measurement, Bloodborne Pathogens, Confined Space Entry, University of New Hampshire, 1994
- Environmental Health Sciences, US Centers for Disease Control & Prevention, 1992
- Field Description of Soils, University of New Hampshire, 1992
- Kentucky Lead Training Workshop, Jefferson County Health Department, 1991
- Foodborne Disease Control, US Centers for Disease Control & Prevention, 1991
- Lead Paint Inspectors Course, PCG PRO-Tech Services, Massachusetts, 1990

COMMUNITY ACTIVITIES

- Member, Board of Directors, Families in Transition, Housing Benefits, Inc., 2010 – Present
- Member, Board of Directors, Mental Health Center of Greater Manchester, 2008 – Present (Board Chair 2012 – Present)
- Leadership Greater Manchester Steering Committee, Greater Manchester Chamber of Commerce, 2008 – Present
- Volunteer, Dance Visions Network, 2007 - Present
- Member, Seniors Count Collaborating Council, Easter Seals of New Hampshire, 2006 - Present
- Member, Board of Directors, New Horizons for New Hampshire, 2004 – 2010 (Board President 2007-2009)
- Coach, Parker Varney Girls Basketball Team, 2004-2005
- Assistant Coach, Rising Stars Recreation Soccer League, 2002
- Assistant Coach, Manchester Angels Recreation Soccer League, 2001-2003
- Member, Advisory Council, Endowment for Health, Inc. 2000-2003
- Assistant Coach, Manchester West Junior Soccer League, 2000-2003
- Assistant Coach, Manchester West Junior Deb Softball League, 2000
- Member, Allocations Committee, United Way of Greater Manchester, 1998-2003
- Health Department Campaign Coordinator, Granite United Way, 1996, 2008 - 2012

CITY OF MANCHESTER ACTIVITIES

- Appointee, City of Manchester Labor / Management Committee, 2011 – Present
- Appointee, City of Manchester Local Emergency Planning Committee, 2011 – Present
- Appointee, City of Manchester Refugee and Immigrant Integration Task Force, 2010 - Present
- Appointee, City of Manchester 10-Year Plan to End Homelessness, 2010 - Present
- Appointee, City of Manchester Quality Council, 2008 – Present
- Appointee, City of Manchester AFSCME Sick Leave Bank, 2006- Present

Gabriela Walder
1528 Elm Street
Manchester, NH 03101

Objective: To find a Business Services Officer position with a progressive, innovative organization that will utilize the skills my educational and work experiences have provided me.

Education: State of NH Certified Public Management Program – Completed 2009

State of NH Certified Public Supervisor Program – Completed 2004

Southern New Hampshire University – Graduated May 2001
Master of Science in Accounting
Undertook and completed all coursework while employed full time

Southern New Hampshire University – Graduated May 1993
Bachelors in Business Administration – Major in Human Resources
Undertook and completed all coursework while employed full time

Manchester Central High School – Graduated June 1987
Excelled in advanced courses

11/04 to Present City of Manchester Health Dept/Business Svcs Officer

* Administer & manage fiscal operations for Health Dept
* Advise dept head & supervisory personnel on fiscal matters
* Maintain and reconciles over 20 State and federally funded grants
* Assist in the preparation of annual budget
* Provide Human Resource support for all new hires and current employees
* Process Accounts payable, payroll, & accounts receivables
* Monitor & review general ledger, accounts receivable, payroll, purchasing, accounts payable, cash flow, budget, and other related reports as needed
* Perform other directly related duties consistent the classification

7/98 to 11/04 City of Manchester HR/Compensation Mgr

- Process payroll for the City of Manchester
- Prepare reports in Cognos for departments as needed
- Prepare annual budgets for salary and benefits for entire City
- Prepare 941 and State Unemployment Rpt on quarterly basis
- Analyze and reconcile salary and benefit accounts
- Assisted in financial software conversion for entire City
- Supervise three employees
- Extensive knowledge of Federal & State labor laws

11/97 to 7/98 Manchester School District Account Clerk

- Processed payables for School department
- Prepared purchase orders as required by departments
- Analyzed and reconciled various accounts
- Prepared financial queries and reports as requested by Administrator

Gabriela Walder
1528 Elm Street
Manchester, NH 03101

4/97 to 11/97 **Digital Equipment Corporation** **CIP Accountant**

- Maintained CIP balances and capitalized fixed assets
- Responsible for month end interplant processing and reconciliations
- Processed journal entries for CIP
- Processed paperwork for asset transfers and write-offs

11/95 to 4/97 **Digital Equipment Corporation** **Lead Accountant**

- Responsible for processing invoices for US and Canada
- Resolved problems/issues with vendors and buyers
- Reconciled several ledger accounts
- Prepared various monthly reports for management

4/94 to 11/95 **Moore Business Forms** **Cost Accountant**

- Assisted in preparation of quarterly and annual budgets
- Prepared normal hour rates, job costs, and accounting cost reports
- Assisted with weekly payroll processing
- Worked with monthly financial statements
- Performed other duties as requested by Accountant and Controller

8/90 to 4/94 **Moore Business Forms** **Senior Accountant**

- Reconciled several ledger accounts and worked with Financial Statements
- Approved the payment of invoices
- Controlled capital expenses and maintained fixed asset files
- Assisted with payroll and provided complete coverage when needed

3/89 to 8/90 **Moore Business Forms** **Accounts Payable Clerk**

- Processed invoices for payment and resolved problems as needed
- Verified information on invoices and matched to pertaining orders
- Maintained vendor files

5/88 to 3/89 **Moore Business Forms** **Purchasing Clerk**

- Contacted vendors regarding past due orders
- Responsible for special order materials
- Assisted the Purchasing Agent and the Accounts Payable Clerk

Technical Skills: Proficient in Microsoft Word, Excel, PowerPoint, Cognos, HTE, AS-400 Query, can type over 65 w.p.m., fluent in writing and speaking Spanish.

Manchester Health Department

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Timothy M. Soucy	Public Health Director	$143,036	0.00	$0.00
Gabriela Walder	Business Services Officer	$94,958	0.00	$0.00

State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Primary Care Services for the Homeless Contract

This 3rd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #3") dated this, 20th day of October, 2016 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and City of Manchester Health Department. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 152 Elm Street, Manchester, New Hampshire 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #124), and amended on May 8, 2014 (Item #34B), and on June 24, 2015 (Item #58) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Exhibit B Amendment #2, paragraph 10, notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2, and within the Price Limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council, and

WHEREAS, the State and the Department agree to adjust budget amounts between State Fiscal Years 2016 and 2017, within the Price Limitation and within the Completion Date.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Except as specifically amended and modified by the terms and conditions in this Amendment #3, the obligations of the parties shall remain in full force and effect in accordance with the terms and conditions set forth in the Contract as referenced above.

2. Delete in its entirety Exhibit B-2 Amendment #2, and replace with Exhibit B-2 Amendment #3.

3. Delete in its entirety Exhibit B-4 Amendment #2, and replace with Exhibit B-4 Amendment #3.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/21/16
Date

NAME: LISA MORRIS
TITLE: DIRECTOR

City of Manchester Health Department

11-2-2016
Date

NAME Theodore Gatsas
TITLE mayor

Acknowledgement:

State of NH, County of Hillsborough on 11/2/2016, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Victoria L. Ferraro
Name and Title of Notary or Justice of the Peace

My Commission Expires: VICTORIA L. FERRARO, Notary Public
My Commission Expires June 24, 2020

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date

Name:
Title:

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

EXHIBIT B-2 AMENDMENT #3

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: HCH program at Manchester Health Department

Budget Request for: Primary Care for the Homeless- SBIRT

Budget Period: July 1 2015 - June 30, 2016

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 57,408.00	$ -	$ 57,408.00	$ 28,704.00	$ -	$ 28,704.00	$ 28,704.00	$ -	$ 28,704.00
2. Employee Benefits	$ 13,778.00	$ -	$ 13,778.00	$ 6,889.00	$ -	$ 6,889.00	$ 6,889.00	$ -	$ 6,889.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ 3,407.00	$ -	$ 3,407.00	$ -	$ -	$ -	$ 3,407.00	$ -	$ 3,407.00
5. Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 59,000.00	$ -	$ 59,000.00	$ 35,000.00	$ -	$ 35,000.00	$ 24,000.00	$ -	$ 24,000.00
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 13,000.00	$ -	$ 13,000.00	$ 5,000.00	$ -	$ 5,000.00	$ 8,000.00	$ -	$ 8,000.00
12. Subcontracts/Agreements		$ -	$ -	$ -	$ -	$ -		$ -	$ -
13. Other (specific details mandatory)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 7,000.00	$ -	$ 7,000.00	$ -	$ -	$ -	$ 7,000.00	$ -	$ 7,000.00
Carry Fwd of SFY 2016 Amount	$ (8,325.27)	$ -	$ (8,325.27)	$ -	$ -	$ -	$ (8,325.27)	$ -	$ (8,325.27)
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 147,267.73	$ -	$ 147,267.73	$ 75,593.00	$ -	$ 75,593.00	$ 71,674.73	$ -	$ 71,674.73

Contractor Initials: D.G.

Date: 10/26/16

EXHIBIT B-4 AMENDMENT #3

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: HCH program at Manchester Health Department

Budget Request for: Primary Care for the Homeless- SBIRT

Budget Period: July 1, 2016 - June 30, 2017

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 28,704.00	$ -	$ 28,704.00	$ 28,704.00	$ -	$ 28,704.00		$ -	$ -
2. Employee Benefits	$ 6,889.00	$ -	$ 6,889.00	$ 6,889.00	$ -	$ 6,889.00		$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -		$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 30,000.00	$ -	$ 30,000.00	$ 30,000.00	$ -	$ 30,000.00		$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 3,000.00	$ -	$ 3,000.00	$ 3,000.00	$ -	$ 3,000.00		$ -	$ -
12. Subcontracts/Agreements		$ -	$ -	$ -	$ -	$ -		$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 1,125.00	$ -	$ 1,125.00	$ -	$ -	$ -	$ 1,125.00	$ -	$ 1,125.00
Carry Fwd from SFY 2016 Amount	$ 6,325.27	$ -	$ 6,325.27	$ -	$ -	$ -	$ 6,325.27	$ -	$ 6,325.27
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 76,043.27	$ -	$ 76,043.27	$ 68,593.00	$ -	$ 68,593.00	$ 7,450.27	$ -	$ 7,450.27

Contractor Initials J.G.

Date 10/26/16

APPROVED
G&C # 58
DATE 6/24/15

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

Marcella Jordan Bobinsky
Acting Director

June 1, 2015

Her Excellency, Governor Margaret Wood Hassen
And the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **sole source** amendments with the vendors listed in the table below for the provision of primary care services, breast and cervical cancer screening services and screening, brief intervention and referral to treatment for alcohol and drug misuse by increasing the total price limitation by $8,986,056 from $10,143,156 to $19,129,212 and extending the completion date from June 30, 2015 to June 30, 2017 upon Governor and Executive Council approval. 75.2% General Funds / 24.8% Federal Funds

The original contract, approved in 2012, included a two (2) year renewal option. The Department exercised a one (1) year renewal in 2014. The Department is now seeking to extend the contracts for two (2) two additional years through these sole source amendments. The Governor and Executive Council approved the original contracts and subsequent amendments as follows:

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Ammonoosuc Community Health Services, Inc. (177755-R001)	North Grafton/ South Coos	6/20/12 (Item #128)	5/8/14 (Item #34A)	$667,687	$540,879	$1,208,566
Concord Hospital, Inc. (177653-B011)	Merrimack/ Hillsborough	6/20/12 (Item #133)	5/8/14 (Item #34A)	$992,198	$788,937	$1,781,135
Coos County Family Health Services (155327-B001)	Eastern Coos	6/20/12 (Item #130)	5/8/14 (Item #34A)	$427,142	$371,229	$798,371
Families First of the Greater Seacoast (166629-B001)	Seacoast Area	6/20/12 (Item #134)	5/8/14 (Item #34A)	$624,540	$506,291	$1,130,831

Families First of the Greater Seacoast (166629-B001)	Seacoast Area - Homeless	6/6/12 (Item #69)	5/8/14 (Item #34B)	$218,537	$240,101	$458,638
Goodwin Community Health Center (154703-B001)	Strafford County	6/20/12 (Item #135)	5/8/14 (Item #34A)	$1,095,268	$825,647	$1,920,915
Harbor Homes (155358-B001)	Southern Hillsborough County - Homeless	6/6/12 (Item #68)	5/8/14 (Item #34B)	$225,045	$209,393	$434,438
Health First Family Care Center (158221-B001)	Central/East ern Belknap	6/20/12 (#131)	5/8/14 (Item #34)	$748,658	$586,113	$1,334,771
Indian Stream Health Center (165274-B001)	Northern Coos	6/20/12 (Item #125)	5/8/14 (Item #34A)	$259,157	$239,237	$498,394
Lamprey Health Care (177677-B001)	Central Southern/ Eastern NH	6/20/12 (Item #136)	5/8/14 (Item #34A)	$1,696,513	$1,299,195	$2,995,708
Manchester Community Health Center (157274-B001)	Greater Manchester	6/20/12 (Item #132)	5/8/14 (Item #34A)	$1,051,425	$1,435.139	$2,486,564
Manchester Health Department (177433-B009)	Greater Manchester - Homeless	6/20/12 (Item #124)	5/8/14 (Item #34B)	$232,205	$250,169	$482,374
Mid-State Health Center (158055-B001)	Central Northern Belknap	6/20/12 (Item #126)	5/8/14 (Item #34A)	$444,862	$406,811	$851,673
New London Hospital Association, Inc. (177167-R005)	Sullivan County	6/20/12 (Item #129)	5/8/14 (Item #34A)	$587,923	$487,419	$1,075,342
Weeks Medical Center (177171-R001)	Western Coos	7/11/12 (Item #31)	5/8/14 (Item #34A)	$292,483	$306,707	$599,190
White Mountain Community Health Center (174170-R001)	Northern Carroll	6/20/12 (Item #127)	5/8/14 (Item #34A)	$579,513	$492,789	$1,072,302
			Total:	**$10,143,156**	**$8,986,056**	**$19,129.212**

Funds are anticipated to be available in the following accounts for State Fiscal Years 2016 and in State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budgets with the ability to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified without further approval from the Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

Please see attachment for fiscal details.

EXPLANATION

These amendments are **sole source** because the Department is renewing the contracts for two (2) additional years after exercising a one (1) year renewal option in 2014 as allowable in Exhibit C, Special Provisions, paragraph 17 of the contracts, and adding to the scope of services for community health centers that provide primary care services, statewide.

This package includes sixteen (16) of sixteen (16) contracts being amended.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

Breast and cervical cancer screening services are provided as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap smears and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or

diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will add infrastructure to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will use funding to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. This request includes three (3) vendors who provide primary care and universal screening services to homeless individuals, who otherwise would have no access to health care. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, low-income individuals statewide may not have adequate access to primary care services. Some women may not receive recommended breast and cervical cancer screenings, which would increase their risk of having an untreatable stage of cancer. Additionally, undetected alcohol and drug misuse could result in increases of alcohol and drug related accidents and deaths, which would negatively impact NH citizens.

Area Served: Statewide.

Source of Funds: 75.2% General Funds

24.8% Federal Funds (CFDA #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse. FAIN #T1010035-14; CFDA #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds. FAIN # U58DP003930; CFDA #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States. FAIN #B04MC28113.)

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

Marcella Bobinsky
Acting Director
Division of Public Health Services

for Diane Langley
Acting Director
Division of Community Based Care Services

Approved by: Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services for the Homeless Contract

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") dated this, 30th day of April, 2015 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and the City of Manchester Health Department. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 152 Elm Street, Manchester, NH 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #124) and amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34B), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, and Exhibit C, Special Provisions, Paragraph 17, the State may amend the contract terms and conditions and renew the contract for two (2) additional years by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for two additional years, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   June 30, 2017
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $482,374
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read:
   Eric D. Borrin
4. Form P-37, General Provisions, Item 1.10, State Agency Telephone Number, to read:
   (603) 271-9558
5. Delete Exhibit A, Scope of Services and Exhibit A-1 Amendment 1, Scope of Services and replace with Exhibit A – Amendment #2.
6. Delete Exhibit A-1 Amendment #1 - Performance Measures and replace with Exhibit A-1 Amendment #2 – Performance Measures.

7. Delete Exhibit B, Purchase of Services Contract Price and replace with Exhibit B – Amendment #2, Method and Conditions Precedent to Payment.
8. Add Exhibit B-1, Primary Care Budget Form through Exhibit B-6, SBIRT Budget Form.
9. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Period Covered by this Certification, to read:

   From 7/1/2012 to 6/30/2017

10. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read:

    July 1, 2012 through June 30, 2017

11. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

6/9/15
Date

NAME Brook Dupee
TITLE Bureau Chief

City of Manchester Health Department

6-8-15
Date

NAME Theodore Gatsas
TITLE Mayor

Acknowledgement:

State of New Hampshire, County of Hillsborough on June 8th, 2015, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Name and Title of Notary or ~~Justice of the Peace~~

MELANIE J. SANUTH
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
MY COMMISSION EXPIRES JUNE 22, 2016

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/10/15
Date

Name:
Title:

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. **Provisions Applicable to All Services**
   1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

   1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

   1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

   1.4. The Contractor shall utilize flexible hours and minimal use of appointment systems to provide **primary care and enabling** services to homeless individuals and families through the use of permanent office based locations and/or mobile or temporary delivery locations.

   1.5. The Contractor shall serve target populations that include individuals who:

      1.5.1. Are uninsured.

      1.5.2. Are underinsured.

      1.5.3. Are low-income, which is defined as $\leq$ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

      1.5.4. Lack housing including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations.

      1.5.5. Are residents in transitional housing.

      1.5.6. Are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members may be considered homeless. \

      1.5.7. Are to be released from a prison or a hospital who may also be considered homeless if they do not have a stable housing situation to which they can return, especially if they were considered to be homeless prior to incarceration or hospitalization.

Contractor Initials: J.G.
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1.6. The Contractor shall continue to provide primary care and enabling services to individuals described in Section 1.5.4 through Section 1.5.7 above for three hundred sixty-four (364) calendar days following the individual's placement in permanent housing.

1.7. The Contractor shall provide **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services to all individuals described in Section 1.4 through Section 1.6, above.

1.8. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.8.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.8.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.8.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or SBIRT Services for new patients is limited or closed for more than a one month period.

2.2. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

2.2.1. Family income.

2.2.2. Family size.

2.2.3. Income in relation to the Federal Poverty Guidelines.

2.3. The Contractor shall assist individuals with completing a Medicaid application when income calculations indicate possible Medicaid eligibility.

2.4. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.5. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.5.1. Update the sliding fee scale on an annual basis every when new Federal Poverty Guidelines are released.

2.5.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. These services can be

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Date 4/8/15

designed to meet the unique and identified needs of the homeless populations within the contracted service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.3. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.4. Assessment of need for:

3.1.4.1. Tobacco cessation, including referral to NH Quitworks, as appropriate.

3.1.4.2. Social services.

3.1.4.3. Nutrition services, including WIC, as appropriate.

3.1.4.4. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.2.2. Care facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health

3.2.3.2. Oral health.

3.2.3.3. Use of navigators and case management.

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

3.3. The Contractor may provide enabling services, if the budget allows, which are non-clinical services that support the delivery of basic primary care services and facilitate access to comprehensive patient care as well as social services. The Contractor can facilitate enabling services that include, but are not limited to:

3.3.1. Case management.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

3.4. The Contractor must elect to do at least one (1) quality improvement project which consists of systematic and continuous actions that lead to measurable improvements in health care services and the health status of targeted patient groups. The Contractor shall facilitate a minimum of one (1) quality improvement project that includes, but is not limited to:

3.4.1. Enhancing clinical workflow/improve patient outcomes by methods that may include, but are not limited to:

3.4.1.1. Alerts.

3.4.1.2. Guidelines.

3.4.1.3. Diagnostic support.

3.4.1.4. Patient registries.

3.4.1.5. Collaborative learning sessions, etc.)

3.4.2. Implementing projects that lead to measurable improvements on any of the performance measures and indicators identified in Exhibit A-1 Amendment #2

3.4.3. Utilizing defined improvement processes to coordinate quality improvement activities.

3.4.4. Identifying and defining specific goals and objectives to be achieved in the project period.

4. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

4.1. The Contractor shall develop the infrastructure necessary to provide and record Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance use for all eligible individuals ages nineteen (19) to sixty-five (65) years and for all pregnant women, regardless of age, receiving services in Section 3 and/or Section 4. The Contractor shall:

4.1.1. Provide training to integrated primary care and behavioral health teams to ensure SBIRT activities are conducted with fidelity to the model in Section 5.1.

4.1.2. Modify and/or adapt current Electronic Health Records (EHR) systems in order to track SBIRT:

4.1.2.1. Activities

4.1.2.2. Completions.

4.1.2.3. Recommendations and referrals.

4.1.2.4. Follow-ups.

4.1.3. Utilize Substance Use Disorder (SUD) codes in the EHR for billing that shall:

4.1.3.1. Enable submission for payment through NH Managed Care/Medicaid and other insurance companies.

4.1.3.2. Allow the generation of reports.

4.2. The Contractor shall implement SBIRT services by ensuring sufficient qualified staff are available to conduct SBIRT services according to the SBIRT model described by the Centers for Disease Control (CDC), available on-line at http/www.dcd.gov/ncddd/fasd/documents/aloholsbiimplementationguide.pdf. The Contractor shall:

4.2.1. Implement SBIRT services by including SBIRT activities in daily operations.

4.2.2. Use one or more of the screening instruments listed in Appendix E of "Systems-Level Implementation of Screening, Brief Intervention and Referral to Treatment. TAP 33" (2013 edition) (http://www.integration.samhsa.gov/sbirt/TAP33.pdf) and document screening in the electronic health record (EHR).

4.2.3. Conduct brief interventions with patients who screen positive for potential substance use concerns and document activities in the EHR.

4.2.4. Refer patients to Substance Use Disorder (SUD) treatment services as necessary, and ensure each patient has connected with the specific service provider by documenting in the EHR, which is audited to ensure appropriate follow up.

4.2.5. Conduct SBIRT with covered populations that include all adults on an annual basis and pregnant women on a trimester basis.

4.3. Coordinate care between community health center (CHC) services and external treatment providers by collaborating with entities that provide SUD treatment services not available at the CHC. The Contractor shall:

4.3.1. Obtain client consents to contact service providers in order to resolve any barriers to accessing services.

4.3.2. Refer patients for SUD services, as needed.

4.3.3. Follow up with patient and/or SUD service provider to ensure appropriate services are provided.

4.3.4. Work with Regional Public Health Networks (RPHNs) to identify new SUD referral resources as they become available.

4.4. The Contractor shall test SBIRT fidelity with a subset of the target population prior to full implementation for all adults ages nineteen (19) to sixty-five (65) annually and pregnant women at each trimester.

5. Staffing

5.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

5.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

5.3. The Contractor shall ensure staff delivering SBIRT services have, at minimum, one of the following:

5.3.1. Masters prepared behavioral health practitioners. This includes individuals licensed under the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board.

5.3.2. Masters prepared and in the process of obtaining a license from the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board, while under the supervision of a licensed practitioner of the same profession.

5.3.3. Physicians or Advanced Practice Registered Nurses licensed to practice in NH.

5.3.4. Physician Assistants or other practitioners under the supervision of a Physician licensed to practice in NH.

5.4. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within one month of hired.

5.5. The Contractor shall notify the MCHS, in writing, when:

5.5.1. Any critical position is vacant for more than one month.

5.5.2. There is not adequate staffing to perform all required services for more than one month.

6. Coordination of Services

6.1. The Contractor shall coordinate with other service providers within the community, where possible, including but not limited to collaboration with interagency referrals and to deliver coordination of care.

6.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

6.2.1. Community needs assessments.

6.2.2. Public health performance assessments.

6.2.3. The development of regional health improvement plans.

6.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

7. Required Meetings & Trainings

7.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

7.1.1. MCHS Agency Directors' meetings.

7.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

7.1.3. MCHS Agency Medical Services Directors' meetings.

8. Workplans, Outcome Reports & Additional Reporting Requirements

8.1. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

8.2. The Contractor shall submit an annual Workplan and Workplan Outcome Report for the quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

8.3. If utilizing any portion of this contract for enabling services, the Contractor shall submit an annual Workplan and Workplan Outcome Report that includes at least one (1) performance measure for each type of enabling service provided. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

8.4. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st.

8.5. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

8.6. The Contractor shall submit quarterly Outcome Reports for SBIRT services according to the schedule and instructions provided by the MCHS. The Contractor shall:

8.6.1. Collect information that includes, but is not limited to:

8.6.1.1. Description of staff training, including but not limited to:

8.6.1.1.1. Content of training.

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8.6.1.1.2. Number of staff trained.

8.6.1.2. The number of:

8.6.1.2.1. Qualified staff conducting SBIRT

8.6.1.2.2. SBIRT billing codes developed.

8.6.1.2.3. SBIRT services billed to insurance.

8.6.1.3. Updates on any changes, enhancements or adaptations to SBIRT procedures in:

8.6.1.3.1. Technology based systems.

8.6.1.3.2. Staffing.

8.6.1.3.3. Coding and billing.

8.6.1.4. The total number of clients receiving SBIRT delineated by:

8.6.1.4.1. Percentage of clients receiving only screening.

8.6.1.4.2. Percentage of clients receiving brief interventions.

8.6.1.4.3. Percentage of clients referred for more intensive services who initiated services.

8.6.1.4.4. Percentage of clients referred for more intensive services who had problems connecting to services.

8.7. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

8.7.1. DPHS Budget Form.

8.7.2. Budget Justification.

8.7.3. Sources of Revenue.

8.7.4. Program Staff List, which includes staff titles

8.8. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

8.9. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

8.9.1. Survey template.

8.9.2. Method by which the results were obtained.

9. On-Site Reviews

9.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

9.1.1. Systems of governance.

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9.1.2. Administration.

9.1.3. Data collection and submission.

9.1.4. Clinical and financial management.

9.1.5. Delivery of education services.

9.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

9.2.1. Client records.

9.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

9.2.3. SBIRT documentation, which includes but is not limited to:

9.2.3.1. SBIRT policies and procedures.

9.2.3.2. Staff credentials for all staff delivering SBIRT services

9.2.3.3. SBIRT procedures utilized and documented in patient records.

9.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Contractor Initials: J.G.
Date 6/8/15

Exhibit A-1 – Amendment #2

1. PRIMARY CARE PERFORMANCE MEASURES

1.1. Breastfeeding

1.1.1. **Percent of infants who are ever breastfed** (Title V PM #10).

1.1.1.1. Numerator: Infants who were ever breastfed or received breast milk

1.1.1.2. Denominator: All infants born in a state fiscal year

1.2. Preventive Health: Lead Screening

1.2.1. **Percent of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.** (CMS, Hedis).

1.2.1.1. Numerator: At least one capillary or venous blood test on or before the child's second birthday.

1.2.1.2. Denominator: Children who turn 2 years old during the state fiscal year.

1.3. Preventive Health: Adolescent Well-Care Visit

1.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (Hedis, Title V PM #7).

1.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

1.3.1.2. Denominator: Number of adolescents, ages 12 through 21 years of age.

1.4. Preventive Health: Depression Screening

1.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (ACO 18, NQF 0418).

1.4.1.1. Numerator: Patients who are screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan documented.

1.4.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.1.3. Denominator: All patients 12 years and older.

1.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

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1.4.2. **Maternal Depression Screening** (Developmental: not required for FY 16)

1.4.2.1. **Percentage of women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.**

1.4.2.1.1. Numerator: Women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool and screen negative.

AND

Women who are screened for depression during the post-partum visit using an appropriate standardized depression screening tool, screen positive, AND have a follow-up plan documented.

1.4.2.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.2.1.3. Denominator: All women who are at least 6 weeks post-partum in a state fiscal year.

1.4.2.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

1.5. **Preventive Health: Obesity Screening**

1.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (ACO 16, NQF 0421, HRSA UDS).

1.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

1.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters.

1.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist,

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occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

1.5.1.4. Denominator: All patients aged 18 years and older who had at least one medical visit during the state fiscal year.

1.5.2. Percent of patients aged 2 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (HRSA UDS).

1.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

1.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

1.6. **Preventive Health: Tobacco Screening**

1.6.1. Percent of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user (ACO 17, NQF 0028, HRSA UDS).

1.6.1.1. Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.1.2. Definitions:

1.6.1.2.1. Tobacco Use: Includes any type of tobacco

1.6.1.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.1.3. Denominator: All patients aged 18 years and older seen for at least two visits ever

1.6.2. Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user (Title V, PM #15).

1.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.2.2. Definitions:

1.6.2.2.1. Tobacco Use: Includes any type of tobacco

1.6.2.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.2.3. Denominator: All women who delivered a live birth in a state fiscal year

1.7. **At Risk Population: Hypertension**

1.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year** (ACO 28, NQF 0018).

1.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm Hg at the time of their last measurement.

1.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)

1.8. **Patient Safety: Falls Screening**

1.8.1. **Percent of patients aged 65 years and older who were screened for future fall risk at least once within 12 months** (ACO 13, NQF0101).

1.8.1.1. Numerator: Patients who were screened for future fall risk at least once within 12 months.

1.8.1.2. Definition of Fall: a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force.

1.8.1.3. Numerator note: Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year.

1.8.1.4. Denominator: All patients aged 65 years and older

1.8.1.5. Excluded from denominator population: (Exclusion only applied if patient was not screened for future fall risk) Documentation of medical reason(s) for not screening for future fall risk (e.g. patient is not ambulatory)

Contractor Initials: J.G.
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2. SBIRT PERFORMANCE MEASURES

2.1. **Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services**

2.1.1. **Numerator:** Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention or referral to services.

2.1.2. Definitions

2.1.2.1. Substance Use: Includes any type of alcohol or drug.

2.1.2.2. Brief Intervention: Includes guidance or counseling.

2.1.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

2.1.3. Denominator: Number of patients aged 18 years and older seen for annual visit within 12 months.

2.2. **Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services**

2.2.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

2.2.2. Definitions:

2.2.2.1. Substance Use: Includes any type of alcohol or drug.

2.2.2.2. Brief Intervention: Includes guidance or counseling.

2.2.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

2.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the state fiscal year.

Contractor Initials: [illegible]
Date: 6/18/15

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   2.1. #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse.
   2.2. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #2, Scope of Services, in accordance with Exhibit B-1 Amendment #2 through Exhibit B-4 Amendment #2.
4. The Contractor shall use and apply the amount in the SBIRT line item in Exhibit B-2 and Exhibit B-4 on actual SBIRT services provided.
5. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
6. Payment for said services shall be made as follows:
   6.1. The Contractor will submit an invoice by the tenth (10th) working day of each month, which identifies and requests reimbursement for:
      6.1.1. Authorized expenses incurred in the prior month.
      6.1.2. The units of SBIRT services provided, in accordance with Exhibit A – Amendment #2, Section 4.2.2 through Section 4.2.5 and Section 4.3.1 through Section 4.3.3, which shall be paid on a fee-for-service basis at the following rates:
         6.1.2.1. $29.86 for each unit of service that is 15-30 minutes.
         6.1.2.2. $57.31 for each unit of service that is more than 30 minutes.
   6.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   6.3. The invoice must be submitted by mail or e-mail to:

      Financial Manager
      Department of Health and Human Services
      129 Pleasant Street
      Concord, NH 03301

      E-mail: dphscontractbilling@dhhs.state.nh.us
7. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.

Contractor Initials: J.G.
Date: 6/8/15

8. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
9. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
10. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-4 Amendment #2 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: J.G.
Date: 6/18/15

EXHIBIT B-2 AMENDMENT #2

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: HCH program at Manchester Health Department

Budget Request for: Primary Care for the Homeless- SBIRT

Budget Period: July 1 2015 - June 30, 2016

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 57,488.00	$ -	$ 57,488.00	$ 28,784.00	$ -	$ 28,784.00	$ 28,784.00	$ -	$ 28,784.00
2. Employee Benefits	$ 13,778.00	$ -	$ 13,778.00	$ 6,889.00	$ -	$ 6,889.00	$ 6,889.00	$ -	$ 6,889.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ 3,407.00	$ -	$ 3,407.00	$ -	$ -	$ -	$ 3,407.00	$ -	$ 3,407.00
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 59,000.00	$ -	$ 59,000.00	$ 35,000.00	$ -	$ 35,000.00	$ 24,000.00	$ -	$ 24,000.00
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 13,000.00	$ -	$ 13,000.00	$ 5,000.00	$ -	$ 5,000.00	$ 8,000.00	$ -	$ 8,000.00
12. Subcontracts/Agreements		$ -	$ -	$ -	$ -	$ -		$ -	$ -
13. Other (specific details mandatory)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 7,000.00	$ -	$ 7,000.00	$ -	$ -	$ -	$ 7,000.00	$ -	$ 7,000.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 153,673.00	$ -	$ 153,673.00	$ 75,673.00	$ -	$ 75,673.00	$ 78,080.00	$ -	$ 78,080.00

Indirect As A Percent of Direct 0.0%

Contractor Initials J.G.

Date 6/8/15

EXHIBIT B-4 AMENDMENT #2

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: HCH program at Manchester Health Department

Budget Request for: Primary Care for the Homeless- SBIRT

Budget Period: July 1, 2015 - June 30, 2017

Line Item	Total Program Cost: Direct Incremental	Total Program Cost: Indirect Fixed	Total Program Cost: Total	Contractor Share / Match: Direct Incremental	Contractor Share / Match: Indirect Fixed	Contractor Share / Match: Total	Funded by BPHC contract share: Direct Incremental	Funded by BPHC contract share: Indirect Fixed	Funded by BPHC contract share: Total
1. Total Salary/Wages	$ 28,704.00	$ -	$ 28,704.00	$ 28,704.00	$ -	$ 28,704.00		$ -	$ -
2. Employee Benefits	$ 8,889.00	$ -	$ 8,889.00	$ 8,889.00	$ -	$ 8,889.00		$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -		$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 30,000.00	$ -	$ 30,000.00	$ 30,000.00	$ -	$ 30,000.00		$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 3,000.00	$ -	$ 3,000.00	$ 3,000.00	$ -	$ 3,000.00		$ -	$ -
12. Subcontracts/Agreements		$ -	$ -	$ -	$ -	$ -		$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 1,125.00	$ -	$ 1,125.00	$ -	$ -	$ -	$ 1,125.00	$ -	$ 1,125.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 69,718.00	$ -	$ 69,718.00	$ 68,593.00	$ -	$ 68,593.00	$ 1,125.00	$ -	$ 1,125.00

Indirect As A Percent of Direct: 0.0%

Contractor Initials: J.G.

Date: 6/8/15

NJ7
34B

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

NH DIVISION OF Public Health Services

APPROVED F/C
DATE 5/8/14
APPROVED G&C # 34B

April 30, 2014

NOT APPROVED

Effective 50% Federal funds 50% General funds

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend agreements with 3 vendors by increasing the total price limitation by $319,787 from $356,000 to $675,787 to provide primary care services for individuals experiencing homelessness. This amount includes a request to **retroactively** enter into **sole-source** amendments in an amount of $53,170, effective **retroactive** to July, 1, 2013 through June 30, 2014 and to exercise a one-year renewal option with the same 3 vendors in an amount of $266,617, extending the completion date from June 30, 2014 to June 30, 2015, effective upon Governor and Council approval. Two of these agreements were originally approved by Governor and Council on June 6, 2012, Item numbers 68 and 69, and one agreement was originally approved by Governor and Council on June 20, 2012, Item number 124.

Summary of contracted amounts by vendor:

Vendor	Location	SFY 2014 Amount	SFY 2015 Amount	Total Increase
Families First of Greater Seacoast	Rockingham County	17,194	86,219	103,413
Harbor Homes	Southern Hillsborough	17,706	88,787	106,493
Manchester Health Dept.	Greater Manchester	18,270	91,611	109,881
TOTAL		**53,170**	**266,617**	**319,787**

Funds to support this request are available in the following accounts for SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

See attachment for financial details

EXPLANATION

Approval is requested **retroactive** to July 1, 2013. The services provided by these contracts are consistent with prior contracts and were included in the operating budget for SFY 2014 and SFY 2015. Contracts were delayed, however, since the exact amount of funding available was only recently

determined. The SFY 2014 amendments are **sole source** because they exceed more than 10% of the original contract amount.

This requested action seeks approval of 3 amendments to continue office-based and mobile primary care services for individuals experiencing homelessness. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services, and because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

Primary health care services for the homeless include preventive and episodic health care for acute and chronic health conditions for adults. Community health agencies provide primary health care, substance abuse referral, intervention and counseling and social services at locations accessible to people who are homeless. They provide emergency care with referrals to hospitals for inpatient services and/or other needed services. Community health agencies engage in outreach activities to assist difficult-to-reach homeless persons in accessing care and provide assistance in establishing eligibility for entitlement programs and housing.

Community health agencies that receive support through the Division of Public Health Services deliver primary health care services for the homeless specialize in serving people who face barriers to accessing health care, due to issues such as extreme poverty, a lack of insurance, language barriers, behavioral and mental health diagnoses, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. Racial and ethnic minorities and immigrants experience homelessness at a rate far disproportionate to that of the general population. Community health agencies demonstrate competencies in engaging these individuals by not only addressing their specific linguistic and cultural needs, but also their unique vulnerabilities and situations. The services provided help individuals overcome barriers to getting the care they need and achieving their optimal health.

Should Governor and Executive Council not authorize this Request, homeless individuals in Rockingham and Hillsborough counties may not have adequate access to primary care services. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities.

Contracts were awarded to Community Health Agencies through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from February 3, 2012 through March 8, 2012 soliciting proposals to cover all of Rockingham and Hillsborough counties. In addition, a bidder's conference, conference call, and web conference were held on February 9, 2012 to alert agencies to this bid.

Three proposals were received in response to the posting. There were no competing applications for the Rockingham and Hillsborough counties solicited in the Requests for Proposals. Three professionals, who work internal and external to the Department of Health and Human Services, scored each proposal. All reviewers have experience either in clinical settings, providing community-based family support services, and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health homeless services; quality assurance and performance improvement; chronic and communicable diseases; and public health

infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, these competitively procured Agreements have the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Department is exercising one year of this renewal option.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. All Primary Health Care for the Homeless vendors are making adequate progress in meeting clinical performance measures and the Department wishes to continue working with the vendors for another year.

The performance measures as described in the contract amendment Exhibit A – Amendment 1 – Performance Measures, will be used to continue to measure the effectiveness of the agreement.

Area to be served is Hillsborough and Rockingham counties.

Source of Funds: 5.59% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 94.41% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

José Thier Montero, MD, MHCDS
Director

Approved by
Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Manchester Health Department

This 1st Amendment to the Manchester Health Department contract (hereinafter referred to as "Amendment One") dated this 3rd day of April, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Manchester Health Department (hereinafter referred to as "the Contractor"), a corporation with a place of business at 1528 Elm Street, Manchester, New Hampshire 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the Department desires to provide additional primary health care services for the homeless, preventive and episodic health care for acute and chronic health conditions for people of all ages.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $232,205

- Exhibit A, Scope of Services to add:
  Exhibit A – Amendment 1

- Exhibit B, Purchase of Services, Contract Price, to add:

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $18,270 for SFY 2014 and $91,611 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $18,270 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $91,611 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

Contractor Initials: J.G
Date: 4/3/14

Add Paragraph 8
8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

- Budget, to add:
  Exhibit B-1 (2014) - Amendment 1,
  Exhibit B-1 (2015) - Amendment 1

This amendment shall be in effect July 1, 2013, effective upon the date of Governor and Executive Council approval.

Contractor Initials: J.G.
Date: 4/3/14

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

4/11/14
Date

Brook Dupee
Bureau Chief

Manchester Health Department

4/3/14
Date

Name: Ted Gatsas
Title: Mayor

Acknowledgement:

State of New Hampshire, County of Hillsborough on 4/3/2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Victoria L. Ferraro
Signature of Notary Public or Justice of the Peace

Victoria L. Ferraro, Constituent Service Rep.
Name and Title of Notary or Justice of the Peace

VICTORIA L. FERRARO, Notary Public
My Commission Expires April 28, 2015

Contractor Initials T. G.
Date 4/3/14

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4/17/14
Date

Name: Amanda C. Goodwin
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials J.G.
Date 4/13/14

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 14, 2012

APPROVED BY _____
DATE 6/20/12
PAGE 16
ITEM # 124

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section to enter into an agreement with Manchester Health Department (Vendor #177433-B009), 1528 Elm Street, Manchester, New Hampshire 03101, in an amount not to exceed $122,324.00, to provide primary care services for individuals experiencing homelessness, to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2014. Funds are available in the following account for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budget.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080000	$61,162
SFY 2014	102-500731	Contracts for Program Services	90080000	$61,162
			Sub-Total	$122,324

EXPLANATION

Funds in this agreement will be used to provide outreach and case management services, primary medical and dental care, 24-hour emergency services, mental health and substance abuse counseling and treatment to people who are experiencing homelessness. This agreement provides funds for services as a last resort; contractor is required to make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid.

Community health agencies deliver primary and preventive health care services to underserved people who face barriers to accessing health care, such as a lack of insurance, inability to pay, cultural and ethnic issues, and geographic isolation. However, there are people whose needs have not been fully met in traditional office-based health care centers. In particular, the needs of homeless individuals and families are far more complex than the general population. People who are homeless suffer from health care problems at more than double the rate of individuals with stable housing. Homeless individuals also experience barriers trying to access mainstream health care often due to a lack of transportation and the limited hours of service available at most community health agencies.

In New Hampshire, 4,979 individuals were sheltered in one of the State-Funded Shelters across the state in State Fiscal Year 2011.[1] Of those who received services, 3,311 were single adults, 691 adults were in 528 families with 940 children; 634 were victims of domestic violence.[2] An additional 728 individuals were the "hidden homeless," those persons who are temporarily doubled up, "couch surfing," or living precariously in overcrowded or unsafe conditions.[3]

Homeless individuals are burdened with additional needs including mental illness, substance abuse and chronic health conditions such as HIV/AIDS. Nationally, health conditions such as hypertension, diabetes, depression and alcohol and substance abuse rank among the highest diagnoses.[4]

This funding will support a multidisciplinary approach to delivering care to individuals experiencing homelessness, combining aggressive street outreach with an integrated system of primary care, mental health and substance abuse services, case management, and client advocacy. Particular emphasis is placed on coordinating efforts with other community providers and social service agencies.

Should Governor and Executive Council not authorize this Request, a minimum of 2,000 low-income homeless individuals from the Greater Manchester area of Hillsborough County may not have access to primary care services. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities.

Manchester Health Department was selected for this project to serve the Greater Manchester area of Hillsborough County through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from February 3, 2012 through March 8, 2012 soliciting proposals to cover all of Rockingham and Hillsborough counties. In addition, a bidder's conference, conference call, and web conference were held on February 9, 2012 to alert agencies to this bid.

Three proposals were received in response to the posting. There were no competing applications for the Rockingham and Hillsborough counties solicited in the Requests for Proposals. Three professionals, who work internal and external to the Department of Health and Human Services, scored each proposal. All reviewers have experience either in clinical settings, providing community-based family support services, and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health homeless services; quality assurance and performance improvement; chronic and communicable diseases; and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding,

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[1] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012.

[2] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012.

[3] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012.

[4] Homelessness in New Hampshire, Annual Report, New Hampshire Department of Health and Human Services, 2012.

agreement of the parties and approval of the Governor and Executive Council. These services were contracted previously with this agency in SFY 2011 and SFY 2012 in the amount of $198,184. This represents a decrease of $75,860. The decrease is due to budget reductions.

The performance measures used to measure the effectiveness of the agreement are attached.

Area served: Greater Manchester area of Hillsborough County.

Source of Funds: 19.95% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 80.05% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

José Thier Montero, MD
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/JF/PT/sc

Program Name DPHS MCH Primary Care
Contract Purpose Primary Care for the Homeless Services
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Manchester Health Department, 1528 Elm St., Manchester, NH 03101	Families First of the Greater Seacoast, 100 Campus Dr., Suite 12, Portsmouth, NH 03801	Harbor Homes, Inc., 45 High St., Nashua, NH 03060	0	0	0	0	0
Agy Capacity	30	28.00	29.00	29.00	0.00	0.00	0.00	0.00	0.00
Program Structure	50	49.00	49.00	49.00	0.00	0.00	0.00	0.00	0.00
Budget & Justification	15	15.00	15.00	15.00	0.00	0.00	0.00	0.00	0.00
Format	5	4.00	5.00	5.00	0.00	0.00	0.00	0.00	0.00
Total	100	96.00	98.00	98.00	0.00	0.00	0.00	0.00	0.00

BUDGET REQUEST									
Year 01		$61,162.00	$57,562.00	$60,000.00	-	-	-	-	-
Year 02		$61,162.00	$57,562.00	$60,000.00	-	-	-	-	-
Year 03		$0.00	$0.00	$0.00	-	-	-	-	-
TOTAL BUDGET REQUEST		$122,324.00	$115,124.00	$120,000.00	-	-	-	-	-
BUDGET AWARDED									
Year 01		$61,162.00	$57,562.00	$59,276.00	-	-	-	-	-
Year 02		$61,162.00	$57,562.00	$59,276.00	-	-	-	-	-
Year 03		$0.00	$0.00	$0.00	-	-	-	-	-
TOTAL BUDGET AWARDED		$122,324.00	$115,124.00	$118,552.00	-	-	-	-	-

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Trini Tellez	Director	Office of Minority Health	All reviewers have experience either in clinical settings, providing community based family support services, and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health homeless services, quality assurance and performance improvement; chronic and communicable diseases; and public health infrastructure.
2	Michael Lawless	Program Specialist	Bureau of Drug & Alcohol Services	
3	Bobbie Bagley	Chief Public Health Nurse	Rivier College, Nursing	

Primary Care for the Homeless Performance Measures

Primary Care for the Homeless Performance Measure #1

Patient Payor Mix

Primary Care for the Homeless Performance Measure #2

Percent of clients who received at least one formal, validated depression screening annually while enrolled in the program.

Primary Care for the Homeless Performance Measure #3

Percent of clients identified that received further evaluation for depression.

Primary Care for the Homeless Performance Measure #4

Percent of adult client encounters with blood pressure recorded.

Primary Care for the Homeless Performance Measure #5

Percent of adult client encounters where either the systolic blood pressure $\geq$ 140mmHg or diastolic blood pressure is $\geq$ 90mmHg, with a documented plan of care for hypertension.

Primary Care for the Homeless Performance Measure #6

Percent of adult clients with a documented formal, validated screening for alcohol or other substance abuse annually while enrolled in the program.

Primary Care for the Homeless Performance Measure #7

Percent of adult clients identified that received treatment for alcohol or substance abuse.

Subject: Primary Care Services for the Homeless

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		**1.2 State Agency Address** 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Manchester Health Department		**1.4 Contractor Address** 1528 Elm Street Manchester, New Hampshire 03101	
1.5 Contractor Phone Number 603-624-6466	**1.6 Account Number** 010-090-5190-102-500731	**1.7 Completion Date** June 30, 2014	**1.8 Price Limitation** $122,324
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		**1.10 State Agency Telephone Number** 603-271-4501	
1.11 Contractor Signature Theodore Gatsas Mayor		**1.12 Name and Title of Contractor Signatory** Theodore Gatsas, Mayor	

1.13 Acknowledgement: State of NH, County of Hillsborough

On 5/9/12 before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

[Seal] Victoria L. Ferraro

1.13.2 Name and Title of Notary or Justice of the Peace

VICTORIA L. FERRARO, Notary Public
My Commission Expires April 28, 2015

1.14 State Agency Signature	**1.15 Name and Title of State Agency Signatory** Joan H. Ascheim, Bureau Chief
1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:	Director, On:
1.17 Approval by the Attorney General (Form, Substance and Execution) By: Jeanne P. Herrick, Attorney	On: 29 May 2012
1.18 Approval by the Governor and Executive Council By:	On:

NH Department of Health and Human Services

Exhibit C

SPECIAL PROVISIONS

1. **Contractors Obligations:** The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

2. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

3. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

4. **Documentation:** In addition to the determination forms, required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

5. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

6. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

7. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

8. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party fundors for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party fundors, the Department may elect to:

    8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

Contractor Initials: J.G.

Date 5/9/12

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

9. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

   9.1 **Fiscal Records:** Books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

   9.2 **Statistical Records:** Statistical, enrollment, attendance, or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

   9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

    10.1 **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

    10.2 **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directed connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

Contractor Initials: J.G.
Date: 5/9/12

Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

12. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department

    12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

    12.2 Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

13. **Completion of Services:** Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14. **Credits:** All documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

    14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. **Operation of Facilities:** Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the Contractor with respect to the operation of the facility or the provision of the services at such facility. If any government license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

Contractor Initials: J.G.
Date: 5/9/12

16. **Insurance:** Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed $500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed $500,000, is comprehensive general liability insurance in amounts of not less than $1,000,000 per claim or occurrence and $2,000,000 in the aggregate. *These amounts may NOT be modified.*

(1) The contractor certifies that it IS a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does not exceed $500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $250,000 per claim and $2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

X (2) The contractor certifies it does NOT qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

The State of New Hampshire determined that the contract activities are of a low risk of liability, and the parties waive the requirement of paragraph 14 of the P-37 in that the contractor provide comprehensive general liability insurance in the amount of $2 million per incident and instead, accept general liability insurance provided by contractor in the amount of 275,000 per incident.

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

18. **Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:**

4. CONDITIONAL NATURE OF AGREEMENT.
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any

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other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

19. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

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Date 5/9/12

State of New Hampshire
Department of Health and Human Services
Amendment #4 to the Primary Care Services Contract

This 4th Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #4") dated this, 1st day of May, 2017, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Mid-State Health Center (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 101 Boulder Point Drive, Suite 1, Plymouth, NH 03264.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #126); as amended by an agreement (Amendment #1 to the Contract) approved by the Governor and Executive Council on May 8, 2014 (Item #34A); as amended by an agreement (Amendment #2 to the Contract) approved by the Governor and Executive Council on June 24, 2015 (Item #58); as amended by an agreement (Amendment #3 to the Contract) approved by the Department on December 21, 2016; the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement the State may amend the contract terms and conditions by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for nine (9) months, change the scope of services, performance measures, and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   March 31, 2018
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $963,495
3. Add Exhibit A- Amendment #4, Scope of Services.
4. Add Exhibit A-1 – Amendment #4, Performance Measures.
5. Add Exhibit B – Amendment #4, Method and Conditions Precedent to Payment.
6. Add Exhibit B-1 Amendment #4, MCHC Budget

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

5/25/17
Date

NAME: LISA MORRIS
TITLE: DIRECTOR, DPHS

Mid-State Health Center

May 8, 2017
Date

NAME Sharon Beaty
TITLE CEO

Acknowledgement:
State of New Hampshire County of Grafton on May 5, 2017, before the undersigned officer, personally appeared the person identified above or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Jean Monroe
Name and Title of Notary or Justice of the Peace
Exp April 9, 2019

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

10/5/17
Date

Name: Erin McIntyre
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

_____
Date

_____
Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

2. Primary Care Services

2.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

2.1.1. Reproductive health services.

2.1.2. Perinatal services, including but not limited to access to obstetrical services either on-site or by referral.

2.1.3. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

2.1.4. Integrated Behavioral Health Services.

2.1.5. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

2.1.6. Assessment of need and follow-up/referral as indicated for:

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2.1.6.1. Tobacco cessation, including referral to QuitWorks-NH, www.QuitWorksNH.org.

2.1.6.2. Social services.

2.1.6.3. Chronic Disease management, including disease specific referral and self-management education, which may include, but is not limited to referral to Diabetes Self-Management Education (DSME), as recommended by the American Diabetes Association.

2.1.6.4. Nutrition services, including WIC, as appropriate.

2.1.6.5. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

2.1.6.6. Screening, Brief Intervention and Referral to Treatment (SBIRT) services, including but not limited to contact with the Regional Public Health Network Continuum of Care Development Initiative.

2.2. The Contractor shall provide case management for individuals enrolled for primary care services, which includes but is not limited to access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

2.3. The Contractor shall provide enabling services, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor shall facilitate enabling services that include, but are not limited to:

2.3.1. Case management, which may include but is not limited to, care facilitated by registries; information technology; health information exchanged; and other services that ensure patients receive necessary care when and where it is needed and wanted 8in a culturally and linguistically appropriate manner.

2.3.2. Benefit counseling.

2.3.3. Eligibility assistance.

2.3.4. Health education and supportive counseling.

2.3.5. Interpretation.

2.3.6. Outreach, which may include but is not limited to the use of community health workers.

2.3.7. Transportation.

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2.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

3. Quality Improvement

3.1. The Contractor shall conduct a minimum of two (2) quality improvement projects which consist of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall ensure:

3.1.1. One (1) quality improvement project focuses on the performance measure as designated by the Department.

3.1.2. One (1) quality improvement project is based on previous performance outcomes needing improvement, as selected by the Contractor.

3.2. The Contractor shall utilize Quality Improvement (QI) science to develop and implement a QI Workplan for each QI project, which shall include but not be limited to:

3.2.1. Specific goals and objectives for the project period.

3.2.2. Evaluation methods to demonstrate improvements in the quality, efficiency, and effectiveness of patient care.

3.3. The Contractor may utilize activities in QI projects that enhance clinical workflow and improve patient outcomes, which may include but are not limited to:

3.3.1. EMR prompts/alerts.

3.3.2. Protocols/Guidelines.

3.3.3. Diagnostic support.

3.3.4. Patient registries.

3.3.5. Collaborative learning sessions.

4. Staffing

4.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

4.2. The Contractor shall employ a medical services director with special training and experience in primary care services who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

4.3. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person

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essential to carrying out contracted services in writing and include a copy of the individual's resume, within thirty (30) days of hire.

4.4. The Contractor shall notify the MCHS, in writing, when:

4.4.1. Any critical position is vacant for more than thirty (30) days.

4.4.2. There is not adequate staffing to perform all required services for more than thirty (30) consecutive days or any sixty (60) nonconsecutive days.

5. Coordination of Services

5.1. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

5.1.1. Community needs assessments.

5.1.2. Public health performance assessments.

5.1.3. The development of regional health improvement plans.

5.2. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

6. Required Meetings & Trainings

6.1. The Contractor shall attend meetings and trainings facilitated by the MCHS programs that include, but are not limited to:

6.1.1. MCHS Agency Directors' meetings.

6.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

6.1.3. MCHS Agency Medical Services Directors' meetings.

7. Workplans, Outcome Reports & Additional Reporting Requirements

7.1. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

7.2. The Contractor shall submit a Performance Measure Outcome Report, which details the plan for improvement when a performance measure targeted goal is not met.

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7.3. The Contractor shall submit an annual Workplan for the two (2) quality improvement projects that demonstrate improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

7.4. The Contractor shall submit at least one (1) annual Workplan that includes a detailed description of the enabling services funded by this contract. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

7.5. The Contractor shall collect and submit the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st of each contract year.

7.6. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

7.7. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

7.7.1. DPHS Budget Form.

7.7.2. Budget Justification.

7.7.3. Sources of Revenue.

7.7.4. Program Staff List, which includes staff titles

7.8. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

7.9. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

7.9.1. Survey template.

7.9.2. Method by which the results were obtained.

8. On-Site Reviews

8.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

8.1.1. Systems of governance.

8.1.2. Administration.

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8.1.3. Data collection and submission.

8.1.4. Clinical and financial management.

8.1.5. Delivery of education services.

8.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

8.2.1. Client records.

8.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

8.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

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Exhibit A-1 – Amendment #4

1. MATERNAL AND CHILD HEALTH SECTION (MCHS) PRIMARY CARE PERFORMANCE MEASURES

1.1. Definitions

1.1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1.1. The calendar year (January 1st through December 31st); or

1.1.1.2. The state fiscal year (July 1st through June 30th).

1.1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.1.4. **NQF** – National Quality Forum

1.1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.1.6. **UDS** – Uniform Data System

1.1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. **Percent of infants who are ever breastfed** (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Screening

2.2.1. **Percent of children 3 years of age who had two or more capillary or venous lead blood test for lead poisoning by their third birthday.** (NH MCHS).

2.2.1.1. Numerator: All patient children who received at least one capillary or venous lead screening test between nine (9) months to eighteen (18) months of age **AND** one (1) capillary or venous lead screening test between nineteen (19) to thirty (30) months of age.

2.2.1.2. Denominator: All patient children who turned three (3) years old during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. Preventive Health: Adolescent Well-Care Visit

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2.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (HEDIS,).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. **Maternal Depression Screening**

2.4.2.1. **Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative PLUS women who screened positive AND have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

2.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (NQF 0421, UDS).

2.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit OR within twenty-four (24) months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

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2.6.2.3. Denominator: All women who delivered a live birth in the measurement year.

2.6.2.4. Definitions:

2.6.2.4.1. Tobacco Use: Includes any type of tobacco

2.6.2.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

2.7. **At Risk Population: Hypertension**

2.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHG) during the measurement year** (NQF 0018).

2.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm HG at the time of their last measurement.

2.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension (must have been diagnosed with hypertension 6 or more months before the measurement date) who had at least one (1) medical visit during the measurement year. (Excludes pregnant women and patients with End Stage Renal Disease.)

2.8. **Patient Safety: Falls Screening**

2.8.1. **Percent of patients aged 65 years and older who were screened for fall risk at least once within 12 months** (NH MCHS).

2.8.1.1. Numerator: Patients who were screened for fall risk at least once within the measurement year.

2.8.1.2. Denominator: All patients aged 65 years and older seen by a health care provider within the measurement year.

2.9. **SBIRT**

2.9.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services (NH MCHS).

2.9.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention and/or referral to services.

2.9.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.1.3. Denominator: Number of patients aged 18 years and older seen for annual/preventive visit within the measurement year.

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2.9.1.4. Definitions:

2.9.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.9.1.4.2. Brief Intervention: Includes guidance or counseling.

2.9.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.9.2. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services (NH MCHS).

2.9.3. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

2.9.4. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.5. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.9.6. Definitions:

2.9.6.1. Substance Use: Includes any type of alcohol or drug.

2.9.6.2. Brief Intervention: Includes guidance or counseling.

2.9.6.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

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Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov) #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #4, Scope of Services, in accordance with Exhibit B-1 Amendment #4.
4. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
5. Payment for said services shall be made as follows:
   5.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement forAuthorized expenses incurred in the prior month.
   5.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   5.3. The invoice must be submitted by mail or e-mail to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

   E-mail: dphscontractbilling@dhhs.state.nh.us
6. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
8. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
9. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds between line items within the budget in Exhibit B-1 Amendment #4 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: SB
Date: 5/8/17

EXHIBIT B-1 Amendment #4, MCHC Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Mid-State Health Center

Budget Request for: Primary Care

Budget Period: July 1, 2017 - March 31, 2018

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 520,270.08	$ -	$ 520,270.08	$ 430,812.47	$ -	$ 430,812.47	$ 89,457.60	$ -	$ 89,457.60
2. Employee Benefits	$ 130,067.52	$ -	$ 130,067.52	$ 107,703.12	$ -	$ 107,703.12	$ 22,364.40	$ -	$ 22,364.40
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Development	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 650,337.60	$ -	$ 650,337.60	$ 538,515.59	$ -	$ 538,515.59	$ 111,822.00	$ -	$ 111,822.00
Indirect As A Percent of Direct		0.0%							

Contractor Initials: SB

Date: 5/24/17

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 MID-STATE HEALTH CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 09, 1998. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **285492**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 28th day of April A.D. 2017.

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Ann Blair, of Mid-State Health Center, do hereby certify that:

1. I am a duly elected Secretary of Mid-State Health Center.

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of Mid-State Health Center duly held on April 23, 2013:

RESOLVED: That the Chief Executive Officer of Mid-State Health Center is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 8th day of May, 2017.

4. Sharon Beaty is the duly elected Chief Executive Officer of the Agency.

Ann Blair
Ann Blair, Secretary

STATE OF NEW HAMPSHIRE
County of Grafton

The forgoing instrument was acknowledged before me this 8th day of May, 2017,
By Ann Blair.

Jean Monroe

Commission Expires: April 9 209

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/12/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Arthur J Gallagher Risk Management Services 470 Atlantic Avenue Boston MA 02210	PHONE (A/C, No, Ext): 617-261-6700	FAX (A/C, No): 617-646-0400
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : National Fire & Marine Insurance Co	20079
INSURED MID-HEA-03 Mid-State Health Center 101 Boulder Point Drive Suite 1 Plymouth NH 03264	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1060360448 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			HN004919	10/1/2016	10/1/2017	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$3,000,000
	POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Physicians Professional Liability			HN004919	10/1/2016	10/1/2017	$1,000,000 $3,000,000 Claims Made Coverage	Each Claim Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

State of New Hampshire
Department of Health and Human Services
129 Pleasent Street
Concord NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Patrick J. Veale

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/12/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Arthur J Gallagher Risk Management Services 470 Atlantic Avenue Boston MA 02210	PHONE (A/C, No, Ext): 617-261-6700	FAX (A/C, No): 617-646-0400
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : New Hampshire Employers Insurance C	
INSURED MID-HEA-03	INSURER B : National Fire & Marine Insurance Co	20079
Mid-State Health Center 101 Boulder Point Drive Suite 1 Plymouth NH 03264	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 857381248 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY			HN004919	10/1/2016	10/1/2017	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$3,000,000
	POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			ECC60040000792016A	10/1/2016	10/1/2017	X PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A						E.L. EACH ACCIDENT	$500,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

State of New Hampshire

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Patrick J. Veale

Mission Statement

Mid-State Health Center provides sound primary care to the community accessible to all regardless of the ability to pay.

Vision for the Future

- ✧ Patients are satisfied, knowledgeable and involved in their healthcare.
- ✧ Mid-State Health Center has developed collaborative relationships with the medical community.
- ✧ Facilities are comfortable, functional and accessible.
- ✧ Working environment is characterized by professional behavior, mutual respect and focused on finding solutions to problems.
- ✧ Mid-State operates in a manner that results in financial stability, enhances efficiency, respects the importance of the working environment and supports a premier teaching experience.

Core Values

- ✧ Employees and providers are held to high ethical and professional standards.
- ✧ Committed to creating a healthier community.
- ✧ Respects the privacy of the provider-patient relationship.
- ✧ Continuing education is supported at all levels of the organization.
- ✧ Provides high-quality primary care.
- ✧ Recognizes the importance of employees' need to lead healthy and balanced lives.
- ✧ Respects and considers the opinions of all stakeholders.
- ✧ Board members are actively involved, interested and committed to the success of Mid-State.

MID-STATE HEALTH CENTER
AND SUBSIDIARY

Consolidated Financial Statements

As of and for the Years Ended
June 30, 2016 and 2015

Supplemental Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2016

and

Independent Auditors' Report

MID-STATE
HEALTH CENTER
A non-profit corporation

MID-STATE HEALTH CENTER AND SUBSIDAIRY

Table of Contents

As of and for the Years Ended June 30, 2016 and 2015

TYLER, SIMMS & ST. SAUVEUR, CPAs, P.C.
Certified Public Accountants & Business Consultants

Independent Auditors' Report

To the Board of Trustees of
Mid-State Health Center and Subsidiary:

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Mid-State Health Center and Subsidiary, which comprise the consolidated statements of financial position as of June 30, 2016 and 2015, and the related consolidated statements of activities and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our 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 consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Tyler, Simms & St. Sauveur, P.C. • 19 Morgan Drive • Lebanon, NH 03766 • Ph. 603-653-0044 • Fax 603-653-0209
www.tss-cpa.com

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Mid-State Health Center and Subsidiary as of June 30, 2016 and 2015, and the results of their operations, changes in net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards, as required by Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. The consolidating information is also presented on pages 27-32 for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of the Organization's management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 18, 2016, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Tyler, Simms and St. Laurent, CPAs, P.C.

Lebanon, New Hampshire
October 18, 2016

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statements of Financial Position

As of June 30, 2016 and 2015

	2016	2015
Assets		
Current assets		
Cash and cash equivalents	$ 1,445,269	$ 751,010
Restricted cash	37,473	37,416
Patient accounts receivable, net	735,772	628,140
Estimated third-party settlements	50,000	50,000
Contracts and grants receivable	1,244,899	1,125,416
Prepaid expenses and other receivables	508,047	1,072,405
Total current assets	4,021,460	3,664,387
Property and equipment, net	6,444,673	6,626,580
Other assets		
Deferred financing costs	48,258	52,926
Other assets	-	916
Total other assets	48,258	53,842
Total assets	$ 10,514,391	$ 10,344,809
Liabilities		
Current liabilities		
Accounts payable	$ 107,523	$ 223,688
Accrued expenses and other current liabilities	317,100	810,356
Accrued payroll and related expenses	269,391	151,805
Accrued earned time	368,116	286,748
Current portion of long-term debt	431,412	173,453
Current portion of capital lease obligations	1,857	2,742
Deferred grants and state contract revenue	1,131,021	838,830
Total current liabilities	2,626,420	2,487,622
Long-term debt, less current portion	4,747,376	5,178,787
Capital lease obligations, less current portion	5,053	-
Total liabilities	7,378,849	7,666,409
Commitments and contingencies (See Notes)		
Net assets		
Unrestricted	2,406,849	1,878,219
Temporarily restricted	728,693	800,181
Total net assets	3,135,542	2,678,400
Total liabilities and net assets	$ 10,514,391	$ 10,344,809

The accompanying notes to financial statements are an integral part of these statements.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statements of Activities and Changes in Net Assets

For the Years Ended June 30, 2016 and 2015

	2016	2015
Changes in unrestricted net assets		
Unrestricted revenue, gains and other support		
Patient service revenue (net of contractual allowances and discounts)	$ 6,318,226	$ 5,193,744
Provision for bad debts	350,491	246,767
Net patient service revenue	5,967,735	4,946,977
Contracts and grants	1,768,650	1,728,568
Contributions	9,336	11,845
Other operating revenue	1,319,892	1,134,035
Net assets released from restrictions used for operating	198,384	27,220
Total unrestricted revenue, gains and other support	9,263,997	7,848,645
Expenses		
Salaries and wages	5,311,523	4,730,533
Employee benefits	1,118,449	917,197
Insurance	76,446	97,966
Professional fees	536,807	454,019
Supplies and expenses	1,195,801	1,179,685
Depreciation and amortization	284,435	252,473
Interest expense	234,011	276,380
Total expenses	8,757,472	7,908,253
Increase (decrease) in net assets from operating activities	506,525	(59,608)
Non-operating gains (losses)		
Loss on disposal of fixed assets	(999)	-
Net assets released from restrictions used for property and equipment	23,104	223,104
Total non-operating gains (losses)	22,105	223,104
Increase in unrestricted net assets	528,630	163,496
Changes in temporarily restricted net assets		
Contributions	150,000	240,000
Net assets released from restrictions	(221,488)	(250,324)
Decrease in temporarily restricted net assets	(71,488)	(10,324)
Change in net assets	457,142	153,172
Net assets, beginning of year	2,678,400	2,525,228
Net assets, end of year	$ 3,135,542	$ 2,678,400

The accompanying notes to financial statements are an integral part of these statements.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statements of Cash Flows

For the Years Ended June 30, 2016 and 2015

	2016	2015
Cash flows from operating activities		
Change in net assets	$ 457,142	$ 153,172
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities		
Depreciation and amortization	284,435	252,473
Amortization reflected as interest	5,584	14,953
Provision for bad debts	350,491	246,767
Loss on disposal of fixed assets	999	-
Contributions restricted for long-term investments	-	(150,000)
(Increase) decrease in the following assets:		
Restricted cash	(57)	(37,416)
Patient accounts receivable	(458,123)	(310,392)
Contracts and grants receivable	(119,483)	(152,623)
Prepaid expenses and other receivables	564,358	(696,805)
Increase (decrease) in the following liabilities:		
Accounts payable	(116,165)	(170,049)
Construction payable	-	(221,468)
Accrued payroll and related expenses	117,586	19,780
Accrued earned time	81,368	25,707
Accrued other expenses	(493,256)	731,440
Deferred grants and state contract revenue	292,191	70,070
Net cash provided by (used in) operating activities	967,070	(224,391)
Cash flows from investing activities		
Purchases of property and equipment	(95,527)	(192,480)
Proceeds from sale of assets	-	17,727
Net cash used in investing activities	(95,527)	(174,753)
Cash flows from financing activities		
Contributions restricted for long-term investment	-	150,000
Line of credit - SMH	-	(75,000)
Payments on capital leases	(3,832)	(6,972)
Payments on long-term debt	(173,452)	(128,441)
Proceeds on long-term debt	-	182,800
Net cash provided by (used in) financing activities	(177,284)	122,387
Net increase (decrease) in cash and cash equivalents	694,259	(276,757)
Cash and cash equivalents, beginning of year	751,010	1,027,767
Cash and cash equivalents, end of year	$ 1,445,269	$ 751,010

The accompanying notes to financial statements are an integral part of these statements.

Supplemental Disclosures of Cash Flow Information

	2016	2015
Cash payments for:		
Interest	$ 228,427	$ 267,486

Supplemental Disclosures of Non-Cash Transactions

During 2016, the Organization entered into a capital lease agreement to acquire equipment totaling $8,000.

During 2015, the Organization refinanced certain obligations and financed certain outstanding construction invoices through the issuance of a long-term note payable totaling $2,423,000 (see Note 10).

The accompanying notes to financial statements are an integral part of these statements.

1. Summary of Significant Accounting Policies:

Organization

Mid-State Health Center ("MSHC") is a physician practice which provides health care to a large number of Medicare, Medicaid and charity care patients on an outpatient basis. MSHC maintains facilities in Plymouth and Bristol, New Hampshire. During fiscal year 2014, MSHC was approved as a Federally Qualified Health Center (FQHC), which helps non-profit health care organizations that serve predominately uninsured or medically underserved populations through increased Medicare and Medicaid reimbursement rates.

The consolidated financial statements include the accounts of Mid-State Community Development Corporation (MSCDC), collectively, "the Organization". MSCDC was formerly known as CRDC Plymouth Community Development Corporation prior to its name change effective in 2015.

Effective September 23, 2010, the Organization was transferred a sole member interest in MSCDC, which owns the 19,500 square foot operating facility that was developed to house the Organization, providing medical services to the underserved community in the Plymouth, New Hampshire region.

During the year ended June 30, 2012, after having participated in a pilot program with the New Hampshire Citizens Health Initiative (NHCHI) the Organization was officially recognized as a medical home.

Basis of Statement Presentation

The consolidated financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. The consolidated financial statements have been prepared consistent with the American Institute of Certified Public Accountants *Audit and Accounting Guide, Health Care Organizations* (Audit Guide). All significant intercompany transactions between MSHC and MSCDC have been eliminated in consolidation.

Classes of Net Assets

The Organization reports information regarding its consolidated financial position and activities to three classes of net assets; unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

(1) Unrestricted Net Assets are not subject to donor-imposed stipulations.
(2) Temporarily Restricted Net Assets are subject to donor-imposed stipulations that may or will be met by actions of the Organization and/or the passage of time. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as temporarily restricted net assets until the Organization satisfies the donor imposed restriction. Absent explicit donor stipulations about how long-lived assets must be maintained, the Organization reports expirations of donor restrictions over the remaining useful life of the donated or acquired long-lived asset.
(3) Permanently Restricted Net Assets are subject to donor-imposed stipulations that they be maintained permanently by the Organization. Generally, the donors of these assets permit the institution to use all or part of the income earned on related investments for general or specific purposes. There were no permanently restricted net assets as of June 30, 2016 and 2015.

1. Summary of Significant Accounting Policies (continued):

Contractual Arrangements with Third-Party Payors

The Medicare and Medicaid programs pay the Organization for services at predetermined rates by treatment. The Organization is reimbursed for Medicare cost reimbursable items at a tentative rate with final settlement determined after the submission of annual cost reports and audits thereof by the Medicare fiscal intermediary. Changes in Medicare and Medicaid programs or reduction of funding levels for programs could have an adverse effect on future amounts recognized as net patient service revenue.

The laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Organization also enters into preferred provider agreements with certain commercial insurance carriers. Payment arrangements to the Organization under these agreements include discounted charges and fee schedule payments.

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy with minimal charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Estimates

The Organization uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities and the reported revenues and expenses. Actual results could differ from those estimates.

Income Taxes

MSHC and MSCDC are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (Code) and are exempt from Federal income taxes on related income pursuant to Section 501(a) of the Code.

The Organization accounts for its uncertain tax positions in accordance with the accounting methods under ASC Subtopic 740-10. The UTP rules prescribe a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken in an organization's tax return. The Organization believes that it has appropriate support for the tax positions taken and, as such, does not have any uncertain tax positions that might result in a material impact on the Organization's statements of financial position, activities and changes in net assets and cash flows. The Organization's management believes it is no longer subject to examinations for the years prior to 2012.

1. **Summary of Significant Accounting Policies (continued):**

Cash and Cash Equivalents

Cash and cash equivalents include demand deposits, petty cash funds and investments with a maturity of three months or less, and exclude amounts whose use is limited by Board designation or other arrangements under trust agreements or with third-party payors.

Receivables

Patient receivables are carried at their estimated collectible amounts. Patient credit is generally extended on a short-term basis; thus, patient receivables do not bear interest.

Patient receivables are periodically evaluated for collectability based on credit history and current financial condition. The Organization uses the allowance method to account for uncollectible accounts receivable.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Property and equipment donated for Organization operations are recorded at fair value at the date of receipt. Expenditures for repairs and maintenance are expensed when incurred and betterments are capitalized.

Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method. Equipment under capital leases is amortized on the straight-line method over the life of the capital lease. Such amortization is included in depreciation and amortization in the financial statements.

Estimated useful lives are as follows:

	YEARS
Buildings	5 - 40
Leasehold improvements	5
Equipment	3 - 7
Furniture and fixtures	5 - 15
Capital leases	3 - 15

The Organization reviews the carrying value of property and equipment for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. In cases where undiscounted expected future cash flows are less than carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets. The factors considered by management in performing this assessment include current operating results, trends and prospects, as well as the effects of obsolescence, demand, competition and other economic factors.

Concentration of Credit Risk

Financial instruments that potentially expose the Organization to concentrations of credit and market risks consist primarily of cash. The Organization has not experienced any losses on its cash.

1. **Summary of Significant Accounting Policies (continued):**

Fair Value of Financial Instruments

The carrying amount of cash, patient accounts receivable, accounts and notes payable and accrued expenses approximates fair value.

Advertising

Advertising costs are charged to operations when incurred. Total advertising expense for the years ended June 30, 2016 and 2015 was $23,966 and $24,507, respectively.

Functional Allocation of Expenses

Expenses that can be identified with specific program or supporting services are charged directly to the related program or supporting service. Expenses that are associated with more than one program or supporting service are allocated based on an evaluation by management.

Expenses by function totaled the following for the years ended June 30:

	2016	2015
Program	$ 6,553,371	$ 5,742,082
Management and general	2,181,651	2,143,786
Fundraising	22,450	22,385
	$ 8,757,472	$ 7,908,253

Recent Accounting Pronouncements

In April 2015, the FASB issued Accounting Standards Update (ASU) 2015-03, *Interest – Imputation of Interest*, Subtopic 835-30. The update simplifies the presentation of debt issuance costs and will require that debt issuance costs related to a recognized debt liability be presented in the statement of financial position as a direct reduction from the carrying amount of that debt liability, consistent with the handling of debt discounts. The update is effective for financial statements issued for fiscal years beginning after December 31, 2015 with early adoption permitted and requires that it be retrospectively applied. The Organization has not elected to early adoption of the provisions of ASU 2015-03.

In February 2016, the FASB issued ASU 2016-02, *Leases*, to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the balance sheet and disclosing key information about leasing arrangements. The update is effective for financial statements issued for fiscal years beginning after December 15, 2019 with early adoption permitted, using a modified retrospective approach. The Organization has not elected early adoption of the provisions of ASU 2016-02 and is undetermined if it will have a significant impact on its financial position, results of operations or cash flows.

2. Charity Care:

The Organization maintains records to identify and monitor the level of charity care they provide. These records include the amount of charges foregone for services and supplies furnished under their charity care policies. The total cost estimate is based on an overall cost to charge ratio applied against gross charity care charges. The net cost of charity care provided was approximately $244,000 and $197,000 for the years ended June 30, 2016 and 2015, respectively. Gross patient service revenue provided on a charity care basis was approximately 1.4% and 2.9% for the years ended June 30, 2016 and 2015, respectively.

The Organization estimates its cost of charity care by applying the percentage of operating expenses to unrestricted revenues and gains to the gross charges foregone. In 2016 and 2015, 623 and 612 patients received charity care out of a total of 11,513 and 9,881 patients, respectively. The Organization provides health care services to residents of Plymouth, New Hampshire as well as Bristol, New Hampshire and their surrounding areas, without regard to the individual's ability to pay for their services.

Determination of eligibility for charity care is granted on a sliding fee basis:

For dental services, patients with family income less than 100% of the Community Services Administration Income Poverty Guidelines shall only be responsible for a nominal fee assessed by the Organization and not the balance of their account for services received. Those with family income at least equal to 101%, but not exceeding 125% of the Federal Poverty Guidelines, receive a 65% discount. Those with family income at least equal to 126%, but not exceeding 150% of the guidelines, receive a 55% discount. Those with family income at least equal to 151%, but not exceeding 200% of the guidelines, receive a 45% discount.

For all other services, patients with family income less than 100% of the Community Services Administration Income Poverty Guidelines shall only be responsible for a nominal fee assessed by the Organization and not the balance of their account for services received. Those with family income at least equal to 101%, but not exceeding 138% of the Federal Poverty Guidelines, shall be responsible for a $20 fee for each encounter. Those with family income at least equal to 139%, but not exceeding 160% of the guidelines, will be responsible for a $30 fee for each encounter. Those with family income at least equal to 161%, but not exceeding 180% of the guidelines, will be responsible for a $40 fee for each encounter. Those with family income at least equal to 181%, but not exceeding 200% of the guidelines, will be responsible for a $50 fee for each encounter.

3. Net Patient Service Revenue and Patient Accounts Receivable:

Net Patient Service Revenue – Net patient service revenue is reported net of contractual allowances, allowance for bad debts and other discounts as follows for the years ended June 30:

	2016	2015
Gross patient service revenue	$ 8,797,536	$ 6,964,894
Third-party payor settlements	71,183	61,632
Less: Contractual allowances and discounts	2,550,493	1,832,782
Net patient service revenue before provision for bad debts	6,318,226	5,193,744
Less: Provision for bad debt	350,491	246,767
Net patient service revenue	$ 5,967,735	$ 4,946,977

3. Net Patient Service Revenue and Patient Accounts Receivable (continued):

Net Patient Service Revenue by Payor Source

The Organization's net patient service revenue before provision for bad debts was comprised of the following for the years ended June 30:

	2016	2015
Governmental payors	$ 3,507,333	$ 2,677,929
Other third-party payors	2,481,572	2,265,898
Self-pay	329,321	249,917
Total all payors	$ 6,318,226	$ 5,193,744

Patient Accounts Receivable – Patient accounts receivable is reported net of estimated contractual allowances and allowance for doubtful accounts, as follows, as of June 30:

	2016	2015
Patient accounts receivable	$ 1,318,578	$ 1,132,241
Less: Estimated contractual allowances and discounts	340,435	267,101
Less: Estimated allowance for doubtful accounts	242,371	237,000
Patient accounts receivable, net	$ 735,772	$ 628,140

Patient accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Organization analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with service provided to patients who have third-party coverage, the Organization analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary. For receivables associated with self-pay patients, including both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for only part of the bill, the Organization records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

4. Estimated Third-Party Settlements:

Provision has been made for estimated adjustments that may result from final settlement of reimbursable amounts as may be required upon completion and audit of related cost finding reports under terms of contracts with the Center for Medicare and Medicaid Services and the New Hampshire Division of Welfare (Medicaid). Differences between estimated adjustments and amounts determined to be recoverable or payable are accounted for as income or expense in the year that such amounts become known.

5. Grants and State Contracts:

The Organization receives various reimbursement grants from the federal government, State of New Hampshire and other public and private agencies. The following is a summary of the grant activity for the years ended June 30:

	Earned Grant and State Contract Revenue		Outstanding Receivable		Deferred Grants and State Contract Revenue	
	2016	2015	2016	2015	2016	2015
HPHC Quality Grant - 2013	$ -	$ -	$ 17,939	$ 17,939	$ 17,939	$ 17,939
HRSA-PATT Grant - 2015	40,992	107,001	-	-	-	-
HRSA Grant - 2014 - 2016	1,056,374	1,013,623	942,239	665,017	943,007	540,353
Bi-State PCA Grant	90	124,142	-	58,740	-	-
NH Primary Care Contract - 2015		175,511	-	14,626	-	23,676
NH Primary Care Contract - 2016	193,933	-	17,758	227,722	4,254	227,722
NH Primary Care Contract - 2017	-	-	157,222	-	157,222	-
Emergency Preparedness Grant - 2014	-	157,768	45,433	48,547	-	-
Emergency Preparedness Grant - 2015	260,554	-	-	-	-	-
HRSA-IGNITE-2016	107,480	-	-	-	-	-
Other Grant and Contract Awards	109,227	150,523	64,308	92,825	8,599	29,140
	$ 1,768,650	$ 1,728,568	$ 1,244,899	$ 1,125,416	$ 1,131,021	$ 838,830

6. Property and Equipment:

Property and equipment consisted of the following as of June 30:

	2016	2015
Land	$ 525,773	$ 525,773
Buildings	6,346,118	6,346,118
Leasehold improvements	170,174	97,798
Furniture, fixtures and equipment	1,115,766	1,028,215
Projects in progress	-	72,376
	8,157,831	8,070,280
Less: Accumulated depreciation	1,713,158	1,443,700
	$ 6,444,673	$ 6,626,580

Depreciation and amortization expense, including amortization expense on capital lease obligations, for the years ended June 30, 2016 and 2015 amounted to $284,435 and $252,473, respectively.

7. Deferred Financing Costs:

Costs related to obtaining financing are deferred and reported net of accumulated amortization. Amortization is recognized on a straight-line basis over the period the related obligations are outstanding.

In August 2013, the Organization recognized financing costs related to the mortgaging of its Plymouth facility totaling $49,015. The obligation has a term of 240 months and matures in August 2033. Accumulated amortization as of June 30, 2016 and 2015 was $7,149 and $4,697, respectively. Amortization expense included in interest expense for the years ended June 30, 2016 and 2015 was $2,451.

In August 2013, the Organization recognized financing costs related to the issuance of a note payable totaling $6,000. The obligation has a term of 60 months and matures in August 2016. Accumulated amortization as of June 30, 2016 and 2015 was $5,833 and $3,833, respectively. Amortization expense included in interest expense for the years ended June 30, 2016 and 2015 was $2,000.

8. Other Assets:

Included in other assets are capitalized legal fees related to the rental agreement and potential purchase of the building the Organization currently occupies in the amount of $9,163. Amortization expense related to the capitalized fees for the years ended June 30, 2016 and 2015 was $916. Accumulated amortization was $9,163 and $8,247 as of June 30, 2016 and 2015, respectively.

9. Lines of Credit:

The Organization had an available line of credit with a maximum borrowing amount of $100,000 as of June 30, 2016. The line carries an interest rate equal to 5.25% (prime plus 2%). The line is secured by all business assets. The line was not drawn upon as of June 30, 2016 and 2015.

10. Long-Term Debt:

Long-term debt consisted of the following as of June 30:

	2016	2015
Woodsville Guarantee Savings Bank note payable, maturing August 2033, principal and interest payable in 240 monthly installments of $18,194 through August 2033. Interest is charged at a rate of 5.25%.	$ 2,466,618	$ 2,552,970
Woodsville Guarantee Savings Bank note payable, maturing August 2018, principal and interest payable in 60 monthly installments of $3,757. Interest is charged at a rate of 4%.	93,419	133,884
Capital Regional Development Council note payable, maturing August 2016, 36 interest only payments at a rate of 6%. Pending compliance with provisions of the loan agreement, the outstanding principal of the note will be forgiven in August 2016.	250,000	250,000

10. **Long-Term Debt (continued):**

	2016	2015
United States of America Department of Agriculture note payable, maturing April 2045, principal and interest payable in 360 monthly payments of $10,904. Interest is charged at a rate of 3.5% (see Note 10a).	2,368,751	2,415,386
Total debt	5,178,788	5,352,240
Less: current portion	431,412	173,453
Long-term debt, less current portion	$ 4,747,376	$ 5,178,787

10a In September 2013, the Organization refinanced its then outstanding Woodsville Guarantee Savings Bank interim note payable with a construction loan. The new loan had an advancement amount of up to $2,700,000, and called for interest only payments at a rate of 5% beginning October 2013, for 23 consecutive months, and 1 balloon payment of principal and accrued unpaid interest due September 2015. In April 2015, the Organization entered into a long-term debt arrangement with the United States of American Department of Agriculture ("USDA") totaling $2,423,000. The proceeds from the loan were used to refinance the construction loan balance and unpaid accrued interest and to satisfy outstanding invoices related to the construction of the Bristol property. The loan is secured by the Organization's property located in Bristol, New Hampshire. The loan agreement requires the Organization to establish a reserve account which is to be funded in monthly installments of $1,090 until the accumulated sum of reserve funding reaches $130,848, after which no further funding is required except to replace withdrawals. As of June 30, 2016, the reserve account totaled $37,473, reflected on the consolidated statement of financial position as restricted cash.

Future maturities of long-term debt are as follows as of June 30, 2016:

2017	$ 431,412
2018	189,748
2019	160,342
2020	160,152
2021	167,797
Thereafter	4,069,337
	$ 5,178,788

11. **Capital Lease Obligations:**

The Organization has entered into capital lease obligations on certain equipment. The term of the lease is for five years expiring in September 2019. Accordingly, the Organization has recorded the transactions as capital lease obligations. For the years ended June 30, 2016 and 2015, amortization expense totaling $2,729 and $6,371, respectively, was included in depreciation and amortization expense. The cost basis of all equipment under capital leases was $31,108 and $23,108 as of June 30, 2016 and 2015, respectively.

11. Capital Lease Obligations (continued):

The following is a schedule, by year, of future minimum lease payments under the capital leases as of June 30, 2016:

2017	$	2,400
2018		2,400
2019		2,400
2020		600
Total minimum lease payments		7,800
LESS: Amount representing interest		890
Present value of minimum lease payments		6,910
LESS: Current portion		1,857
Long-term capital lease obligations	$	5,053

12. Malpractice Insurance Coverage:

The Organization is involved in litigation arising in the ordinary course of business. Claims alleging malpractice have been asserted against the Organization. The Organization is insured for malpractice under a claims-made policy. This type of policy covers malpractice claims which are reported to the insurance carrier during the policy term. Based on management's evaluation of malpractice claims, reserves for professional liability claims were $250,000 and $750,000 as of June 30, 2016 and 2015, respectively, and are included in accrued expenses and other current liabilities in the accompanying consolidated statements of financial position.

The Organization's professional liability risks, in excess of certain per claim amounts, are insured through the policy described above. The amounts receivable under the policy totaled $250,000 and $750,000 as of June 30, 2016 and 2015, respectively, and are included in prepaid expenses and other receivables in the accompanying consolidated statements of financial position.

13. Commitments and Contingencies:

Real Estate Taxes – As of June 30, 2016, the Organization was in discussions with the Town of Plymouth, New Hampshire Municipal Corporation ("Town") related to the tax-exempt status of its operating facility. The Organization's management team contended that the Organization was no longer required to pay real estate taxes associated with its operating facility effective the date that MSCDC received its tax-exempt status (see Note 1), so long as the Organization timely files its application for tax exemption with the Town on an annual basis. Subsequent to June 30, 2016, the Organization and the Town agreed to a payment in lieu of taxes for a period of 10 years. The agreement identified real estate taxes previously paid by the Organization to the Town that the Organization was not required to pay as a result of its tax-exempt status. The sum of the overpayments will be applied evenly on an installment basis over the 10 year period, totaling $50,000. The Organization remains subject to its requirement to timely file its application for tax exemption with the Town on an annual basis.

14. Concentration of Credit Risk:

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors was as follows at June 30:

	2016	2015
Medicare	17.9%	27.6%
Medicaid	27.7%	22.8%
Blue Cross	16.9%	13.6%
Patients	10.6%	12.3%
Other third-party payors	26.9%	23.7%
	100.0%	100.0%

The mix of gross patient service revenue from patients and third-party payors was as follows at June 30:

	2016	2015
Medicare	33.2%	37.0%
Medicaid	17.4%	14.7%
Blue Cross	18.6%	20.9%
Patients	6.7%	6.2%
Other third-party payors	24.1%	21.2%
	100.0%	100.0%

15. Retirement Program:

During 2007, the Organization adopted a tax sheltered annuity plan under 403(b) of the Code for eligible employees. Eligible employees are specified as those who normally work more than 20 hours per week and are not classified as independent contractors. The Organization provides for matching of employee contributions, 50% of the first 6% contributed. Contributions to the plan for the years ended June 30, 2016 and 2015 were $112,637 and $95,333, respectively.

16. Other Operating Revenue:

The following summarizes components of other operating revenue for the years ended June 30:

	2016	2015
Other operating revenue:		
Pharmacy income - 340B	$ 957,003	$ 772,881
Anthem shared savings	195,423	131,067
Montessori Center	139,226	140,198
Meaningful Use	-	52,353
Other operating revenue	28,240	37,536
	$ 1,319,892	$ 1,134,035

17. Health Insurance:

The Organization offers health insurance benefits to all employees under available Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO) plans. Deductibles under the HMO and PPO plans in aggregate are $2,500 and $3,000, respectively. The Organization is obligated to pay a certain portion of the deductible required under either plan once the employee's portion has been fully exhausted. For the HMO and PPO plans, the maximum portion of the deductible the Organization is potentially obligated for is $500 and $1,000, respectively. The total deductible expense incurred during the years ended June 30, 2016 and 2015 was $3,110 and $6,020, respectively.

The Organization provides for an accrual based on the aggregate amount of the liability for reported claims and an estimated liability for claims incurred but not yet reported. At June 30, 2016 and 2015, "accrued expenses and other current liabilities" include an accrued liability related to these plans of $8,600.

18. Related Party:

During 2011, the Organization was gifted a sole membership interest in MSCDC (see Note 1). As a result of the gift, management of the Organization was required to determine the fair value of the underlying assets gifted to and liabilities assumed by the Organization and determine if the transaction contained a differential from the existing book values as of the date of the gift.

Management utilized valuation techniques for medical office space to determine an estimated fair value per square foot resulting in a differential attributed to the building in the amount of $847,145. The differential will be amortized over the life of the building asset it was attributed to. Amortization related to the differential for both years ended June 30, 2016 and 2015 was $23,104, included in depreciation and amortization in the consolidated statement of activities.

19. Subsequent Events:

The Organization has reviewed events occurring after June 30, 2016 through October 18, 2016, the date the board of trustees accepted the final draft of the consolidated financial statements and made them available to be issued. Other than the items noted below, the Organization has not identified other events requiring disclosure that have occurred between the period of June 30, 2016 and the report date, October 18, 2016. The Organization has not reviewed events occurring after the report date for their potential impact on the information contained in these consolidated financial statements.

In September 2016, the Organization reached an agreement with the Town of Plymouth New Hampshire Municipal Corporation regarding its tax-exempt status and a payment in lieu of taxes (Note 13).

In September 2016, the Organization entered into a settlement agreement regarding a malpractice suit that was outstanding as of the year ended June 30, 2016 (Note 12). The settlement calls for the Organization's malpractice insurance to pay $250,000.

In August 2016, MSCDC's $250,000 Capital Regional Development Council note payable was forgiven, as scheduled, given compliance with requirements in the note agreement (Note 10).

MID-STATE HEALTH CENTER
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2016

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-through Entity or Award Identifying Number	Federal Expenditures	Passed through to Subrecipients
U.S. Department of Health and Human Services:				
Health Center Program	93.224		$ 1,056,374	$ -
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement Program	93.912		40,992	-
			1,097,366	-
Passed through N.H. Department of Health and Human Services:				
Grant to States to Support Oral Health Workforce Activities	93.236	22-3061156	90	-
Block Grants for Prevention and Treatment of Substance Abuse	93.959	FAIN TI010035-14 FAIN T1010035-15	209,364	-
Immunization Cooperative Agreements	93.268	FAIN H23IP000757	11,840	-
Prevention Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	93.758	FAIN B01OT009037	17,717	-
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074	FAIN U90TP000535	55,412	-
Maternal and Child Health Services Block Grant to the States	93.994	Unknown	10,735	-
Total passed through N.H. Department of Health and Human Services			305,158	-
Total U.S. Department of Health and Human Services			1,402,524	-
TOTAL EXPENDITURES OF FEDERAL AWARDS			$ 1,402,524	$ -

The accompanying notes to financial statements are an integral part of this schedule.

MID-STATE HEALTH CENTER

Notes to Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2016

1. Basis of Presentation:

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal grant activity of MSHC under programs of the federal government for the year ended June 30, 2016. The information in the schedule is presented in accordance with the requirements of Title 2 US. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Since the schedule presents only a selected portion of the operations of MSHC, it is not intended to and does not present the statement of financial position, statement of activities and changes in net assets or cash flows of MSHC.

2. Significant Accounting Policies:

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Subpart E of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The Schedule includes Catalog of Federal Domestic Assistance (CFDA) and pass-through award numbers when available.

MSHC did not elect to use the 10% de minimis indirect cost rate.

TYLER, SIMMS & ST. SAUVEUR, CPAs, P.C.
Certified Public Accountants & Business Consultants

Report 1

Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Board of Trustees of
Mid-State Health Center:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Mid-State Health Center ("MSHC") (a nonprofit organization), which comprise the statement of financial position as of June 30, 2016, and the related statements of activities and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated October 18, 2016.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered MSHC's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of MHSC's internal control. Accordingly, we do not express an opinion on the effectiveness of MSHC's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards* (continued)

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether MSHC's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Tyler, Simms and St. Laurent, CPAs, P.C.

Lebanon, New Hampshire
October 18, 2016

TYLER, SIMMS & ST. SAUVEUR, CPAs, P.C.
Certified Public Accountants & Business Consultants

Report 2

Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance

To the Board of Trustees of
Mid-State Health Center:

Report on Compliance for Each Major Federal Program

We have audited Mid-State Health Center's ("MSHC") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of MSHC's major federal programs for the year ended June 30, 2016. MHSC's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of MSHC's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about MSHC's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of MSHC's compliance.

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Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance (continued)

Opinion on Each Major Federal Program

In our opinion, MSHC complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2016.

Report on Internal Control Over Compliance

Management of MSHC is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered MSHC's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of MSHC's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Tyler, Simms and St. Laurent, CPAs, P.C.

Lebanon, New Hampshire
October 18, 2016

MID-STATE HEALTH CENTER
Schedule of Findings and Questioned Costs
As of and For the Year Ended June 30, 2016

SECTION I - SUMMARY OF AUDITORS' RESULTS

Financial Statements

Type of auditors' report issued	*Unmodified*
Internal control over financial reporting:	
Material weakness identified	____ Yes __X__ No
Significant deficiencies identified that are not considered to be material weaknesses	____ Yes __X__ None reported
Non-compliance material to financial statements noted	____ Yes __X__ No

Federal Awards

Internal control over major programs:	
Material weakness identified	____ Yes __X__ No
Significant deficiencies identified that are not considered to be material weaknesses	____ Yes __X__ None reported
Type of auditors' report issued on compliance for major programs	*Unmodified*
Any audit findings disclosed that are required to be reported in accordance with Section 200.516(a) of the Uniform Guidance	____ Yes __X__ No

Identification of major programs:

Federal CFDA Number	Name of Federal/Local Program
93.224	Health Center Program

Dollar threshold used to distinguish between Type A and Type B programs	$750,000
Auditee qualified as low-risk auditee?	__X__ Yes ____ No

SECTION II - FINANCIAL STATEMENT FINDINGS

There were no findings related to the financial statements which are required to be reported in accordance with generally accepted Government Auditing Standards (GAGAS).

SECTION III - FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

There were no findings or questioned costs for Federal awards (as defined in Section 200.516(a) of the Uniform Guidance) that are required to be reported.

SECTION IV - PRIOR YEAR AUDIT FINDINGS

2015-001

Criteria: There should be a review of grant awards for their classification and recording as either contributions or exchange transactions.

Condition: A policy and method have been developed to determine the classification of grant awards as either contributions or exchange transactions.

2015-002

Criteria: There should be segregation of duties.

Condition: There are now more employees involved in the duties related to patient receivables and grant activity.

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Assets – Schedule 1

As of June 30, 2016

	MSHC	MSCDC	ELIMINATION	TOTAL
Assets				
Current assets				
Cash and cash equivalents	$ 1,009,778	$ 435,491	$ -	$ 1,445,269
Restricted cash	37,473	-	-	37,473
Patient accounts receivable, net	735,772	-	-	735,772
Estimated third-party settlements	50,000	-	-	50,000
Contracts and grants receivable	1,244,899	-	-	1,244,899
Prepaid expenses and other receivables	508,047	-	-	508,047
Total current assets	3,585,969	435,491	-	4,021,460
Related party note receivable	418,162	-	(418,162)	-
Property and equipment, net	2,803,939	2,926,437	714,297	6,444,673
Other assets				
Deferred financing costs	6,225	42,033	-	48,258
Other assets	120,896	-	(120,896)	-
Investment in subsidiary	714,297	-	(714,297)	-
Total other assets	841,418	42,033	(835,193)	48,258
Total assets	$ 7,649,488	$ 3,403,961	$ (539,058)	$ 10,514,391

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Liabilities and Net Assets – Schedule 1

As of June 30, 2016

	MSHC	MSCDC	ELIMINATION	TOTAL
Liabilities				
Current liabilities				
Accounts payable	$ 100,923	$ 6,600	$ -	$ 107,523
Accrued expenses and other current liabilities	300,944	16,156	-	317,100
Accrued payroll and related expenses	269,391	-	-	269,391
Accrued earned time	368,116	-	-	368,116
Current portion of long-term debt	48,302	383,110	-	431,412
Current portion of capital lease obligations	1,857	-	-	1,857
Deferred grants and state contract revenue	1,131,021	-	-	1,131,021
Total current liabilities	2,220,554	405,866	-	2,626,420
Lease deposits	-	120,896	(120,896)	-
Related party note payable	-	418,162	(418,162)	-
Long-term debt, less current portion	2,320,449	2,426,927	-	4,747,376
Capital lease obligations, less current portion	5,053	-	-	5,053
Total liabilities	4,546,056	3,371,851	(539,058)	7,378,849
Net assets				
Unrestricted	2,374,739	32,110	-	2,406,849
Temporarily restricted	728,693	-	-	728,693
Total net assets	3,103,432	32,110	-	3,135,542
Total liabilities and net assets	$ 7,649,488	$ 3,403,961	$ (539,058)	$ 10,514,391

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Activities and Changes in Net Assets – Schedule 2

For the Year Ended June 30, 2016

	MSHC	MSCDC	ELIMINATION	TOTAL
Changes in unrestricted net assets				
Unrestricted revenue, gains and other support				
Patient service revenue (net of contractual allowances and discounts)	$ 6,318,226	$ -	$ -	$ 6,318,226
Provision for bad debts	350,491	-	-	350,491
Net patient service revenue	5,967,735	-	-	5,967,735
Contracts and grants	1,768,650	-	-	1,768,650
Contributions	9,336	-	-	9,336
Other operating revenue	1,319,338	308,765	(308,211)	1,319,892
Net assets released from restrictions used for operating	198,384	-	-	198,384
Total unrestricted revenue, gains and other support	9,263,443	308,765	(308,211)	9,263,997
Expenses				
Salaries and wages	5,311,523	-	-	5,311,523
Employee benefits	1,118,449	-	-	1,118,449
Insurance	76,446	-	-	76,446
Professional fees	529,307	7,500	-	536,807
Supplies and expenses	1,501,626	2,386	(308,211)	1,195,801
Depreciation and amortization	166,142	95,189	23,104	284,435
Interest expense	77,968	156,043	-	234,011
Total expenses	8,781,461	261,118	(285,107)	8,757,472
Increase in net assets from operating activities	481,982	47,647	(23,104)	506,525
Non-operating gains (losses)				
Loss on disposal of fixed assets	(999)	-	-	(999)
Loss on investment in subsidiary	(23,104)	-	23,104	-
Net assets released from restrictions used for property and equipment	23,104	-	-	23,104
Total non-operating gains (losses)	(999)	-	23,104	22,105
Increase in unrestricted net assets	480,983	47,647	-	528,630
Changes in temporarily restricted net assets				
Contributions	150,000	-	-	150,000
Net assets released from restrictions	(221,488)	-	-	(221,488)
Decrease in temporarily restricted net assets	(71,488)	-	-	(71,488)
Change in net assets	409,495	47,647	-	457,142
Net assets (deficit), beginning of year	2,693,937	(15,537)	-	2,678,400
Net assets, end of year	$ 3,103,432	$ 32,110	$ -	$ 3,135,542

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Assets – Schedule 3

As of June 30, 2015

	MSHC	MSCDC	ELIMINATION	TOTAL
Assets				
Current assets				
Cash and cash equivalents	$ 309,854	$ 441,156	$ -	$ 751,010
Restricted cash	37,416	-	-	37,416
Patient accounts receivable, net	628,140	-	-	628,140
Estimated third-party settlements	50,000	-	-	50,000
Contracts and grants receivable	1,125,416	-	-	1,125,416
Prepaid expenses and other receivables	1,074,680	-	(2,275)	1,072,405
Total current assets	3,225,506	441,156	(2,275)	3,664,387
Related party note receivable	450,322	32,160	(482,482)	-
Property and equipment, net	2,867,553	3,021,626	737,401	6,626,580
Other assets				
Deferred financing costs	6,442	46,484	-	52,926
Deposits and other assets	121,534	-	(120,618)	916
Investment in subsidiary	737,401	-	(737,401)	-
Total other assets	865,377	46,484	(858,019)	53,842
Total assets	$ 7,408,758	$ 3,541,426	$ (605,375)	$ 10,344,809

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Liabilities and Net Assets (Deficit) – Schedule 3

As of June 30, 2015

	MSHC	MSCDC	ELIMINATION	TOTAL
Liabilities and net assets				
Current liabilities				
Accounts payable	$ 192,050	$ 33,913	$ (2,275)	$ 223,688
Accrued expenses and other current liabilities	795,100	15,256	-	810,356
Accrued payroll and related expenses	151,805	-	-	151,805
Accrued earned time	286,748	-	-	286,748
Current portion of long-term debt	46,635	126,818	-	173,453
Current portion of capital lease obligations	2,742	-	-	2,742
Deferred grants and state contract revenue	838,830	-	-	838,830
Total current liabilities	2,313,910	175,987	(2,275)	2,487,622
Lease deposits	-	120,618	(120,618)	-
Related party note payable	32,160	450,322	(482,482)	-
Long-term debt, less current portion	2,368,751	2,810,036	-	5,178,787
Capital lease obligations, less current portion	-	-	-	-
Total liabilities	4,714,821	3,556,963	(605,375)	7,666,409
Net assets (deficit)				
Unrestricted	1,893,756	(15,537)	-	1,878,219
Temporarily restricted	800,181	-	-	800,181
Total net assets (deficit)	2,693,937	(15,537)	-	2,678,400
Total liabilities and net assets (deficit)	$ 7,408,758	$ 3,541,426	$ (605,375)	$ 10,344,809

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Activities and Changes in Net Assets (Deficit) – Schedule 4

For the Year Ended June 30, 2015

	MSHC	MSCDC	ELIMINATION	TOTAL
Changes in unrestricted net assets				
Unrestricted revenue, gains and other support				
Patient service revenue (net of contractual allowances and discounts)	$ 5,193,744	$ -	$ -	$ 5,193,744
Provision for bad debts	246,767	-	-	246,767
Net patient service revenue	4,946,977	-	-	4,946,977
Contracts and grants	1,728,568	-	-	1,728,568
Contributions	11,845	-	-	11,845
Other operating revenue	1,133,735	331,011	(330,711)	1,134,035
Net assets released from restrictions used for operating	27,220	-	-	27,220
Total unrestricted revenue, gains and other support	7,848,345	331,011	(330,711)	7,848,645
Expenses				
Salaries and wages	4,730,533	-	-	4,730,533
Employee benefits	917,197	-	-	917,197
Insurance	97,966	-	-	97,966
Professional fees	447,394	6,625	-	454,019
Supplies and expenses	1,473,997	36,399	(330,711)	1,179,685
Depreciation and amortization	147,576	81,793	23,104	252,473
Interest expense	114,346	162,034	-	276,380
Total expenses	7,929,009	286,851	(307,607)	7,908,253
Increase (decrease) in net assets from operating activities	(80,664)	44,160	(23,104)	(59,608)
Non-operating gains (losses)				
Loss on investment in subsidiary	(23,104)	-	23,104	-
Net assets released from restrictions used for property and equipment	223,104	-	-	223,104
Total non-operating gains (losses)	200,000	-	23,104	223,104
Increase in unrestricted net assets	119,336	44,160	-	163,496
Changes in temporarily restricted net assets				
Contributions	240,000	-	-	240,000
Net assets released from restrictions	(250,324)	-	-	(250,324)
Decrease in temporarily restricted net assets	(10,324)	-	-	(10,324)
Change in net assets	109,012	44,160	-	153,172
Net assets (deficit), beginning of year	2,584,925	(59,697)	-	2,525,228
Net assets (deficit), end of year	$ 2,693,937	$ (15,537)	$ -	$ 2,678,400

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Mid-State Health Center
Board of Directors

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Sharon Beaty, MBA, CMPE, Chief Executive Officer
Claire Reed, MD, FAAFP, Chief Medical Officer
Kelly Perry, DMD, Dental Director
Tonya Warren, PsyD, Behavioral Health Director

SHARON BEATY

Career Objective
To apply administrative and financial expertise in the health-care industry, encouraging positive relationships between a growing physician community and its associated medical system, and promoting capabilities of service providers to treat patients effectively while improving financial viability and profitability

Credentials
FACMPE, Fellow of the American College of Medical Practice Executives
Master of Business Administration, Baylor University Bachelor of Science in Chemistry, Texas Tech University

Summary of Qualifications
Expertise in strategic planning, financial management and analysis and contract negotiations with providers and managed-care entities. Administrative skills, specifically in management of medical facilities. Experience in operations, finance, and billing including regulatory compliance and legislative issues. Understanding of ancillary services and procedures. Knowledge of Medicare/ Medicaid and third-party-payor billing/ filing requirements. Computer literacy, both software and hardware. Communication and personnel management expertise.

Professional Experience

October 2002 to Present
Chief Executive Officer, Mid-State Health Center, Plymouth, New Hampshire. Direct operations for three clinic sites including strategic planning, marketing, budgeting, contracting and physician management. Develop programs for physician recruitment and retention as well as physician compensation plans. Provide venues for financial reporting and analysis and improvement of revenue streams while assuring access to care for local populations. Attained FQHC Look-Alike status and planned for new facility.

October 1999 to October 2002
Vice President for Business Development, Central Kansas Medical Center, Great Bend, Kansas (as of April 2001) Direct all hospital-owned and contracted practices, strategic planning, marketing, managed-care contracting, billing, and accounts receivable. Responsibilities include direction of outlying operations for multiple specialists, labs, radiology, pathology, and physician recruitment. Develop strategies for physician retention and provision of administrative support and expertise for local physician groups, including contract negotiation. . To expand availability of primary care, recently opened an additional family practice, including acquisition of facility and installation of paperless medical record system.

Director of Clinics and Physician Recruitment, Central Kansas Medical Center, Great Bend, Kansas Administered hospital-owned rural health practices, including strategic planning, marketing, managed-care contracting, billing and accounts receivable. Developed outlying operations for multiple specialists. Act as physician recruiter, developing strategies for physician retention and providing administrative support and expertise for local physician groups, including contract negotiation. Improved internal medicine practice, reducing losses by 55% in first year, with projection of 10% profit (above physician salaries) for coming budget

year. Developed hospital-owned family practice in adjacent community, remodeling building to house practice and separate specialty clinic.

January 1998 to October 1999
Administrator, Abilene Lung Physicians, Abilene, Texas Full responsibility for management of practice including long-term planning, managed care contracting, accounts receivable, accounts payable, maintenance of computer software (including formatting and design of system) and hardware, payroll, personnel, and retirement planning. Served as consultant to other physician groups concerning billing and insurance claims, as well as cost reporting for rural health clinics.

July 1994 to December 1997
Administrator, Rolling Plains Rural Health Clinic and Rolling Plains Physicians Office, Sweetwater, Texas Merged six individual physician practices, including two nurse practitioners, full-reference laboratory, radiology department, and forty employees. Developed and installed systems for billing, collections, and personnel management, including provisions for rural health clinic status, cost reporting and billing. Increased revenues by more than 80% in two and one-half years while maintaining profitability of above 50%. Oversaw all aspects of design and construction of new facility, from initial planning to transition management, including development of financing package and all contracting.

May 1981 to July 1994
Private consultant for professional offices Consulted for professional practices including medical practices: Researched needs for software and hardware. Purchased and installed computer systems. Evaluated office management performance and recommended and implemented solutions for office problems or limitations. Served on the elected board of the Nolan County Hospital District, 1991-1993.

September 1979 to May 1981
Research Assistant, Center for Private Enterprise and Entrepreneurship, Hankamer School of Business, Baylor University, Waco, Texas. Interviewed and surveyed national sample of entrepreneurs and their lifetime experiences while pursuing graduate studies.

January 1974 to September 1979
Laboratory Director, Rolling Plains Memorial Hospital, Sweetwater, Texas Served on Joint Commission Accreditation Committee, and assisted hospital administrator with public relations. Recognized future needs for administrative expertise that would be required for medical service industry to adapt to a new era. Resigned to acquire MBA.

Memberships and Interests
Fellow in American College of Medical Practice Executives, Medical Group Management Association, National Assoc. of Rural Health Clinics, Rotary International, former member of Taylor County Board of American Heart Association, former board member of West Texas Girl Scout Council, enjoy skiing and scuba diving as well as musical interests and community theatre.

William Sweeney

Objective

Seeking a challenging and rewarding job in finance and accounting within a medical office context.

Education

5/1997 Plymouth State College Plymouth, NH

Bachelor's of Science in Accounting

- Graduated Cum Laude with a 3.33 GPA on a 4.0 scale.
- Minor in Mathematics

Professional experience

1/1997-Present Mid-State Health Center Plymouth, NH

Chief Financial Officer

- Prepare financial statements, reconcile bank account and compile provider productivity which is used to calculate their salary. Experience with billing office and hospital charges for PCP office, management of employees, use of MS Office, and some technical support ability; bill all hospital and home visit claims for 10 providers, supervise business office staff, assist reception staff to ensure proper charge entry for office visits, and answer coding questions from providers, receptionists, and other business office personnel. Download and transmit all insurance claims and patient statements to a clearinghouse. Created a hospital procedures form for out of office procedures.

References

Available upon request.

Awards received

- Dean's list, spring semester 1994
- President's list, fall semester 1994
- Dean's list, spring semester 1995
- Certificate of Merit, May 1995
- Certificate of Merit, May 1996
- Certificate of Attendance: Troubleshooting, Maintaining & Upgrading PCs

PEGGY ROSEN

EDUCATION

1987-1990 University of Maryland College Park, MD
Master of Arts, Health Education
Specialty: Worksite Health Promotion

1977-1979 University Of Maryland at Baltimore Baltimore, MD
Bachelor of Science, Nursing

1975-1977 Frostburg State College Frostburg, MD
Pre-Nursing Curriculum

PROFESSIONAL EXPERIENCE

3/2007 to Present

Director of Quality Mid-State Health Center Plymouth, NH
- Implementing a system of continuous quality improvement for appropriate and high-quality patient care.

5/2009 to Present Central New Hampshire Health Partnership
Projects Manager
Providing project oversight and reporting for grant-funded and contract-funded projects implemented through the Central New Hampshire Health Partnership.

10/2004 to Present Campton, NH
Freelance Writer
- Published in Natural New England, New Hampshire ToDo Magazine, Heart of New Hampshire Magazine, Fandangle magazine, and Stories That Lift.

9/1997 to Present Plymouth State University , NH
Ice Skating Instructor (Part-time, contracted services)
- Competencies include individual and group on-ice instruction, lesson plan development, program choreography and training for competition and exhibition for students of all ages and abilities. Program Director for

Magic Blades Figure Skating Club from July 1988 to Sept. 2005.

4/1996-7/1997 Mercycare Corporation/St. Peter's Hospital Albany, NY
Case Manager, Occupational Health

- Responsibilities included multi-disciplinary management of Worker's Compensation and Disability cases, conducting corporate health and safety needs assessments analyzing assessment data, identifying trends, and developing and implementing a Health and Safety Continuous Quality Improvement Program.

6/1991-4/1996 Mercycare Corporation/St. Peter's Hospital Albany, NY
Manager, Employee Health Service

- Responsibilities included providing direction for all aspects of the Employee Health Service, addressing health and safety issues for 4500 employees and volunteers in a corporate health care setting. This position included supervision of four staff members.

10/1990- 5/1991 Albany Medical Center Albany, NY
Staff Nurse, Dialysis Services

- Responsibilities included initiation, monitoring, and termination of treatment for acute and chronic hemodialysis and peritoneal dialysis patients.

1/1990 Anne Arundel Community College Arnold, MD
Adjunct Faculty for HEA114 "Fitness And Health"

- Included curriculum development instruction, and evaluation of student performance.

1985-1990 Anne Arundel Medical Center Annapolis, MD
Health Education Instructor

- Developed, implemented, and evaluated community education programs such as exercise- walking, smoking cessation, stress management, and nutrition.

1980-1990 Anne Arundel Medical Center Annapolis, MD
Staff Nurse, Inpatient Psychiatric Service (1980-1986 full time; 1986-1990 per diem)

- Responsibilities included direct patient care as a Primary Nurse, coordinating the activities of the Primary Team for their assigned patients, and facilitating therapy groups.

1979-1980 Anne Arundel Medical Center Annapolis, MD
Staff Nurse, Medical/Surgical Service

- Responsibilities included direct patient care, patient teaching, and coordinating LPN and Nursing Assistant activities for assigned patients.

PAULA MARIE WOODWARD

- PROFESSIONAL EXPERIENCE -

Mid-State Health Center; Plymouth & Bristol, NH
(3 February 2016 – present)

Chief Operations Officer

Responsible for providing leadership and supervision to all clinical support staff including Registered Nurses, Licensed Practical Nurses, Medical Assistants, and Pharmacy Team to ensure provision of optimal health care to Mid-State Health Center patients in a supportive team environment. The Director of Clinical Operations also supervises the Facility Manager ensuring a clean, safe environment for staff, patients and visitors.

Anthem, Inc.; Northeast United States
(21 April 2014 – 23 May 2015)

Program Director, Enhanced Personal Health Care (EPHC) Northeast Region

The EPHC program was created to support the transition of primary and specialty care practices from an episodic health care delivery system to a patient-centered system, accountable for substantially improving patient health. Key aspects of the program include providing practices with tools, resources and meaningful information to promote patient-centered care; redesigning the payment model from volume-based to value-based payment, aligning financial incentives and providing financial support for activities and resources that focus on care coordination, individual patient care planning, patient outreach and quality improvement; and improving the patient experience. As the EPHC program director, I was responsible for ensuring that Anthem field teams in Maine, New Hampshire, Connecticut and New York were successful in achieving their targets. It was my responsibility to correctly interpret and distribute enterprise level communications to the local market teams, run multiple weekly meetings with the market teams, keep relevant cost-of-care data a focus in these discussions, provide practice transformation guidance when appropriate, and enhance relationships between Care Delivery Transformation, Case Management, and Contracts divisions within each market.

American College of Physicians; Washington, D.C.
(31 Jan 2006 to 11 April 2014)

Senior Associate, Practice Support and Design

2008-2014. I was the project manager for ACP Practice Advisor® (nee Medical Home Builder®) www.practiceadvisor.org through development and soft-launch in August 2009, through a major upgrade in 2010, and again in 2014. (The ACP Practice Advisor provides affordable, accessible on-line guidance for practices involved in incremental quality improvement changes – or significant transformation of their practices. Based on an intuitive web-based interface, this self-paced program guides practices through a thorough, yet simple, process for evaluating their practice in major areas related to the patient-centered medical home concept based on NCQA standards). I was responsible for content development; domestic and international contract negotiations; customer service to licensees; regular report writing; and leadership of future planning. I was responsible for investigating potential funding sources for projects related to Practice Advisor; completing funding applications; completing independent contractor

negotiations, contracts, and oversight; ensuring successful completion of grant requirements; monitoring budgets; and closing the grants with final reporting.
2006-2008. I was responsible for coordinating and implementing programmatic activity related to a multi-year, cross-divisional, one million dollar grant for the College- the Center for Practice Innovation. The purpose of the grant was to pilot practice redesign activities for small internal medicine practices. I was responsible for selecting physician sites in which to pilot activities; managing on-site programmatic activity using a modified Institute of Health Improvement Breakthrough Series approach to quality improvement and consultation; establishing and maintaining communication between ACP and the selected practices; writing a newsletter for the practices; establishing partnerships with local hospitals, health departments, state Quality Improvement Organizations and other local and regional efforts to facilitate quality improvement and practice level innovation. Provided input to the design of data collection, aggregation and reporting methodologies for clinical, administrative and economic measures adopted as part of practice redesign efforts. Wrote final report to the grantor for this project.

Special Presentations
Date Organization Topic
March 21, 2007 ACP Foundation "CPI Update"
May 13, 2008 ACP Annual Session "Self-Management Tools: What's That?"
Nov 16, 2009 ACP Senior Leadership "Update on MHB"
Weekly, 2009 - 2014 Public & Industry Live webinar demos of Practice Advisor

Special Projects:
Was responsible for planning, coordinating, and executing all aspects of the 2010 20-session webinar series, "*Charting Your Way to Practice Improvement: Webinars for the 21st Century Patient-Centered Practice.*"
Was responsible for planning, scripting, interviewing subjects, and coordinating post-production of the video project, "*Small Practice in America: Perspectives from Patients, Physicians, and their Teams.*"
Was responsible for planning, coordinating, and executing all aspects of the November 17, 2007 CPI conference: "*Focus on the Practice: Challenges, Choices, and Change.*"

Rubin Institute for Advanced Orthopaedics, Sinai Hospital; Baltimore, Maryland
(Mar 2005 - Jan 2006)

Research Nurse
I was responsible for full spectrum of research responsibilities including reading sponsor proposals to ascertain if they matched program goals, preparing and submitting study applications to the Investigational Review Board (IRB), attending IRB meetings to support applications, obtaining subject consents, collecting study data, securing data, and managing sponsor audits.

Johns Hopkins University School of Nursing; Baltimore, Maryland
(*part-time*, concurrent with full time BMS position, Spring 2003 to Jan 2005)

Faculty Associate
I supervised graduate and undergraduate nursing students placed at Baltimore Medical System during their Leadership and Program Development courses.
Co-Instructed "Principles and Application of Nursing Technology I & II" lab: Fall, 2004.

Baltimore Medical System, Inc.; Baltimore, Maryland
(Sep 1999 – Mar 2005)

Director of Clinical Initiatives and Joint Commission Compliance Officer (Dec 2004 – Mar 2005)

I was responsible for coordination of corporate-wide Joint Commission readiness in addition to the activities listed below.

Director of Clinical Initiatives (May 2001 to Mar 2005)

My primary responsibilities included the development and implementation of diverse company-wide activities related to accomplishing the goals of the Federal Bureau of Primary Health Care "330 Grant" health care plan. Activities included data analysis, writing corporate-wide policy and procedures, coordination and financial success of multiple specialty clinics, creating a topic-specific newsletter for distribution to 3,000 diabetic patients, and managing the corporate-wide CPR certification program. In addition, was responsible for clinical initiatives on the Strategic Report Card (an internal reporting device) that were largely Quality Improvement in nature, and directed collaborative efforts with Federal, State, and local agencies to improve patient care outcomes. Supervised Outreach Programs staff and Clinical Initiatives Specialist, oversaw various grants worth approximately $300,000 annually, authored successful grant applications for approximately the same amount, and substantially contributed to a successfully obtained $1,200,000 NIH grant. As of June 2004, duties grew to also include "acting" Occupational Health Nurse for company, which included full internal and external responsibility of corporate wide vaccinations, infection control activity, and Point-of-Care Labs.

Care Management Coordinator (28 Sep 1999 to May 2001)

I was responsible for full-spectrum care management activities including analysis of utilization patterns, facilitation of referrals, claims adjudication, and authorizations. Additionally, developed clinical practice guidelines, generated internal and external reports, investigated and resolved unpaid claims. Provided case management for high-risk patients with multiple co-morbidities, and completed special projects as assigned by the Chief Medical Officer.

Johns Hopkins HealthCare, LLC; Glen Burnie, Maryland (1 Oct 1997 - Sep 1999)

Nurse Care Coordinator

I was responsible for full-spectrum utilization review and case management activities for Johns Hopkins HealthCare members including acute hospital admissions, community services, referral for specialty care, and home health needs. Provided special care coordination to members with multiple and/or chronic health problems, users of multiple providers of care, users with history of ineffective or high cost care, and those with identified high-risk diagnosis. Routine services included case review, identification of needed services, development of plan of action, and the review of plan with member, other care coordinators and medical director as necessary. Subsequently set up services with providers, fostered positive provider relations, and collection of concurrent data for quality assurance.

Johns Hopkins Hospital; Baltimore, Maryland (Jun 1995 through Sep 1999)

Medical/Surgical Nurse -- Nelson 2 Post Anesthesia Recovery Room –
(Jun 1996 to Sep 1997; continuing to Sep 1999 per diem)

I was responsible for complete recovery of international, multi-cultural patients received directly from operating rooms for both Same Day Surgeries and patients to be admitted. Sub specialties included gynecology, orthopedics, plastic surgery, oncology, and endoscopy. Care provision included use of arterial lines, Marquette EKG/vital sign monitors, I.V. push drugs including narcotics, and assistance with extubating patients. I was responsible for complete discharge planning and teaching of Same Day Surgery patients; and coordinating admissions to any unit at Johns Hopkins Hospital. Frequent charge nurse duties.

Medical/Surgical Nurse -- Nelson 6 –
(Jun 1995 to Jun 1996)

I was responsible for nursing care of cardiac, thoracic, vascular, and general surgical patients in a multi-disciplinary inpatient telemetry setting. Responsibilities included admissions, initiation of

treatment planning, pre- and post-operative teaching, administration of medications and other therapies, telemetry monitoring, facilitating multi-disciplinary care, and education and discharge planning with patients and family members. Patient population was both international and multi-cultural.

Veterans Affairs Medical Center; Baltimore, Maryland (Sep 1993 to May 1995)

Medical/Surgical Nurse

I was responsible for full range of primary nursing care (as above) of vascular, ENT, gynecological, ophthalmic and general surgical in-patients. Also performed weekly charge nurse duties. Multi-cultural patient population.

Queen Anne's County Health Department; Centreville, Maryland (Jan 1986 - Jan 1992)

Director of Health Education

I was responsible for countywide health education program development, management, and implementation; involved regional, statewide, and multi-state planning and coordination. Created and managed program budget. Trained and supervised staff of 75 volunteers and program clerical staff. Planned, implemented, and evaluated broad range of health education programs to meet multiple goals and objectives in specialty areas that included AIDS, cardiovascular health, rabies, and chemical dependency. Provided outreach, consultation and training to community groups. Acted as liaison to local, state and regional organizations.

Psychological Services, Incorporated; Annapolis, Maryland (part-time, Jan 1986 - mid 1990)

Planned Parenthood of Maryland; Annapolis, Maryland (part-time, Nov 1984 - Oct 1990)

Chisholm Trail Mental Health Center; Chickasha, Oklahoma (Jan 1982 - Aug 1984)

- ADDITIONAL NON-PROFESSIONAL EXPERIENCE –

New Hampshire Society, Daughters of the American Revolution

Organizing Chapter Regent (Volunteer, October 2015 – present)

Responsible for the organization of a brand new DAR chapter in Plymouth, NH.

Maryland Society, Daughters of the American Revolution

Chapter Regent (Volunteer, May 2008 – May 2010)

Responsible for overseeing all chapter activities including daily operations and fund raising for ongoing restoration and maintenance of chapter-owned historic (c. 1750) tavern.

State Editor (Volunteer, May 2003 – May 2006)

I was responsible for all aspects of assimilating material, editing, and creating proof of publication, *The Spinning Wheel*. It is professionally printed and distributed to 3,000 state members as well as national and international officers.

Phoebe's Patience -- a vacation rental property (April 2004 to present)

I am responsible for all aspects of running this personal small business including property maintenance, rental and work contracts, banking, website management, Federal and State taxes. The 105-acre property in New Hampshire is being managed for wildlife habitat diversification. This project has involved developing numerous complicated relationships with New Hampshire Fish and Game, U.S. Department of Agriculture Natural Resources Conservation Service, U.S. Department of Agriculture Farm Bureau, New Hampshire Department of Revenue, United States

Environmental Protection Agency, and New Hampshire Department of Environmental Services. Three grant applications for conservation work, totaling $42,989, were approved in 2005. A $2,000 grant was approved in 2006, and an additional $2,000 grant was approved for 2007. www.phoebespatience.com

- EDUCATION -

Bachelor's Degree in Nursing (with Academic Honors): Johns Hopkins University, Jul 1993
Masters Degree in Public Health (health education): University of Oklahoma, Dec 1981
Bachelor's Degree in Health Science (health education): CSU, Fresno, May 1980

- CERTIFICATIONS and AWARDS -

Registered Nurse. State of New Hampshire.
Obtained 2014. Current. Number: 070807-21
Certified Case Manager, #32020. The Commission for Case Manager Certification.
Obtained 2000. Inactive status.
Sigma Theta Tau International, Honor Society of Nursing.
Inducted May, 1993. Active status.
Healthy Hero Award granted by AmeriGroup Corporation December 2002 for "improving access to health care for the medically underserved."
Department of Veterans Affairs Health Professional Scholarship.
Academic Year 1992-1993.
Health Education Specialist, #1507. National Commission for Health Education Credentialing. Obtained 1989. Inactive status.
Chemical Dependency Counselor, #4001. Maryland Addiction Counselor Certification Board, Inc. Obtained 1989.
Inactive status.

- PROFESSIONAL ACTIVITIES -

Amerigroup Corporation (a managed Medicaid organization)
Medical Advisory Committee, Jan 2001 – 2014
Maryland General Hospital
CPR Instructor, 2002 - 2007
Sigma Theta Tau (Honor Society of Nursing), Nu Beta Chapter
(Johns Hopkins University) Secretary, 1995 – 1998
Member, 1995-present
American Heart Association of Maryland
State Medical Programs Committee, 1988 - 1991
Community and Medical Programs Chairperson, 1986 - 1990
Maryland Addiction Counselors Certification Board, Inc.
Executive Board of Directors (treasurer, credentials committee chairperson), 1986 -1990
Representative to the National Certification Reciprocity Consortium, 1987 – 1989

- PUBLICATIONS –

Marsteller, Jill; Woodward, Paula; Underwood, William; Hsiao, Chun-Ju; Barr, Michael S. "Design of a quality and performance improvement project for small primary care practices: reflections on the Center for Practice Innovation." Quality in Primary Care. 19.1 (2011): 49-57(9)

Marsteller, Jill; Hsiao, Chun-Ju; Underwood, William; Woodward, Paula; Barr, Michael S. "A Simple Intervention Promoting Patient Safety Improvements in Small Internal Medicine Practices." Quality in Primary Care. 18.5 (2010): 492-99.

Woodward, Paula. "Reducing the Risk of Opioid Dependence." ACP Internist. June 2013

Woodward, Paula. "Documenting Opioid Management is as Important as Doing it." ACP Internist. July 2013

Curriculum Vitae

Claire H. Reed, MD FAAFP

[redacted]

Education:	Years Attended	Degree
Southwestern University Georgetown, TX	1985-1988	BS
Texas A&M Health Science Center College Station/Temple, TX	1988-1993	MD
UKSM-W Family Practice Residency Wichita, KS	1993-1996	
Board Certification:	1996/ recertified 2002, 2009	
Degree of Fellow	2005	

Appointments:

Medical Director Aspirus Walk In Clinics 2006-2011, September 2014- July 2015
Medical Director Aspirus FastCare Clinic 2008-2011, September 2014- July 2015
Medical Director Aspirus Sentry Clinic 2008-2010
Content Expert, Board of Family Medicine 2010
Selected to inform the ABFM's examination committee with regard to revising the passing standard for the certification exam
Medical Director Bridge Community Health Clinic-2012-present
Assistant Clinical Professor of Psychiatry for the Medical College of Wisconsin 2016

License:

Wisconsin 44180

Hospital Committees:

2004-2010	EPIC Physician Design Committee-Aspirus Hospital
2005-2012	Physician Compensation Committee-Aspirus Hospital
2007-2011	Clinical Operations Sub Committee
2007-2010	Primary Care Access Workgroup
2008-2012	Health Literacy Council
2008-2012	Walk In Specialty Representative to MEC
2009-2012	Vaccine Task Force

Service:

2003-2011	Board of Directors-Family Planning
2004	WI Perinatal Conference Planning Committee
2010-present	Medical Director Central WI Chapter of Medical Assistants
2011-present	Physician Representative for the Northcentral Technical College Medical Assistant Advisory Board
2011-present	Adjunct Faculty NTC Medical Assistant Program-Human Body in Health and Disease
2014-2015	Aspirus Hospice-covered for absent Medical Director by conducting face to face visits and taking call for admissions, questions
2015-present	Marathon County Examining Physician providing exams on subjects for the purposes of final hearings and extension of commitment hearings

Professional Organizations:

American Academy of Family Physicians
Wisconsin Academy of Family Physicians
Wisconsin Association for Perinatal Care

Practice Experience:

1996-1999	Wichita, KS Private Practice with 8 other physicians in a 1 in 4 call group providing the spectrum of Family practice including OB. Worked with Residents for deliveries, and medical admissions. Resident supervision in Family Practice Center
1999-2002	Onaga, KS Rural practice providing full spectrum of family medicine including ER coverage and OB. Worked with nurse practitioners and physician assistants.
2002-2004	Family Physicians, Wausau WI Family medicine including hospital medicine and OB
2004-2011	Aspirus Walk In Busy urgent care centers
2011-2013	Executive Health Resources- Telephonic clinical resource to hospital clients by providing second-level reviews for admission status certification, medical necessity, clinical and regulatory compliance, continued stay review, hospital reimbursement, and quality assurance.
2013-present	Bridge Community Health Clinic provider FQHC providing full spectrum outpatient Family Medicine services

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Mid-State Health Center

Name of Program: Primary Care

BUDGET PERIOD:	SFY 18 (July, 1 2017 - March 31, 2018)			
NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Sharon Beaty	CEO	$188,115	0.00%	$0.00
Bill Sweeney	CFO	$132,100	0.00%	$0.00
Peggy Rosen	Director of Quality	$69,532	0.00%	$0.00
Paula Woodward	COO	$110,000	0.00%	$0.00
Claire Reed, MD	CMO	$210,000	0.00%	$0.00
		$0	0.00%	$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				$0.00

State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Primary Care Services Contract

This 3rd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #3") dated this 20th day of October, 2016 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Mid-State Health Center (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 101 Boulder Point Drive, Suite 1, Plymouth, New Hampshire 03264.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #126), and amended on May 8, 2014 (Item #34A), and on June 24, 2015 (Item #58) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Exhibit B Amendment #2, paragraph 10, notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2, and within the Price Limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council, and

WHEREAS, the State and the Department agree to adjust budget amounts between State Fiscal Years 2016 and 2017, within the Price Limitation and within the Completion Date.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Except as specifically amended and modified by the terms and conditions in this Amendment #3, the obligations of the parties shall remain in full force and effect in accordance with the terms and conditions set forth in the Contract as referenced above.

2. Delete in its entirety Exhibit B-2 Amendment #2, and replace with Exhibit B-2 Amendment #3.

3. Delete in its entirety Exhibit B-4 Amendment #2, and replace with Exhibit B-4 Amendment #3.

JB 10/27/16

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/2/16
Date

NAME: LISA MORRIS
TITLE: DIRECTOR

Mid-State Health Center

10-27-2016
Date

NAME SHARON BEATY
TITLE CHIEF EXECUTIVE OFFICER

Acknowledgement:

State of New Hampshire, County of Grafton on 10-27-2016, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace

My Commission Expires: 3-23-21

SB
10-27-14

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date

Name:
Title:

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

SB
10-27-14

EXHIBIT B-2 - AMENDMENT #3

SBIRT BUDGETS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Mid-State Health Center

Budget Request for: SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 2,933,048.14	$ -	$ 2,933,048.14	$ 2,931,147.16	$ -	$ 2,931,147.16	$ 1,900.98	$ -	$ 1,900.98
2. Employee Benefits	$ 733,262.03	$ -	$ 733,262.03	$ 732,786.79	$ -	$ 732,786.79	$ 475.25	$ -	$ 475.25
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ 158.13	$ -	$ 158.13	$ -	$ -	$ -	$ 158.12	$ -	$ 158.12
7. Occupancy	$ 500.00	$ -	$ 500.00	$ -	$ -	$ -	$ 500.00	$ -	$ 500.00
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 63,495.65	$ -	$ 63,495.65	$ -	$ -	$ -	$ 63,495.65	$ -	$ 63,495.65
12. Subcontracts/Agreements	$ 4,470.00	$ -	$ 4,470.00	$ -	$ -	$ -	$ 4,470.00	$ -	$ 4,470.00
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Development	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 7,625.00	$ -	$ 7,625.00	$ -	$ -	$ -	$ 7,625.00	$ -	$ 7,625.00
SFY 2016 Carry Fwd Amount	$ (7,625.00)	$ -	$ (7,625.00)	$ -	$ -	$ -	$ (7,625.00)	$ -	$ (7,625.00)
TOTAL	$ 3,734,933.95	$ -	$ 3,734,933.95	$ 3,663,933.95	$ -	$ 3,663,933.95	$ 71,000.00	$ -	$ 71,000.00
Indirect As A Percent of Direct	0	0.0%		$ -					

Contractor Initials SB

Date 10-27-14

EXHIBIT B-4 AMENDMENT #3

SBIRT BUDGET SHEETS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Mid State

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 500.00	$ -	$ 500.00	$ -	$ -	$ -	$ 500.00	$ -	$ 500.00
SFY 2016 Carry Fwd Amount	$ 7,625.00	$ -	$ 7,625.00	$ -	$ -	$ -	$ 7,625.00	$ -	$ 7,625.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 8,125.00	$ -	$ 8,125.00		$ -	$ -	$ 8,125.00	$ -	$ 8,125.00
Indirect As A Percent of Direct		0.0%							

Contractor Initials: SS

Date: 10-27-14

G&C APPROVED
ITEM # 58
DATE 6/24/15

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

Marcella Jordan Bobinsky
Acting Director

June 1, 2015

Her Excellency, Governor Margaret Wood Hassen
And the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **sole source** amendments with the vendors listed in the table below for the provision of primary care services, breast and cervical cancer screening services and screening, brief intervention and referral to treatment for alcohol and drug misuse by increasing the total price limitation by $8,986,056 from $10,143,156 to $19,129,212 and extending the completion date from June 30, 2015 to June 30, 2017 upon Governor and Executive Council approval. 75.2% General Funds / 24.8% Federal Funds

The original contract, approved in 2012, included a two (2) year renewal option. The Department exercised a one (1) year renewal in 2014. The Department is now seeking to extend the contracts for two (2) two additional years through these sole source amendments. The Governor and Executive Council approved the original contracts and subsequent amendments as follows:

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Ammonoosuc Community Health Services, Inc. (177755-R001)	North Grafton/ South Coos	6/20/12 (Item #128)	5/8/14 (Item #34A)	$667,687	$540,879	$1,208,566
Concord Hospital, Inc. (177653-B011)	Merrimack/ Hillsborough	6/20/12 (Item #133)	5/8/14 (Item #34A)	$992,198	$788,937	$1,781,135
Coos County Family Health Services (155327-B001)	Eastern Coos	6/20/12 (Item #130)	5/8/14 (Item #34A)	$427,142	$371,229	$798,371
Families First of the Greater Seacoast (166629-B001)	Seacoast Area	6/20/12 (Item #134)	5/8/14 (Item #34A)	$624,540	$506,291	$1,130,831

Families First of the Greater Seacoast (166629-B001)	Seacoast Area - Homeless	6/6/12 (Item #69)	5/8/14 (Item #34B)	$218,537	$240,101	$458,638
Goodwin Community Health Center (154703-B001)	Strafford County	6/20/12 (Item #135)	5/8/14 (Item #34A)	$1,095,268	$825,647	$1,920,915
Harbor Homes (155358-B001)	Southern Hillsborough County - Homeless	6/6/12 (Item #68)	5/8/14 (Item #34B)	$225,045	$209,393	$434,438
Health First Family Care Center (158221-B001)	Central/East ern Belknap	6/20/12 (#131)	5/8/14 (Item #34)	$748,658	$586,113	$1,334,771
Indian Stream Health Center (165274-B001)	Northern Coos	6/20/12 (Item #125)	5/8/14 (Item #34A)	$259,157	$239,237	$498,394
Lamprey Health Care (177677-B001)	Central Southern/ Eastern NH	6/20/12 (Item #136)	5/8/14 (Item #34A)	$1,696,513	$1,299,195	$2,995,708
Manchester Community Health Center (157274-B001)	Greater Manchester	6/20/12 (Item #132)	5/8/14 (Item #34A)	$1,051,425	$1,435.139	$2,486,564
Manchester Health Department (177433-B009)	Greater Manchester - Homeless	6/20/12 (Item #124)	5/8/14 (Item #34B)	$232,205	$250,169	$482,374
Mid-State Health Center (158055-B001)	Central Northern Belknap	6/20/12 (Item #126)	5/8/14 (Item #34A)	$444,862	$406,811	$851,673
New London Hospital Association, Inc. (177167-R005)	Sullivan County	6/20/12 (Item #129)	5/8/14 (Item #34A)	$587,923	$487,419	$1,075,342
Weeks Medical Center (177171-R001)	Western Coos	7/11/12 (Item #31)	5/8/14 (Item #34A)	$292,483	$306,707	$599,190
White Mountain Community Health Center (174170-R001)	Northern Carroll	6/20/12 (Item #127)	5/8/14 (Item #34A)	$579,513	$492,789	$1,072,302
			Total:	**$10,143,156**	**$8,986,056**	**$19,129.212**

Funds are anticipated to be available in the following accounts for State Fiscal Years 2016 and in State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budgets with the ability to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified without further approval from the Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

Please see attachment for fiscal details.

EXPLANATION

These amendments are **sole source** because the Department is renewing the contracts for two (2) additional years after exercising a one (1) year renewal option in 2014 as allowable in Exhibit C, Special Provisions, paragraph 17 of the contracts, and adding to the scope of services for community health centers that provide primary care services, statewide.

This package includes sixteen (16) of sixteen (16) contracts being amended.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

Breast and cervical cancer screening services are provided as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap smears and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or

diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will add infrastructure to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will use funding to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. This request includes three (3) vendors who provide primary care and universal screening services to homeless individuals, who otherwise would have no access to health care. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, low-income individuals statewide may not have adequate access to primary care services. Some women may not receive recommended breast and cervical cancer screenings, which would increase their risk of having an untreatable stage of cancer. Additionally, undetected alcohol and drug misuse could result in increases of alcohol and drug related accidents and deaths, which would negatively impact NH citizens.

Area Served: Statewide.

Source of Funds: 75.2% General Funds

24.8% Federal Funds (CFDA #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse. FAIN #T1010035-14; CFDA #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds. FAIN # U58DP003930; CFDA #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States. FAIN #B04MC28113.)

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

Marcella Bobinsky
Acting Director
Division of Public Health Services

for Diane Langley
Acting Director
Division of Community Based Care Services

Approved by: Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services Contract

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") dated this, 30th day of April, 2015 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Mid-State Health Center (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 101 Boulder Point Drive, Suite 1, Plymouth, NH 03264.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #126) and amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34A), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, and Exhibit C Paragraph 17, the State may amend the contract terms and conditions and renew the contract for two (2) additional years by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for two additional years, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:

   June 30, 2017

2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:

   $851,673

3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read:

   Eric D. Borrin

4. Form P-37, General Provisions, Item 1.10, State Agency Telephone Number, to read:

   (603) 271-9558

5. Delete Exhibit A, Scope of Services and Exhibit A-1 Amendment 1, Scope of Services and replace with Exhibit A – Amendment #2.
6. Delete Exhibit A-1 Amendment #1 - Performance Measures and replace with Exhibit A-1 Amendment #2 – Performance Measures.

7. Delete Exhibit B, Purchase of Services Contract Price and replace with Exhibit B – Amendment #2, Method and Conditions Precedent to Payment.
8. Add Exhibit B-1, Budget Form Primary Care through Exhibit B-4, Budget Form SBIRT.
9. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Period Covered by this Certification, to read:

   From 7/1/2012 to 6/30/2017
10. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read:

    July 1, 2012 through June 30, 2017
11. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

6/15/15
Date

NAME: Brook Dupee
TITLE: Bureau Chief

Mid-State Health Center

5-26-15
Date

NAME Sharon Beaty
TITLE CEO

Acknowledgement:
State of New Hampshire County of Grafton on 5-26-15, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/9/15
Date

Name: Megan A. Yarbo
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. **Provisions Applicable to All Services**

   1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

   1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

   1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

   1.4. Office-based and enabling **Primary Care** services shall be provided to individuals and families who are:

      1.4.1. Uninsured.

      1.4.2. Underinsured.

      1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health **and Human Services (USDHHS), Poverty Guidelines.**

   1.5. **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services shall be provided to all individuals who seek services described in Section 1.4 and Section 1.5, above.

   1.6. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

      1.6.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

      1.6.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

      1.6.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. **Eligibility Determination Services**

   2.1. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

      2.1.1. Family income.

2.1.2. Family size.

2.1.3. Income in relation to the Federal Poverty Guidelines.

2.2. The Contractor shall assist individuals with completing a Medicaid application when income calculations indicate possible Medicaid eligibility. .

2.3. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.4. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.4.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.4.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.3. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.4. Assessment of need for:

3.1.4.1. Tobacco cessation, including referral to NH Quitworks, as appropriate.

3.1.4.2. Social services.

3.1.4.3. Nutrition services, including WIC, as appropriate.

3.1.4.4. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.2.2. Care facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary

care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health

3.2.3.2. Oral health.

3.2.3.3. Use of navigators and case management.

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

3.3. The Contractor may provide enabling services, if the budget allows, which are non-clinical services that support the delivery of basic primary care and services and facilitate access to comprehensive patient care as well as social services. The Contractor may facilitate enabling services that include, but are not limited to:

3.3.1. Case management.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

3.4. The Contractor must elect to do at least one (1) quality improvement project which consists of systematic and continuous actions that lead to measurable improvements in health care services and the health status of targeted patient groups. The Contractor shall facilitate a minimum of one (1) quality improvement project that includes, but is not limited to:

3.4.1. Enhancing clinical workflow/improve patient outcomes by methods that may include, but are not limited to:

3.4.1.1. Alerts.

3.4.1.2. Guidelines.

3.4.1.3. Diagnostic support.

3.4.1.4. Patient registries.

3.4.1.5. Collaborative learning sessions, etc.)

3.4.2. Implementing projects that lead to measurable improvements on any of the performance measures and indicators identified in Exhibit A-1 Amendment #2

3.4.3. Utilizing defined improvement processes to coordinate quality improvement activities.

3.4.4. Identifying and defining specific goals and objectives to be achieved in the project period.

4. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

4.1. The Contractor shall develop the infrastructure necessary to provide and record Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance use for all eligible individuals ages nineteen (19) to sixty-five (65) years and for all pregnant women, regardless of age, receiving services in Section 3 and/or Section 4. The Contractor shall:

4.1.1. Provide training to integrated primary care and behavioral health teams to ensure SBIRT activities are conducted with fidelity to the model in Section 4.2.

4.1.2. Modify and/or adapt current Electronic Health Records (EHR) systems in order to track SBIRT:

4.1.2.1. Activities

4.1.2.2. Completions.

4.1.2.3. Recommendations and referrals.

4.1.2.4. Follow-ups.

4.1.3. Utilize Substance Use Disorder (SUD) codes in the EHR for billing that shall:

4.1.3.1. Enable submission for payment through NH Managed Care/Medicaid and other insurance companies.

4.1.3.2. Allow the generation of reports.

4.2. The Contractor shall implement SBIRT services by ensuring sufficient qualified staff are available to conduct SBIRT services according to the SBIRT model described by the Centers for Disease Control (CDC), available on-line at http/www.dcd.gov/ncddd/fasd/documents/aloholsbiimplementationguide.pdf. The Contractor shall:

4.2.1. Implement SBIRT services by including SBIRT activities in daily operations.

4.2.2. Use one or more of the screening instruments listed in Appendix E of "Systems-Level Implementation of Screening, Brief Intervention and Referral to Treatment. TAP 33" (2013 edition) (http://www.integration.samhsa.gov/sbirt/TAP33.pdf) and document screening in the electronic medical record (EMR).

4.2.3. Conduct brief interventions with patients who screen positive for potential substance use concerns and document activities in the EHR

4.2.4. Refer patients to Substance Use Disorder (SUD) treatment services as necessary, and ensure each patient has connected with the specific service provider by documenting in the EHR, which is audited to ensure appropriate follow up.

4.2.5. Conduct SBIRT with covered populations that include all adults on an annual basis and pregnant women on a trimester basis.

4.3. Coordinate care between community health center (CHC) services and external treatment providers by collaborating with entities that provide SUD treatment services not available at the CHC. The Contractor shall:

4.3.1. Obtain client consents to contact service providers in order to resolve any barriers to accessing services.

4.3.2. Refer patients for SUD services, as needed.

4.3.3. Follow up with patient and/or SUD service provider to ensure appropriate services are provided.

4.3.4. Work with Regional Public Health Networks (RPHNs) to identify new SUD referral resources as they become available.

4.4. The Contractor shall test SBIRT fidelity with a subset of the target population prior to full implementation for all adults ages nineteen (19) to sixty-five (65) annually and pregnant women at each trimester.

5. Staffing

5.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

5.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

5.3. The Contractor shall ensure staff delivering SBIRT services have, at minimum, one of the following:

5.3.1. Masters prepared behavioral health practitioners. This includes individuals licensed under the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board.

5.3.2. Masters prepared and in the process of obtaining a license from the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board, while under the supervision of a licensed practitioner of the same profession.

5.3.3. Physicians or Advanced Practice Registered Nurses licensed to practice in NH.

5.3.4. Physician Assistants or other practitioners under the supervision of a Physician licensed to practice in NH.

5.4. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within one month of hired.

5.5. The Contractor shall notify the MCHS, in writing, when:

5.5.1. Any critical position is vacant for more than one month.

5.5.2. There is not adequate staffing to perform all required services for more than one month.

6. Coordination of Services

6.1. The Contractor shall coordinate with other service providers within the community, where possible, including but not limited to collaboration with interagency referrals and to deliver coordination of care.

6.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

6.2.1. Community needs assessments.

6.2.2. Public health performance assessments.

6.2.3. The development of regional health improvement plans.

6.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

7. Required Meetings & Trainings

7.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

7.1.1. MCHS Agency Directors' meetings.

7.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

7.1.3. MCHS Agency Medical Services Directors' meetings.

8. Workplans, Outcome Reports & Additional Reporting Requirements

8.1. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

8.2. The Contractor shall submit an annual Workplan and Workplan Outcome Report for the quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

8.3. If utilizing any portion of this contract for enabling services, the Contractor shall submit an annual Workplan and Workplan Outcome Report that includes at least one (1) performance measure for each type of enabling service provided. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

8.4. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st.

8.5. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

8.6. The Contractor shall submit monthly Outcome Reports for SBIRT services according to the schedule and instructions provided by the MCHS. The Contractor shall:

8.6.1. Collect information that includes, but is not limited to:

8.6.1.1. Description of trainings conducted, which includes but is not limited to:

8.6.1.1.1. Content of trainings.

8.6.1.1.2. Number of staff that attended trainings.

8.6.1.2. The number of:

8.6.1.2.1. Qualified staff conducting SBIRT

8.6.1.2.2. SBIRT billing codes developed.

8.6.1.2.3. SBIRT services billed to insurance.

8.6.1.3. Updates on any changes, enhancements or adaptations to SBIRT procedures in:

8.6.1.3.1. Technology based systems.

8.6.1.3.2. Staffing.

8.6.1.3.3. Coding and billing.

8.6.1.4. The total number of clients receiving SBIRT delineated by:

8.6.1.4.1. Percentage of clients receiving only screening.

8.6.1.4.2. Percentage of clients receiving brief interventions.

8.6.1.4.3. Percentage of clients referred for more intensive services who initiated services.

8.6.1.4.4. Percentage of clients referred for more intensive services who had problems connecting to services.

8.7. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

8.7.1. DPHS Budget Form.

8.7.2. Budget Justification.

8.7.3. Sources of Revenue.

8.7.4. Program Staff List, which includes staff titles

8.8. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

8.9. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

8.9.1. Survey template.

8.9.2. Method by which the results were obtained.

9. On-Site Reviews

9.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

9.1.1. Systems of governance.

9.1.2. Administration.

9.1.3. Data collection and submission.

9.1.4. Clinical and financial management.

9.1.5. Delivery of education services.

9.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

9.2.1. Client records.

9.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

9.2.3. SBIRT documentation, which includes but is not limited to:

9.2.3.1. SBIRT policies and procedures.

9.2.3.2. Staff credentials for all staff delivering SBIRT services

9.2.3.3. SBIRT procedures utilized and documented in patient records.

9.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Exhibit A-1 – Amendment #2

1. PRIMARY CARE PERFORMANCE MEASURES

1.1. **Breastfeeding**

1.1.1. **Percent of infants who are ever breastfed** (Title V PM #10).

1.1.1.1. Numerator: Infants who were ever breastfed or received breast milk

1.1.1.2. Denominator: All infants born in a state fiscal year

1.2. **Preventive Health: Lead Screening**

1.2.1. **Percent of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.** (CMS, Hedis).

1.2.1.1. Numerator: At least one capillary or venous blood test on or before the child's second birthday.

1.2.1.2. Denominator: Children who turn 2 years old during the state fiscal year.

1.3. **Preventive Health: Adolescent Well-Care Visit**

1.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (Hedis, Title V PM #7).

1.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

1.3.1.2. Denominator: Number of adolescents, ages 12 through 21 years of age.

1.4. **Preventive Health: Depression Screening**

1.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (ACO 18, NQF 0418).

1.4.1.1. Numerator: Patients who are screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan documented.

1.4.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.1.3. Denominator: All patients 12 years and older.

1.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

Contractor Initials: SB
Date: 5/2/15

1.4.2. **Maternal Depression Screening** (Developmental: not required for FY 16)

1.4.2.1. **Percentage of women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.**

1.4.2.1.1. Numerator: Women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool and screen negative.

AND

Women who are screened for depression during the post-partum visit using an appropriate standardized depression screening tool, screen positive, AND have a follow-up plan documented.

1.4.2.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.2.1.3. Denominator: All women who are at least 6 weeks post-partum in a state fiscal year.

1.4.2.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

1.5. **Preventive Health: Obesity Screening**

1.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (ACO 16, NQF 0421, HRSA UDS).

1.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

1.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters.

1.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist,

occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

1.5.1.4. Denominator: All patients aged 18 years and older who had at least one medical visit during the state fiscal year.

1.5.2. Percent of patients aged 2 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (HRSA UDS).

1.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

1.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

1.6. **Preventive Health: Tobacco Screening**

1.6.1. Percent of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user (ACO 17, NQF 0028, HRSA UDS).

1.6.1.1. Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.1.2. Definitions:

1.6.1.2.1. Tobacco Use: Includes any type of tobacco

1.6.1.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.1.3. Denominator: All patients aged 18 years and older seen for at least two visits ever

1.6.2. Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user (Title V, PM #15).

1.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.2.2. Definitions:

1.6.2.2.1. Tobacco Use: Includes any type of tobacco

1.6.2.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.2.3. Denominator: All women who delivered a live birth in a state fiscal year

1.7. **At Risk Population: Hypertension**

1.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year** (ACO 28, NQF 0018).

1.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm Hg at the time of their last measurement.

1.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)

1.8. **Patient Safety: Falls Screening**

1.8.1. **Percent of patients aged 65 years and older who were screened for future fall risk at least once within 12 months** (ACO 13, NQF0101).

1.8.1.1. Numerator: Patients who were screened for future fall risk at least once within 12 months.

1.8.1.2. Definition of Fall: a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force.

1.8.1.3. Numerator note: Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year.

1.8.1.4. Denominator: All patients aged 65 years and older

1.8.1.5. Excluded from denominator population: (Exclusion only applied if patient was not screened for future fall risk) Documentation of medical reason(s) for not screening for future fall risk (e.g. patient is not ambulatory)

2. SBIRT PERFORMANCE MEASURES

2.1. **Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services**

2.1.1. **Numerator:** Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention or referral to services.

2.1.2. Definitions

2.1.2.1. Substance Use: Includes any type of alcohol or drug.

2.1.2.2. Brief Intervention: Includes guidance or counseling.

2.1.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

2.1.3. Denominator: Number of patients aged 18 years and older seen for annual visit within 12 months.

2.2. **Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services**

2.2.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

2.2.2. Definitions:

2.2.2.1. Substance Use: Includes any type of alcohol or drug.

2.2.2.2. Brief Intervention: Includes guidance or counseling.

2.2.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

2.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the state fiscal year.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   2.1. #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse.
   2.2. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #2, Scope of Services, in accordance with Exhibit B-1 Amendment #2 through Exhibit B-4 Amendment #2.
4. The Contractor shall use and apply the amount in the SBIRT line item in Exhibit B-2 and Exhibit B-4 on actual SBIRT services provided.
5. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
6. Payment for said services shall be made as follows:
   6.1. The Contractor will submit an invoice by the tenth (10th) working day of each month, which identifies and requests reimbursement for:
      6.1.1. Authorized expenses incurred in the prior month.
      6.1.2. The units of SBIRT services provided, in accordance with Exhibit A – Amendment #2, Section 4.2.2 through Section 4.2.5 and Section 4.3.1 through Section 4.3.3, which shall be paid on a fee-for-service basis at the following rates:
         6.1.2.1. $29.86 for each unit of service that is 15-30 minutes.
         6.1.2.2. $57.31 for each unit of service that is more than 30 minutes.
   6.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   6.3. The invoice must be submitted by mail or e-mail to:

      Financial Manager
      Department of Health and Human Services
      129 Pleasant Street
      Concord, NH 03301

      E-mail: dphscontractbilling@dhhs.state.nh.us
7. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.

Contractor Initials: SB
Date: 5-24-15

8. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
9. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
10. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-4 Amendment #2 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: SH
Date: 5-21-15

EXHIBIT B-2 - AMENDMENT #2

SBIRT BUDGETS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Mid-State Health Center

Budget Request for: SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

Line Item	Total Program Cost: Direct Incremental	Total Program Cost: Direct Fixed	Total Program Cost: Total	Contractor Share / Match: Direct Incremental	Contractor Share / Match: Direct Fixed	Contractor Share / Match: Total	Funds by Source of Income: Direct Incremental	Funds by Source of Income: Direct Fixed	Funds by Source of Income: Total
1. Total Salary/Wages	$ 2,933,048.14	$ -	$ 2,933,048.14	$2,931,147.18	$ -	$ 2,931,147.18	$ 1,900.96	$ -	$ 1,900.96
2. Employee Benefits	$ 732,282.03	$ -	$ 732,282.03	$ 732,786.78	$ -	$ 732,786.78	$ 475.25	$ -	$ 475.25
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ 158.13	$ -	$ 158.13	$ -	$ -	$ -	$ 158.13	$ -	$ 158.13
7. Occupancy	$ 500.00	$ -	$ 500.00	$ -	$ -	$ -	$ 500.00	$ -	$ 500.00
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 63,495.65	$ -	$ 63,495.65	$ -	$ -	$ -	$ 63,495.65	$ -	$ 63,495.65
12. Subcontracts/Agreements	$ 4,470.00	$ -	$ 4,470.00	$ -	$ -	$ -	$ 4,470.00	$ -	$ 4,470.00
13. Other (specific details mandatory)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Development	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 7,625.00	$ -	$ 7,625.00	$ -	$ -	$ -	$ 7,625.00	$ -	$ 7,625.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 3,742,558.95	$ -	$ 3,742,558.95	$ 3,663,933.96	$ -	$ 3,663,933.96	$ 78,625.00	$ -	$ 78,625.00

Indirect As A Percent of Direct 0.0%

Contractor Initials: JB

Date 5-26-15

EXHIBIT B-4 AMENDMENT #2

SBIRT BUDGET SHEETS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Mid State

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 500.00	$ -	$ 500.00		$ -	$ -	$ 500.00	$ -	$ 500.00
	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -
TOTAL	$ 500.00	$ -	$ 500.00		$ -	$ -	$ 500.00	$ -	$ 500.00

Indirect As A Percent of Direct 0.0%

Contractor Initials: _____

Date: 5-26-15

34A MJ

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964

NH DIVISION OF
Public Health Services
Improving health, preventing disease, reducing costs for all

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

5/8/14 34A

March 28, 2014

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Retroactive
Sole source
13% Federal funds
87% General funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend agreements with 13 vendors by increasing the total price limitation by $4,293,569 from $5,173,800 to $9,467,369 to provide primary care services. This amount includes a request to **retroactively** enter into **sole-source** amendments in an amount of $648,347, effective **retroactive** to July, 1, 2013 through June 30, 2014 and to exercise a one-year renewal option with the same 13 vendors in an amount of $3,645,222, extending the completion date from June 30, 2014 to June 30, 2015, effective upon Governor and Council approval. Twelve of these agreements were originally approved by Governor and Council on June 20, 2012, Item numbers 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, and one agreement was originally approved by Governor and Council on July 11, 2012, Item number 31.

Summary of contracted amounts by vendor:

Vendor	Location	SFY 2014 Amount	SFY 2015 Amount	Total Increase
Ammonoosuc Community Health	North Grafton/ South Coos	$42,661	$254,172	$296,833
Concord Hospital, Inc.	Merrimack/ Hillsborough	$64,413	$376,377	$440,790
Coos County Family Health	Eastern Coos	$24,351	$159,685	$184,036
Families First of the Greater Seacoast	Seacoast Area	$41,892	$242,094	$283,986
Goodwin Community Health	Strafford County	$74,293	$420,579	$494,872
Health First Family Care Center	Central/Eastern Belknap	$55,968	$292,214	$348,182
Indian Stream Health Center	Northern Coos & Colebrook	$18,030	$100,409	$118,439
Lamprey Health Care, Inc.	Central Southern/Eastern NH	$119,828	$654,249	$774,077
Manchester Community Health Center	Greater Manchester Area	$71,392	$407,637	$479,029
Mid-State Health Center	Central Northern Belknap	$35,001	$175,511	$210,512
The New London Hospital, Inc.	Sullivan County	$39,566	$225,093	$264,659
Weeks Medical Center	Western Coos	$20,652	$113,557	$134,209
White Mountain Community Health	Northern Carroll	$40,300	$223,645	$263,945
TOTAL		**$648,347**	**$3,645,222**	**$4,293,569**

Funds to support this request are available in the following accounts for SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

See attachment for financial details

EXPLANATION

Approval is requested **retroactive** to July 1, 2013. The services provided by these contracts are consistent with prior contracts and were included in the operating budget for SFY 2014 and SFY 2015. Contracts were delayed, however, since the exact amount of funding available was only recently determined. The SFY 2014 amendments are **sole source** because they exceed more than 10% of the original contract amount.

This requested action seeks approval of 13 amendments that represents $4,293,569 total anticipated to be spent statewide to continue breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services, and because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program

provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, low-income individuals statewide may not have adequate access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Contracts were awarded to Primary Care agencies through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by teams of three professionals. All reviewers have between three to 20 years' experience managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, these competitively procured Agreements have the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Department is exercising one year of this renewal option.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. All Primary Care vendors are making adequate progress in meeting clinical performance measures and the Departments wishes to continue working with the vendors for another year.

The performance measures as described in the contract amendment Exhibit A – Amendment 1 – Performance Measures, will be used to continue to measure the effectiveness of the agreement.

Area to be served is statewide.

Source of Funds: 13.09% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau; Centers for Disease Control and Prevention and 86.91% 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,

Brook Dupee for

José Thier Montero, MD, MHCDS
Director

Approved by:

Nicholas A. Toumpas
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-B003 PO # 1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	42,661	42,661
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$42,661	$42,661

Concord Hospital, Inc., Vendor # 177653-B011 PO # 1024253

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	64,413	64,413
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$64,413	$64,413

Coos County Family Health Services, Inc., Vendor # 155327-B001 PO # 1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	24,351	24,351
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$24,351	$24,351

Families First of the Greater Seacoast, Vendor # 166629-B001 PO # 1024254

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	41,892	41,892
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$41,892	$41,892

Goodwin Community Health, Vendor # 154703-B001 PO # 1024256

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	74,293	74,293
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$74,293	$74,293

Health First Family Care Center, Vendor # 158221-B001 PO # 1024257

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	55,968	55,968
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$55,968	$55,968

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services

Indian Stream Health Center, Vendor # 165274-B001 PO # 1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	18,030	18,030
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$18,030	$18,030

Lamprey Health Care, Inc., Vendor # 177677-R001 PO # 1024259

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	119,828	119,828
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$119,828	$119,828

Manchester Community Health Center, Vendor # 157274-B001 PO # 1024260

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	71,392	71,392
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$71,392	$71,392

Mid-State Health Center, Vendor # 158055-B001 PO # 1024350

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	35,001	35,001
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$35,001	$35,001

The New London Hospital, Inc., Vendor # 177167-R005 PO # 1024262

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	39,566	39,566
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$39,566	$39,566

Weeks Medical Center, Vendor # 177171-R001 PO # 1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	20,652	20,652
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$20,652	$20,652

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

White Mountain Community Health Center, Vendor # 174170-R001 PO # 1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080400	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90080400	-	40,300	40,300
SFY 2015	102/500731	Contracts for Program Svcs	90080400	-	-	-
			Sub-Total	$0	$40,300	$40,300
			SUB TOTAL	**$0**	**$648,347**	**$648,347**

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
6.7% Federal Funds and 93.3% General Funds (FAIN# MC26681)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-B003 PO # 1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	142,819	-	142,819
SFY 2014	102/500731	Contracts for Program Svcs	90080000	142,819	-	142,819
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	213,921	213,921
			Sub-Total	$285,638	$213,921	$499,559

Concord Hospital, Inc., Vendor # 177653-B011 PO # 1024253

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	215,637	-	215,637
SFY 2014	102/500731	Contracts for Program Svcs	90080000	215,637	-	215,637
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	322,992	322,992
			Sub-Total	$431,274	$322,992	$754,266

Coos County Family Health Services, Inc., Vendor # 155327-B001 PO # 1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	81,519	-	81,519
SFY 2014	102/500731	Contracts for Program Svcs	90080000	81,519	-	81,519
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	122,103	122,103
			Sub-Total	$163,038	$122,103	$285,141

Families First of the Greater Seacoast Vendor # 166629-B001 PO # 1024254

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	140,243	-	140,243
SFY 2014	102/500731	Contracts for Program Svcs	90080000	140,243	-	140,243
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	210,063	210,063
			Sub-Total	$280,486	$210,063	$490,549

Goodwin Community Health Vendor # 154703-B001 PO # 1024256

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	248,712	-	248,712
SFY 2014	102/500731	Contracts for Program Svcs	90080000	248,712	-	248,712
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	372,533	372,533
			Sub-Total	$497,424	$372,533	$869,957

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Health First Family Care Center, Vendor # 158221-B001 PO # 1024257

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	187,367	-	187,367
SFY 2014	102/500731	Contracts for Program Svcs	90080000	187,367	-	187,367
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	280,648	280,648
			Sub-Total	$374,734	$280,648	$655,382

Indian Stream Health Center, Vendor #165274-B001 PO # 1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	60,359	-	60,359
SFY 2014	102/500731	Contracts for Program Svcs	90080000	60,359	-	60,359
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	90,409	90,409
			Sub-Total	$120,718	$90,409	$211,127

Lamprey Health Care, Inc., Vendor # 177677-R001 PO # 1024259

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	401,151	-	401,151
SFY 2014	102/500731	Contracts for Program Svcs	90080000	401,151	-	401,151
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	600,864	600,864
			Sub-Total	$802,302	$600,864	$1,403,166

Manchester Community Health Center, Vendor # 157274-B001 PO # 1024260

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	239,002	-	239,002
SFY 2014	102/500731	Contracts for Program Svcs	90080000	239,002	-	239,002
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	357,989	357,989
			Sub-Total	$478,004	$357,989	$835,993

Mid-State Health Center, Vendor # 158055-B001 PO # 1024350

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	117,175	-	117,175
SFY 2014	102/500731	Contracts for Program Svcs	90080000	117,175	-	117,175
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	175,511	175,511
			Sub-Total	$234,350	$175,511	$409,861

The New London Hospital, Inc., Vendor # 177167-R005 PO # 1024262

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	132,457	-	132,457
SFY 2014	102/500731	Contracts for Program Svcs	90080000	132,457	-	132,457
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	198,401	198,401
			Sub-Total	$264,914	$198,401	$463,315

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Weeks Medical Center, Vendor # 177171-R001 PO # 1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	69,137	-	69,137
SFY 2014	102/500731	Contracts for Program Svcs	90080000	69,137	-	69,137
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	103,557	103,557
			Sub-Total	$138,274	$103,557	$241,831

White Mountain Community Health Center, Vendor # 174170-R001 PO # 1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080000	134,913	-	134,913
SFY 2014	102/500731	Contracts for Program Svcs	90080000	134,913	-	134,913
SFY 2015	102/500731	Contracts for Program Svcs	90080000	-	202,079	202,079
			Sub-Total	$269,826	$202,079	$471,905
			SUB TOTAL	**$4,340,982**	**$3,251,070**	**$7,592,052**

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER 100% Federal Funds (FAIN #U58DP003930)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-B003 PO # 1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	32,608	-	32,608
SFY 2014	102/500731	Contracts for Program Svcs	90080081	32,608	-	32,608
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	30,251	30,251
			Sub-Total	$65,216	$30,251	$95,467

Concord Hospital, Inc., Vendor # 177653-B011 PO # 1024253

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2014	102/500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	53,385	53,385
			Sub-Total	$120,134	$53,385	$173,519

Coos County Family Health Services, Inc., Vendor # 155327-B001 PO # 1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2014	102/500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	27,582	27,582
			Sub-Total	$60,068	$27,582	$87,650

Families First of the Greater Seacoast Vendor # 166629-B001 PO # 1024254

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2014	102/500731	Contracts for Program Svcs	90080081	30,034	-	30,034
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	32,031	32,031
			Sub-Total	$60,068	$32,031	$92,099

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Goodwin Community Health Vendor # 154703-B001 PO # 1024256

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	51,486	-	51,486
SFY 2014	102/500731	Contracts for Program Svcs	90080081	51,486	-	51,486
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	48,046	48,046
			Sub-Total	$102,972	$48,046	$151,018

Health First Family Care Center, Vendor # 158221-B001 PO # 1024257

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2014	102/500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	11,566	11,566
			Sub-Total	$25,742	$11,566	$37,308

Lamprey Health Care, Inc., Vendor # 177677-R001 PO # 1024259

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2014	102/500731	Contracts for Program Svcs	90080081	60,067	-	60,067
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	53,385	53,385
			Sub-Total	$120,134	$53,385	$173,519

Manchester Community Health Center, Vendor # 157274-B001 PO # 1024260

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	47,196	-	47,196
SFY 2014	102/500731	Contracts for Program Svcs	90080081	47,196	-	47,196
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	49,648	49,648
			Sub-Total	$94,392	$49,648	$144,040

The New London Hospital, Inc., Vendor # 177167-R005 PO # 1024262

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	29,175	-	29,175
SFY 2014	102/500731	Contracts for Program Svcs	90080081	29,175	-	29,175
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	26,692	26,692
			Sub-Total	$58,350	$26,692	$85,042

White Mountain Community Health Center, Vendor # 174170-R001 PO # 1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2014	102/500731	Contracts for Program Svcs	90080081	12,871	-	12,871
SFY 2015	102/500731	Contracts for Program Svcs	90080081	-	11,566	11,566
			Sub-Total	25,742	11,566	37,308
			SUB TOTAL	**$732,818**	**$344,152**	**$1,076,970**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-901010-5149 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-B003 PO # 1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	$20,000	$0	$20,000

Coos County Family Health Services, Inc., Vendor # 155327-B001 PO # 1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	10,000		10,000
SFY 2014	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	$20,000	$0	$20,000

Indian Stream Health Center, Vendor #165274-B001 PO # 1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	$20,000	$0	$20,000

Weeks Medical Center, Vendor # 177171-R001 PO # 1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	$20,000	$0	$20,000

White Mountain Community Health Center, Vendor # 174170-R001 PO # 1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2014	102/500731	Contracts for Program Svcs	90073001	10,000	-	10,000
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	$20,000	$0	$20,000
			SUB TOTAL	**$100,000**	**$0**	**$100,000**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-B003 PO # 1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	10,000	10,000
			Sub-Total	$0	$10,000	$10,000

Coos County Family Health Services, Inc., Vendor # 155327-B001 PO # 1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	-		-
SFY 2014	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	10,000	10,000
			Sub-Total	$0	$10,000	$10,000

Indian Stream Health Center, Vendor #165274-B001 PO # 1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	10,000	10,000
			Sub-Total	$0	$10,000	$10,000

Weeks Medical Center, Vendor # 177171-R001 PO # 1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	10,000	10,000
			Sub-Total	$0	$10,000	$10,000

White Mountain Community Health Center, Vendor # 174170-R001 PO # 1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102/500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102/500731	Contracts for Program Svcs	90073001	-	10,000	10,000
			Sub-Total	$0	$10,000	$10,000
			SUB TOTAL	**$0**	**$50,000**	**$50,000**
			TOTAL	**$5,173,800**	**$4,243,569**	**$9,417,369**

Program Name: DPHS, Maternal and Child Health
Contract Purpose: Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Ammonoosuc Community Health Services, Inc., 25 Mount Eustis Rd., Littleton, NH 03561	Coos County Family Health Services, Inc., 54 Willow St., Berlin, NH 03570	Concord Hospital, Inc., 250 Pleasant St., Concord, NH 03301	Families First of the Greater Seacoast, 100 Campus Drive, Portsmouth, NH 03801	Goodwin Community Health, 311 Route 108, Somersworth, NH 03878	Health First Family Care Center, 841 Central St., Franklin, NH 03235	Manchester Community Health Center, 145 Hollis St., Manchester, NH 03101	Mid State Health Center, 101 Boulder Point Dr., Plymouth, NH 03264
Agy Capacity	30	29.00	28.00	28.00	29.00	29.00	25.00	29.00	28.00
Program Structure	50	46.00	45.00	47.00	48.00	48.00	39.00	46.00	45.00
Budget & Justification	15	14.00	15.00	15.00	15.00	12.00	13.00	15.00	12.00
Format	5	4.00	5.00	5.00	5.00	4.00	4.00	5.00	5.00
Total	100	93.00	93.00	95.00	97.00	93.00	81.00	95.00	90.00

BUDGET REQUEST								
Year 01	$339,156.25	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 02	$347,976.97	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 03	$0.00	-	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET REQUEST	$687,133.22	237,918.00	$551,408.00	$327,586.00	$584,604.00	$398,254.00	$556,404.00	$234,350.00
BUDGET AWARDED								
Year 01	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 02	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 03	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET AWARDED	$370,854.00	$243,106.00	$551,408.00	$340,554.00	$600,396.00	$400,476.00	$572,396.00	$234,350.00

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	to twenty years experience
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	either in clinical settings,
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	providing community-based
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	family support services and or
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	managing agreements with
7	Terry Ohlson-Martin	Co-Director	Family Voices	vendors for various public
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	health programs. Areas of
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	specific expertise include
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm.	maternal & child health,
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	quality assurance & performance
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	improvement, chronic and
				communicable diseases and
				public health infrastructure

Program Name DPHS, Maternal and Child Health
Contract Purpose Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	The New London Hospital, Inc., 273 County Rd., New London, NH 03257	Weeks Medical Center, 170 Middle St., Lancaster, NH 03584	White Mountain Community Health Center, 298 White Mountain Hwy., Conway, NH 03818	Lamprey Health Care, Inc., 207 South Main St., Newmarket, NH 03857	Indian Stream Health Center, 141 Corless Lane, Colebrook, NH 03576	0	0	0
Agy Capacity	30	27.00	28.00	21.00	29.00	23.00	0.00	0.00	0.00
Program Structure	50	40.00	43.00	38.00	45.00	35.00	0.00	0.00	0.00
Budget & Justification	15	9.00	15.00	15.00	13.00	9.00	0.00	0.00	0.00
Format	5	4.00	5.00	3.00	5.00	5.00	0.00	0.00	0.00
Total	100	80.00	91.00	77.00	92.00	72.00	0.00	0.00	0.00

BUDGET REQUEST									
Year 01		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 02		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET REQUEST		$312,900.00	$158,274.00	$313,346.00	$912,662.00	$272,712.00	-	-	-
BUDGET AWARDED									
Year 01		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 02		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET AWARDED		$323,264.00	$158,274.00	$315,568.00	$922,436.00	$140,718.00	-	-	-

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal & child health, quality assurance & performance improvement, chronic and communicable diseases and public health infrastructure.
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	
7	Terry Ohlson-Martin	Co-Director	Family Voices	
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm	
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Mid-State Health Center

This 1st Amendment to the Mid-State Health Center contract (hereinafter referred to as "Amendment One") dated this 13th day of March, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Mid-State Health Center (hereinafter referred to as "the Contractor"), a corporation with a place of business at 101 Boulder Point Drive, Suite 1, Plymouth, New Hampshire 03264.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the Department desires to provide additional primary health care services for preventive and episodic health care for acute and chronic health conditions for people of all ages.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $444,862

- Exhibit A, Scope of Services to add:
  Exhibit A – Amendment 1

- Exhibit B, Purchase of Services, Contract Price, to add:

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $35,001 for SFY 2014 and $175,511 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $35,001 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $175,511 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

Contractor Initials: SB
Date: 3-13-14

- Add Paragraph 8
- 8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

- Budget, to add:
  Exhibit B-1 (2014) - Amendment 1,
  Exhibit B-1 (2015) - Amendment 1

This amendment shall be in effect July 1, 2013, effective upon the date of Governor and Executive Council approval.

Contractor Initials: SB
Date: 3-13-14

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

3/28/14
Date

Brook Dupee
Bureau Chief

Mid-State Health Center

March 13, 2014
Date

Name: Sharon Beaty
Title: CEO

Acknowledgement:

State of New Hampshire County of Grafton on March 13, 2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Laura Welch
Signature of Notary Public or Justice of the Peace

LAURA WELCH
Notary Public-New Hampshire
My Commission Expires
March 16, 2016

Name and Title of Notary or Justice of the Peace

Contractor Initials: SB
Date: 3-13-14

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4-3-14
Date

Name: Rosemary Wiant
Title: Asst Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: SB
Date: 3-31-14

EXHIBIT A – AMENDMENT 1

Scope of Services

The Department desires to continue the relationship with the primary care agencies to provide additional primary health care services for preventive and episodic health care for acute and chronic health conditions for people of all ages.

I. General Provisions

A) Eligibility and Income Determination

1. Office-based primary care services will be provided to low-income individuals and families (defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), in the State of New Hampshire.

2. The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing if, at any time, the practice is closed to new patients, or maintains a wait list for new patients, or any other mechanism is used that limits access for new patients for more than a one month period.

3. The Contractor shall document annually, for each client enrolled in the program, family income and family size, and calculate percentage of the federal poverty level. If calculations indicate that the client may be eligible for enrollment in Medicaid, the Contractor shall complete with the client the most recent version of the 800P form.

4. The Contractor shall implement, and post in a public and conspicuous location, a sliding fee payment schedule, approved in advance by the Division of Public Health Services (DPHS), for low-income patients. Signage must state that no client will be denied services for inability to pay.

    a. As an alternative, the contractor may post, in a public and conspicuous location, a notice to clients that a sliding fee scale is available and that no client will be denied services for inability to pay. The sliding fee scale must be updated annually based on USDHHS Poverty guidelines as published in the Federal Register, submitted to and approved by DPHS prior to implementation.

5. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered.

B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 1000 users annually with 4000 medical encounters, as defined in the Data and Reporting Requirements. Clinical service reimbursements shall not exceed the Medicare rate.

C) Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.

2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.

3. Provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.

4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.

5. The contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency Citation 45 CFR 80.3(b) (2). The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client, language line).

D) State and Federal Laws

The Contractor is responsible for compliance with all relevant state and federal laws. Special attention is called to the following statutory responsibilities:

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 301, adopted 6/3/08.

2. Persons employed by the contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults, RSA 631:6, Assault and Related Offences and RSA 130:A, Lead Paint Poisoning and Control.

3. Immunizations shall be conducted in accordance with RSA 141-C and the Immunization Rules promulgated hereunder.

E) Relevant Policies and Guidelines

1. The Contractor shall design and provide the services described above to meet the unique and identified health needs of the populations within the contracted service area.

2. Primary Care funds shall be targeted to populations in need. Populations in need are defined as follows:

   a) uninsured;

   b) under-insured;

   c) families and individuals with significant psychosocial and economic risk, including low income status;

   d) all life cycles including perinatal, child, adolescent, adult, and elderly who meet one or more of the above criteria.

3. The Contractor shall design and implement systems of governance, administration, financial management, information management, and clinical services which are adequate to assure the provision of contracted services, and to meet the data and reporting requirements. These systems shall meet the most current minimum standards described in at least one of the following: Health Resources and Services Administration (HRSA) Office of Performance Review protocols, Joint Commission on Accreditation of Health Care Organizations (JCAHO), Accreditation Association for Ambulatory Healthcare (AAAHC), Community Health Accreditation Program (CHAP), or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey.

4. The Contractor shall have an agency emergency preparedness and response plan in accordance with HRSA Health Center Emergency Management Program Expectations, Document #2007-15 or most recent version. Such plan shall also include a Continuity of Operations plan.

5. The Contractor shall carry out the work as described in the performance Workplan submitted with the proposal and approved by the Rural Health and Primary Care Section (RHPCS), and the Maternal and Child Health Section (MCHS).

6. No Workplan is required by the Breast and Cervical Cancer Program (BCCP). The contractor shall be required to respond to the Quality Improvement Feedback Report twice a year.

7. The Contractor shall carry out the work as described in the Supplemental Funding Form submitted with the proposal and approved by the Rural Health and Primary Care Section (RHPCS), and the Maternal and Child Health Section (MCHS).

F) Publications Funded Under Contract

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.

2. All documents (written, video, audio, electronic) produced, reproduced, or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.

3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C (14).

G) Subcontractors

If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the Division of Public Health Services (DPHS), Maternal and Child Health Section must be notified in writing and approve the subcontractual agreement, prior to initiation of the subcontract.

1. If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the Division of Public Health Services (DPHS), Maternal and Child Health Section must be notified in writing and approve the subcontractual agreement, prior to initiation of the subcontract.

2. In addition, the original DPHS contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

II. Minimal Standards of Core Services

A. Service Requirements

1. Medical Home

The Contractor shall provide a Medical Home that:

a) Facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family.

b) Provides care facilitated by registries, information technology, health information exchange, and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

2. Primary Care Services

The Contractor shall provide office-based primary care services to populations in need who reside in the contractor's service area. Primary care services shall include:

a) Health care provided by a New Hampshire licensed MD, DO, APRN, or PA, including diagnosis and treatment of acute and chronic illnesses within the scope of family practice; preventive services, screenings, and health education according to established, documented state or national guidelines; assessment of need for social and nutrition services, and appropriate referrals to health, oral health, and behavioral health specialty providers.

b) Referral to the WIC Nutrition Program for all eligible pregnant women, infants and children.

c) In-hospital care for conditions within the scope of family practice must be provided at a hospital, within the agency service area, through a staff clinician with full hospital privileges, or in the alternative, through a formal referral and admissions procedure available to clients on a 24 hour/7 day a week basis.

d) Access to a healthcare provider, directly or by referral or subcontract, by telephone twenty-four hours per day, seven days per week.

e) Assessment of psychosocial risk for all clients at least annually and for children at scheduled preventive care visits, including, at a minimum, age appropriate assessment of safety in the home, domestic violence, adequacy of food and housing, care and welfare of children, transportation needs, and provision of necessary social services to address the priority needs and safety issues of clients and families.

f) Falls prevention screening for patients 65 years and older using the algorithm and guidelines of the American Geriatrics Society.

g) Behavioral health care directly or by referral to an agency or provider with a sliding fee scale.

h) Nutrition assessment for all clients as part of the health maintenance visit. Therapeutic nutrition services shall be provided as indicated directly or by referral to an agency or provider with a sliding fee scale. These services shall be recorded in the medical record.

i) Formal arrangements with a local hospital for emergency care must be in place and reviewed annually.

j) Home health care directly or by referral to an agency or provider with a sliding fee scale.

k) Assisted living and skilled nursing facility care by referral.

l) Oral screening annually for all clients 21 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health.

m) Diagnosis and management of pediatric and adult patients with asthma provided according to National Heart Lung Blood Institute, National Asthma Education and Prevention Program, Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma, 2007.

3. Reproductive Health Services

The Contractor shall provide prenatal, interconceptional and preconception medical care, social services, nutrition services, education, and nursing care to all women of childbearing age. Preconceptional care includes the preconception, interconceptional, and postpartum periods in women's health. It is recommended that preconceptional and interconceptional care visits focus on maintaining or achieving the optimal health of the mother, lowering the risk of future adverse pregnancy outcomes, the family's future plans, and how additional children fit into that plan. Preconceptional counseling may be done during an office, group or home visit.

a) In the event prenatal care is not provided directly by the Contractor a formal Memorandum/a of Agreement for coordinated referral to an appropriately qualified provider must be maintained.

b) Prenatal care shall, at minimum, be provided in accordance with the Guidelines for Perinatal Care, sixth or most current edition, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and /or the Centers for Disease Control.

c) Age appropriate reproductive health care shall, at a minimum, be provided in accordance with the American College of Obstetricians and Gynecologists, or the USDHHS Centers for Disease Control (CDC) current guidelines.

d) Pregnant women enrolled in the WIC Nutrition Program shall be referred to WIC for breastfeeding education and referral to the WIC Nutrition Program peer counselors.

e. Family planning counseling for prevention of subsequent pregnancy following an infant's birth shall be discussed with the infant's mother at the first postpartum visit and at the infant's 2-month visit and other visits as appropriate. Rationale for birth intervals of 18-24 months shall be presented.

f) A referral to a Title X Family Planning Clinic or other reproductive health care provider shall be made as appropriate.

4. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of

Infants, Children, and Adolescents", Third Edition or most recent. Children and adolescent visits shall include:

a) The World Health Organization (WHO) growth charts shall be used to monitor growth for infants and children birth up to age 2 years. The Centers for Disease Control and Prevention (CDC) growth charts shall be used for children age 2 years and older.

b) Blood lead testing shall be performed in accordance with "New Hampshire Childhood Lead Poisoning Screening and Management Guidelines", issued by the New Hampshire Department of Health and Human Services, 2009 or subsequent revisions.

c) All children enrolled in either Medicaid, Head Start, or the Women, Infant, and Children (WIC) Program and/or who are ≤ 185%_poverty, regardless of town of residence, are required to have a blood lead test at ages one and two years. All children ages three to six years who have not been previously tested shall have a blood lead test performed.

d) All children shall be screened for iron deficiency anemia as outlined in the Centers for Disease Control and Prevention document "Recommendations to Prevent and Control Iron Deficiency in the United States (4/2/98)".

e) Age-appropriate anticipatory guidance, dietary guidance, and *feeding practice counseling* for optimal oral health shall be provided at each well child visit according to the American Academy of Pediatrics' periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent edition. Starting at age 6 months, it is recommended that all children receive an oral health assessment at every well child visit, and a referral for the child's first visit to the dentist by age one as recommended by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry.

f) Supplemental fluoride shall be prescribed as needed based upon the fluoride levels in the child's drinking water supply. The fluoride dosage regimen accepted by the American Academy of Pediatrics shall be followed. No fluoride shall be prescribed without obtaining water from private wells or noting the presence or absence of fluoride in the public water supply. Supplemental fluoride may include bottled water containing fluoride and topical applications such as varnishes.

g) For infants enrolled in the WIC Nutrition Program, parents shall be referred to WIC for breastfeeding support and referral to the WIC Nutrition Program peer counselors.

5. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment of sexually transmitted infections.

a) Treatment for sexually transmitted infections shall be provided according to the United States Centers for Disease Control Sexually Transmitted Diseases Treatment Guidelines, 2010 or subsequent revisions.

b) All clients, including women, shall be offered HIV testing following the most current recommendations of the United States Centers for Disease Control.

c) The contractor shall be responsible for ensuring referral to appropriate treatment services for any woman found to screen positive.

d) Appropriate risk reduction counseling shall be provided based on client needs.

6. Substance Use Services

a) A substance use screening history using a formal, validated screening tool shall be obtained for all clients as soon after entry into care as possible. Substance use counseling or other substance abuse intervention, treatment, or recovery services by an appropriately credentialed provider shall be provided on-site, or by referral, to clients with identified needs for these services. For these identified clients, ongoing primary care services should include follow up monitoring relative to substance abuse.

b) All clients, including pregnant women, identified as smokers shall receive counseling using the 5A's (ask, advise, assess, assist, and arrange) treatment available through the NH Tobacco Helpline as cited in the US Public Health Services report "Tobacco Use and Dependence", 2008, or "Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking", American College of Obstetricians and Gynecologists, 2011. With prior approval, agencies may also opt to participate in the DPHS best practice initiative of the 2A's and R (ask, advise and refer).

7. Immunizations

a) The Contractor shall adhere to the most current version of the "Recommended Adult Immunization Schedule for Adults (19 years and older) by Age and Medical Condition - United States", approved by the Advisory Committee on Immunization Practices, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians.

b) The Contractor shall administer vaccines according to the most current version of the "Recommended Immunization Schedule for Persons Aged 0 Through 6 Years - United States", and "Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States" approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians, based upon availability of vaccine from the New Hampshire Immunization Program.

8. Prenatal Genetic Screening

a) A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

b) All pregnant women should be offered voluntary genetic screening for fetal chromosomal abnormalities at the appropriate time following recommendations found in the American College of Obstetricians and Gynecologists' "Screening for Fetal Chromosomal Abnormalities (2007)" or more recent guidelines. The Contractor shall be responsible for ensuring referral to appropriate genetic testing and counseling for any woman found to have a positive screening test.

9. Additional Requirements

a) The Contractor's Medical Director shall participate in the development and approval of specific guidelines for medical care that supplement minimal clinical standards. Supplemental guidelines should be reviewed, signed, and dated annually, and updated as indicated.

b) Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

c) The Contractor shall provide information to all employees annually about the Medical Reserve Corps Unit within their Public Health Region to enhance recruitment.

d) The Contractor shall provide information to all employees annually regarding the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) managed by the NH Department of Health and Human Services' Emergency Services Unit, to enhance recruitment.

B) Staffing Provisions

The Contractor shall have, at minimum, the following staff positions:

a) executive director

b) fiscal director

c) registered nurse

d) clinical coordinator

e) medical service director

f) nutritionist (on site or by referral)

g) social worker

Staff positions required to provide direct services on-site include:

a) registered nurse

b) clinical coordinator

c) social worker

1. Qualifications

All health and allied health professionals shall have the appropriate New Hampshire licenses whether directly employed, contracted, or subcontracted.

In addition the following minimum qualifications shall be met for:

a) Registered Nurse
   a. A registered nurse licensed in the state of New Hampshire, Bachelor's degree preferred. Minimum of one-year experience in a community health setting.

b) Nutritionists:
   a. A Bachelor's degree in nutritional sciences or dietetics, or a Master's degree in nutritional sciences, nutrition education, or public health nutrition or current Registered Dietitian status in accordance with the Commission on dietetic Registration of the American Dietetic Association.
   b. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.

c) Social Workers shall have:
   a. A Bachelor's or Master's degree in social work or Bachelor's or Master's degree in a related social science or human behavior field. A minimum of one year of experience in a community health or social services setting is preferred.
   b. Individuals who perform functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.

d) Clinical Coordinators shall be:
   a. A registered nurse (RN), physician, physician assistant, or nurse practitioner with a license to practice in New Hampshire.
   b. The coordinator is a clinical position that oversees and takes responsibility for the clinical and administrative functions of each program.
   c. The coordinator may be responsible for more than one MCH funded program.

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator, or any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.

3. Vacancies

   a) The Contractor must notify the MCHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month. This may be done through a budget revision.

   b) Before an agency hires new program personnel that do not meet the required staff qualifications, the agency shall notify the MCHS in writing requesting a waiver of the applicable staffing requirements. The Section may grant waivers based on the need of the program, individuals' experience, and additional training.

C) Coordination of Services

1. The Contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.

2. The Contractor shall participate in activities in the Public Health Region in which they provide services as appropriate. These activities enhance the integration of community-based public health prevention and health care initiatives that are being implemented by the contractor and may include community needs assessments, public health performance assessments, and/or the development of regional health improvement plans.

3. The Contractor agrees to participate in and coordinate public health activities as requested by the Division of Public Health Services during any disease outbreak and/or emergency, natural or man-made, affecting the public's health.

4. The Contractor is responsible for case management of the client enrolled in the program and for program follow-up activities. Case management services shall promote effective and efficient organization and utilization of resources to assure access to necessary comprehensive medical, nutritional, and social services for clients.

5. The Contractor shall assure that appropriate, responsive, and timely referrals and linkages for other needed services are made, carried through, and documented. Such services shall include, but not be limited to: dental services, genetic counseling, high risk prenatal services, mental health, social services, including domestic violence crisis centers, substance abuse services; and family planning services, Early Supports and Services Program, local WIC/CSF Program, Home Visiting New Hampshire Programs and health and social service agencies which serve children and families in need of those services.

D) Meetings and Trainings

The contractor will be responsible for sending staff to meetings and training required by the MCHS program, including but not limited to:

1. MCHS Agency Directors' meetings
2. Prenatal and Child Health Coordinators' meetings
3. MCHS Agency Medical Services Directors' meetings

III. Quality or Performance Improvement (QI/PI)

A) Workplans

1. Performance Workplans are required for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the RHPCS and the MCHS performance-based contracting system and of this contract. Outcomes shall be reported by clinical site.
2. Performance Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.
3. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan plans and activities that monitor and evaluate the agency's progress toward performance measure targets.
4. The Contractor shall comply with modifications and/or additions to the workplan and annual report format as requested by RHPCS and MCHS. MCHS will provide the contractor with reasonable notice of such changes.
5. Agencies contracting for Primary Care Services must submit the workplans for Primary Care Clinical and Financial, Child Health, and Prenatal Care.

B) Additional Reporting requirements

In addition to Performance Workplans, the Contractor shall submit to MCHS the following data and information listed below which are used to monitor program performance:

1. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be

completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.

2. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

3. Completed Uniform Data Set (UDS) tables reflecting program performance in the previous calendar year, by March 31 of each year.

4. The Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

5. A copy of the agency's updated Sliding Fee Scale including the amount(s) of any client fees and the schedule of discounts must be submitted by March 31st of each year. The agency's sliding fee scale must be updated annually based on the US DHHS Poverty guidelines as published in the Federal Register.

6. An annual summary of program-specific patient satisfaction results obtained during the prior contract period and the method by which the results were obtained shall be submitted annually as an addendum to the Workplan Outcome/Progress reports.

C) On-site reviews

1. The contractor shall allow a team or person authorized by the Division of Public Health Services to periodically review the contractor's systems of governance, administration, data collection and submission, clinical and financial management, and delivery of education services in order to assure systems are adequate to provide the contracted services.

2. Reviews shall include client record reviews to measure compliance with this exhibit.

3. The contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this exhibit.

4. On-Site reviews may be waived or abbreviated at the discretion of MCHS, upon submission of satisfactory reports of reviews such as Health Services Resources Administration (HRSA): Office of Performance Review (OPR), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, the Community Health Accreditation Program (CHAP), Accreditation Association for Ambulatory Healthcare (AAAHC), or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE CHILD HEALTH DIRECT CARE SERVICES
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Please note, for all measures, the following should be used **unless otherwise indicated:**

- Less than 19 years of age
- Served within the scope of this MCH contract during State Fiscal Year 2015 (July 1, 2014 – June 30, 2015)
- Each client can only be counted once (unduplicated)

Child Health Direct (CH – D) Performance Measure #1

Measure: 92%* of eligible children will be enrolled in Medicaid

Goal: To increase access to health care for children through the provision of health insurance

Definition: **Numerator-**
Of those in the denominator, the number of children enrolled in Medicaid.

Denominator-
Number of children who meet all of the following criteria:

- Less than 19 years of age
- Had 3 or more visits/encounters** during the reporting period
- As of the last visit during the reporting period were eligible for Medicaid

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

*Target based on 2012 & 2013 Data Trend Table averages.
**An encounter is face to face contact between a user and a provider who exercises independent judgment in the provision of services to the individual (UDS Table Definition).

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) Performance Measure #2

Measure: 85%* of at-risk** children who were screened for blood lead between 18 and 30 months of age

Goal: To prevent childhood lead poisoning through early identification of lead exposure

Definition: **Numerator-**
Of those in the denominator, number of children screened for blood lead by capillary or venous on or after their 18-month birthday and prior to their 30-month birthday.

Denominator-
Number of at-risk** children who reached age 30 months during the reporting period. If discharged prior to 30 months, do not include in denominator.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

*Target based on 2012 & 2013 Data Trend Table averages.

**At risk = During the reporting period, the children were 18-29 months of age, and fit at least one of the following criteria:

- "Low income" (less than 185% poverty guidelines)
- Over 185% and resided in a town considered needing "Universal" screening per NH Childhood Lead Poisoning Prevention Program
- Over 185%, resided in a town considered "Target" and had a positive response to the risk questionnaire
- Refugee children -A refugee is defined as a person outside of his or her country of nationality who is unable or unwilling to return because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion (U.S. Citizenship and Immigration Services definition).

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) Performance Measure #3

Measure: 71%* of children age two to nineteen years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85%ile with documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Goal: To increase the percent of children receiving primary care preventive health services who have an elevated BMI percentile who receive guidance about promoting a healthier lifestyle.

Definition: **Numerator-**
Of those in the denominator, the number of children who had documentation in their medical record of there being discussion at least once during the reporting period of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Denominator-
Number of children who turned twenty-four months during or before the reporting period, up to the age of nineteen years, with one or more well child visit after their twenty-fourth month of age within the reporting year, and had an age and gender appropriate BMI percentile greater than or equal to the 85 % percentile at least once during the reporting period.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

Rationale: Children between the 85th – 94th percentiles BMI are encouraged to have 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks. (Discussion of the importance of family meal time, limiting eating out, consuming a healthy breakfast, preparing own foods, and promotion of breastfeeding is also encouraged.) American Academy of Pediatrics' guidance for Prevention and Treatment of Childhood Overweight and Obesity, (http://www.aap.org/obesity/health_professionals.html), from AAP Policy Statement: *Prevention of Pediatric Overweight and Obesity* and the AAP endorsed Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Children and Adolescent Overweight and Obesity, 2007.

*Target based on 2012 & 2013 Data Trend Table averages.

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) #4

Measure: 75%* of eligible** infants and children with client record documentation of enrollment in WIC

Goal: To increase access to nutrition education, breastfeeding support, and healthy food through enrollment in the WIC Nutrition Program

Definition: **Numerator -**
Of those in the denominator, the number of infants and children who, as of the last well child visit during the reporting period, had client record documentation that infant or child was enrolled in WIC.

Denominator -
Unduplicated number of infants and children less than 5 years of age, enrolled in the agency, during the reporting period, who were eligible** for WIC.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

*Target based on 2012 & 2013 Data Trend Table averages.
**WIC Eligibility Requirements:

- Infants, and children up to their fifth birthday
- Must be income eligible (income guidelines are up to 185% of federal gross income, and are based on family size)

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) Performance Measure #5

Measure: 23%* of infants who were exclusively** breastfed for the first three months, at their four month well baby visit

Goal: To provide optimum nutrition to infants in their first three months of life

Definition: **Numerator -**
Of those in the denominator, the number of infants who had client record documentation that the infant had been exclusively breastfed for their first three months when checked at their four month well baby visit.

Denominator -
Number of infants who received one or more visits during or before the reporting period and were seen for a four-month well baby visit during the reporting period.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

Benmarks: 2011 PedNSS (WIC) exclusive at 3 months: NH 22.9%, National (2010) 10.7%
2013 CDC Report Card (NIS, provisional 2010 births): NH 49.5%, National 37.7%
Healthy People 2020 goal: 44%

Rationale: The AAP recommends exclusive breastfeeding for about 6 months, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant, a recommendation concurred to by the World Health Organization and the Institute of Medicine. (American Academy of Pediatrics Policy Statement on Breastfeeding and the Use of Human Milk, 2012)

*Target based on 2012 & 2013 Data Trend Table averages.
**Exclusive means breast milk only, no supplemental formula, cereal/baby food, or water/fluids.

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE: ADULT

PERFORMANCE MEASURES DEFINITIONS

State Fiscal Year 2015

Primary Care: Adult Performance Measure #1

Measure:*	58%** of adult patients 18 – 85 years of age diagnosed with hypertension will have a blood pressure measurement less than 140/90*** mm at the time of their last measurement.
Goal:	To ensure patients diagnosed with hypertension are adequately controlled.
Definition:	**Numerator-** Number of patients from the denominator with blood pressure measurement less than 140/90 mm at the time of their last measurement. **Denominator-** Number of patients age 18 – 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

*Measure based on the National Quality Forum 0018

**Health People 2020 National Target is 61.2%

***Both the numerator and denominator must be less that 140/90 mm

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE CLINICAL PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: 61%* of adolescents aged 11-21 years received an annual health maintenance visits in the past 12 months.

Goal: To enhance adolescent health by assuring annual, recommended, adolescent well -visits.

Definition:

Numerator-
Number of adolescents in the denominator who received an annual health maintenance "well" visit during the reporting year.

Denominator-
Total number of adolescents aged 11-21 years who were enrolled in the primary care clinic as primary care clients during the reporting year period.

Data Source: Chart audits or query of 100% of the **total** population of patients as described in the denominator.

***Target based on 2012 & 2013 Data Trend Table averages.**

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure:	31%* of women and adolescent girls aged 15-44 take multi-vitamins with folic acid.
Goal:	To enhance pregnancy outcomes by reducing neural tube defects.
Definition:	**Numerator-** The number of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid. **Denominator-** The number of women and adolescent girls aged 15-44 who were seen in primary care for a well visit in the past year.
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

***Target based on 2012 & 2013 Data Trend Table averages.**

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE - FINANCIAL
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Primary Care (PC) Performance Measure #1

Measure: Patient Payor Mix

Goal: To allow monitoring of payment method trends at State funded primary care sites.

Definition: Patients enrolled in Medicare, Medicaid, Commercial insurance, or uninsured.

Data Source: Provided by agency

Primary Care (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Goal: To allow monitoring of financial sustainability trends at State funded primary care sites.

Definition: AR Days: Net Patient Accounts Receivable **multiplied by** 365 **divided by** Net Patient Revenue

Data Source: Provided by agency

Primary Care (PC) Performance Measure #3

Measure: Current Ratio

Goal: To allow monitoring of financial sustainability trends at State funded primary care sites.

Definition: Current Ratio = Current Assets **divided by** Current Liabilities

Data Source: Provided by agency

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRENATAL
PERFORMANCE MEASURES DEFINITIONS
State Fiscal Year 2015

Prenatal (PN) Performance Measure #1

Measure: 85%* of pregnant women who are enrolled in the agency's prenatal program will begin prenatal care during the first trimester of pregnancy.

Goal: To enhance pregnancy outcomes by assuring early entrance into prenatal care.

Definition:

Numerator-
Number of women in the denominator who had a documented prenatal visit during the first trimester (on or before 13.6 weeks gestation).

Denominator-
Number of women enrolled in the agency prenatal program who gave birth during the reporting year.

Data Source: Chart audits or query of 100% of the **total** population of patients as described in the denominator.

* Target based on 2012 & 2013 Data Trend Table averages.

Prenatal (PN) Performance Measure #2

Measure: 20%* of pregnant women who are identified as cigarette smokers will be referred to QuitWorks-New Hampshire.

Goal: To reduce tobacco use during pregnancy through focused tobacco use cessation activities at public health prenatal clinics.

Definition:

Numerator-
Number of women in the denominator who received at least one referral to QuitWorks-New Hampshire during pregnancy.

A referral is defined as signing the patient up for QuitWorks-NH via phone, fax, or EMR. It is not defined as discussing QuitWorks-NH with the patient and encouraging her to sign up.

Denominator-
Number of women enrolled in the agency prenatal program and identified as tobacco users who gave birth during the reporting year.

Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

*Target set in consultation with the NH Tobacco Program & FY13 Data Trend Table average.

Prenatal (PN) Performance Measure #3

Measure:	79%* of pregnant women will be screened, using a formal valid screening tool, for alcohol and other substance use during every trimester they are enrolled in the prenatal program.
Goal:	To reduce prenatal substance use through systematic screening and identification.
Definition:	**Numerator-** Number of women in the denominator who were screened for substance and alcohol use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program. **Denominator-** Number of women enrolled in the agency prenatal program and who gave birth during the reporting year.
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

* Target based on 2012 & 2013 Data Trend Table averages.

Exhibit B-1 (2014) - Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid-State Health Center

Budget Request for: MCH Primary Care
(Name of RFP)

Budget Period: SFY 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 28,000.80	$ -	$ 28,000.80	
2. Employee Benefits	$ 7,000.20	$ -	$ 7,000.20	
3. Consultants	$ -	$ -	$ -	
4. Equipment:	$ -	$ -	$ -	
Rental	$ -	$ -	$ -	
Repair and Maintenance	$ -	$ -	$ -	
Purchase/Depreciation	$ -	$ -	$ -	
5. Supplies:	$ -	$ -	$ -	
Educational	$ -	$ -	$ -	
Lab	$ -	$ -	$ -	
Pharmacy	$ -	$ -	$ -	
Medical	$ -	$ -	$ -	
Office	$ -	$ -	$ -	
6. Travel	$ -	$ -	$ -	
7. Occupancy	$ -	$ -	$ -	
8. Current Expenses	$ -	$ -	$ -	
Telephone	$ -	$ -	$ -	
Postage	$ -	$ -	$ -	
Subscriptions	$ -	$ -	$ -	
Audit and Legal	$ -	$ -	$ -	
Insurance	$ -	$ -	$ -	
Board Expenses	$ -	$ -	$ -	
9. Software	$ -	$ -	$ -	
10. Marketing/Communications	$ -	$ -	$ -	
11. Staff Education and Training	$ -	$ -	$ -	
12. Subcontracts/Agreements	$ -	$ -	$ -	
13. Other (specific details mandatory):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	**$ 35,001.00**	**$ -**	**$ 35,001.00**	

Indirect As A Percent of Direct 0.0%

Contractor Initials: SB

Date: 3-13-14

Exhibit B-1 (2015) - Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Mid-State Health Center

Budget Request for: MCH Primary Care
(Name of RFP)

Budget Period: SFY 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 140,408.80	$ -	$ 140,408.80	
2. Employee Benefits	$ 35,102.20	$ -	$ 35,102.20	
3. Consultants	$ -	$ -	$ -	
4. Equipment:	$ -	$ -	$ -	
Rental	$ -	$ -	$ -	
Repair and Maintenance	$ -	$ -	$ -	
Purchase/Depreciation	$ -	$ -	$ -	
5. Supplies:	$ -	$ -	$ -	
Educational	$ -	$ -	$ -	
Lab	$ -	$ -	$ -	
Pharmacy	$ -	$ -	$ -	
Medical	$ -	$ -	$ -	
Office	$ -	$ -	$ -	
6. Travel	$ -	$ -	$ -	
7. Occupancy	$ -	$ -	$ -	
8. Current Expenses	$ -	$ -	$ -	
Telephone	$ -	$ -	$ -	
Postage	$ -	$ -	$ -	
Subscriptions	$ -	$ -	$ -	
Audit and Legal	$ -	$ -	$ -	
Insurance	$ -	$ -	$ -	
Board Expenses	$ -	$ -	$ -	
9. Software	$ -	$ -	$ -	
10. Marketing/Communications	$ -	$ -	$ -	
11. Staff Education and Training	$ -	$ -	$ -	
12. Subcontracts/Agreements	$ -	$ -	$ -	
13. Other (specific details mandatory):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	**$ 175,511.00**	**$ -**	**$ 175,511.00**	

Indirect As A Percent of Direct 0.0%

Contractor Initials: SB

Date: 3-13-14

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 10, 2012

APPRO
DATE_
APPROVED G&C #8 126
DATE 6/20/12
NOT APPROVED_____

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with Mid-State Health Center (Vendor #158055-B001), 101 Boulder Point Drive, Suite 1, Plymouth, New Hampshire 03264, in an amount not to exceed $234,350.00, to provide primary care services, to be effective July 1, 2012 or date of Governor and Executive Council approval, whichever is later, through June 30, 2014. Funds are available in the following account for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budget.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080000	$117,175
SFY 2014	102-500731	Contracts for Program Services	90080000	$117,175
			Total	$234,350

EXPLANATION

Funds in this agreement will be used to provide office-based primary care services for low-income and uninsured families. This agreement provides funds for services as a last resort; contractor is required to make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their

optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. For example, in State Fiscal Year 2011:

- 88% of eligible children served were enrolled in Medicaid/Healthy Kids Gold.
- 86% of children 24-35 months, served received the appropriate schedule of immunizations.
- 82% of infants born to women served received prenatal care beginning in the first trimester of pregnancy.

Should Governor and Executive Council not authorize this Request, a minimum of 1,450 low-income individuals from the following areas Alexandria, Ashland, Bridgewater, Bristol, Campton, Danbury, Dorchester, Ellsworth, Groton, Hebron, Holderness, New Hampton, Plymouth, Rumney, Thornton, Wentworth and Woodstock may not have access to primary care services. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities.

Mid-State Health Center was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by three professionals, who work internal and external to the Department of Health and Human Services. All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services, and managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. In those instances where scores were less than ideal, agency specific remedial actions were recommended and completed. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. These services were contracted previously with this agency in SFY 2011 and SFY 2012 in the amount of $397,700. This represents a decrease of $163,350. The decrease is due to budget reductions.

The performance measures used to measure the effectiveness of the agreement are attached.

Area served: Alexandria, Ashland, Bridgewater, Bristol, Campton, Danbury, Dorchester, Ellsworth, Groton, Hebron, Holderness, New Hampton, Plymouth, Rumney, Thornton, Wentworth and Woodstock.

Source of Funds: 19.95% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 80.05% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

José Thier Montero, MD
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/PMT/sc

Program Name: DPHS, Maternal and Child Health
Contract Purpose: Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Ammonoosuc Community Health Services, Inc., 25 Mount Eustis Rd., Littleton, NH 03561	Coos County Family Health Services, Inc., 54 Willow St., Berlin, NH 03570	Concord Hospital, Inc., 250 Pleasant St., Concord, NH 03301	Families First of the Greater Seacoast, 100 Campus Drive, Portsmouth, NH 03801	Goodwin Community Health, 311 Route 108, Somersworth, NH 03878	Health First Family Care Center, 841 Central St., Franklin, NH 03235	Manchester Community Health Center, 145 Hollis St., Manchester, NH 03101	Mid-State Health Center, 101 Boulder Point Dr., Plymouth, NH 03264
Agy Capacity	30	29.00	28.00	28.00	29.00	29.00	25.00	29.00	28.00
Program Structure	50	46.00	45.00	47.00	48.00	48.00	39.00	46.00	45.00
Budget & Justification	15	14.00	15.00	15.00	15.00	12.00	13.00	15.00	12.00
Format	5	4.00	5.00	5.00	5.00	4.00	4.00	5.00	5.00
Total	100	93.00	93.00	95.00	97.00	93.00	81.00	95.00	90.00

BUDGET REQUEST								
Year 01	$339,156.25	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 02	$347,976.97	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 03	$0.00	-	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET REQUEST	$687,133.22	237,918.00	$551,408.00	$327,586.00	$584,604.00	$398,254.00	$556,404.00	$234,350.00
BUDGET AWARDED								
Year 01	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 02	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 03	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET AWARDED	$370,854.00	$243,106.00	$551,408.00	$340,554.00	$600,396.00	$400,476.00	$572,396.00	$234,350.00

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal & child health; quality assurance & performance improvement; chronic and communicable diseases and public health infrastructure
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	
7	Terry Ohlson-Martin	Co-Director	Family Voices	
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm	
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	

Program Name: DPHS, Maternal and Child Health
Contract Purpose: Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	The New London Hospital, Inc., 273 County Rd., New London, NH 03257	Weeks Medical Center, 170 Middle St., Lancaster, NH 03584	White Mountain Community Health Center, 298 White Mountain Hwy., Conway, NH 03818	Lamprey Health Care, Inc., 207 South Main St., Newmarket, NH 03857	Indian Stream Health Center, 141 Corliss Lane, Colebrook, NH 03576	0	0	0
Agy Capacity	30	27.00	28.00	21.00	29.00	23.00	0.00	0.00	0.00
Program Structure	50	40.00	43.00	38.00	45.00	35.00	0.00	0.00	0.00
Budget & Justification	15	9.00	15.00	15.00	13.00	9.00	0.00	0.00	0.00
Format	5	4.00	5.00	3.00	5.00	5.00	0.00	0.00	0.00
Total	100	80.00	91.00	77.00	92.00	72.00	0.00	0.00	0.00

BUDGET REQUEST									
Year 01		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 02		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET REQUEST		$312,900.00	$158,274.00	$313,346.00	$912,662.00	$272,712.00	-	-	-
BUDGET AWARDED									
Year 01		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 02		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET AWARDED		$323,264.00	$158,274.00	$315,568.00	$922,436.00	$140,718.00	-	-	-

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired Volunteer	All reviewers have between three
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	to twenty years experience
3	Lin Barcody	Program Coordinator	NH DHHS, DPHS, BCCP	either in clinical settings,
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	providing community-based
5	Alita Druzba	Administrator	NH DHHS, DPHS, RHPC	family support services and or
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	managing agreements with
7	Terry Ohlson-Mann	Co-Director	Family Voices	vendors for various public
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	health programs. Areas of
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	specific expertise include
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm.	maternal & child health,
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	quality assurance & performance
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	improvement, chronic and
				communicable diseases and
				public health infrastructure

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Prenatal (PN) Performance Measure #1

Measure: Percent of infants born to women receiving prenatal care beginning in the first trimester of pregnancy.

Primary Care Prenatal (PN) Performance Measure #2

Measure: Percent of pregnant women identified as cigarette smokers that are referred to QuitWorks-New Hampshire.

Primary Care Prenatal (PN) Performance Measure #3

Measure: Percent of pregnant women who were screened, using a formal valid screening tool, for alcohol and other drug use during every trimester the patient was enrolled.

Primary Care Child Health Direct (CH – D) Performance Measure #1

Measure: Percent of eligible children enrolled in Medicaid

Primary Care Child Health Direct (CH – D) Performance Measure #2

Measure: Percent of at-risk children who were screened for blood lead between 18 and 30 months of age

Primary Care Child Health Direct (CH – D) Performance Measure #3

Measure: Percent of children age two to nineteen years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85th percentile with documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Primary Care Child Health Direct (CH – D) Performance Measure #4

Measure: Percent of eligible infants and children with client record documentation of enrollment in Women Infant Children Program.

Primary Care Child Health Direct (CH – D) Performance Measure #5

Measure: Percent of infants who were exclusively breastfed for the first three months, at their four month well baby visit.

Primary Care Financial (PC) Performance Measure #1

Measure: Patient Payor Mix

Primary Care Financial (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Primary Care Financial (PC) Performance Measure #3

Measure: Current Ratio

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: Percent of adolescents aged 10-21 years who received annual health maintenance visits in the past 12 months.

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure: Percent of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid.

Subject: Primary Care Services

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		**1.2 State Agency Address** 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Mid-State Health Center		**1.4 Contractor Address** 101 Boulder Point Drive Suite 1 Plymouth, New Hampshire 03264	
1.5 Contractor Phone Number 603-536-4099	**1.6 Account Number** 010-090-5190-102-500731	**1.7 Completion Date** June 30, 2014	**1.8 Price Limitation** $234,350
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		**1.10 State Agency Telephone Number** 603-271-4501	
1.11 Contractor Signature Sharon Beaty		**1.12 Name and Title of Contractor Signatory** Sharon Beaty, CEO	

1.13 Acknowledgement: State of N.H., County of Grafton

On 4/4/12 before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

[Seal]

1.13.2 Name and Title of Notary or Justice of the Peace

PAMELA J PLUMMER
Notary Public-New Hampshire
My Commission Expires
March 16, 2016

1.14 State Agency Signature	**1.15 Name and Title of State Agency Signatory** Joan H. Ascheim, Bureau Chief
1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:	Director, On:
1.17 Approval by the Attorney General (Form, Substance and Execution) By: Jeanne P. Herrick, Attorney	On: 29 May 2012
1.18 Approval by the Governor and Executive Council By:	On:

NH Department of Health and Human Services

Exhibit C

SPECIAL PROVISIONS

1. **Contractors Obligations:** The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

2. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

3. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

4. **Documentation:** In addition to the determination forms, required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

5. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

6. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

7. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

8. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party fundors for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party fundors, the Department may elect to:

    8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

Contractor Initials: SB
Date: 4-4-12

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

9. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

9.1 **Fiscal Records:** Books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

9.2 **Statistical Records:** Statistical, enrollment, attendance, or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

10.1 **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

10.2 **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directed connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

Contractor Initials: [illegible]
Date: 4-4-12

Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

12. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department

    12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

    12.2 Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

13. **Completion of Services:** Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14. **Credits:** All documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

    14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. **Operation of Facilities:** Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the Contractor with respect to the operation of the facility or the provision of the services at such facility. If any government license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

Contractor Initials: SB
Date: 4-4-12

16. **Insurance:** Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed $500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed $500,000, is comprehensive general liability insurance in amounts of not less than $1,000,000 per claim or occurrence and $2,000,000 in the aggregate. *These amounts may NOT be modified.*

X (1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed $500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $250,000 per claim and $2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

☐ (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

18. **Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:**

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

Contractor Initials: 4-4-12

Date: 4-4-12

19. **Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;**

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

Contractor Initials: KB
Date: 4-4-12

State of New Hampshire
Department of Health and Human Services
Amendment #4 to the Primary Care Services Contract

This 4th Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #4") dated this, 1st day of May, 2017 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and The New London Hospital Association, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 273 County Road, New London, NH 03257.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #129) as amended by an agreement (Amendment #1 to the Contract) approved by the Governor and Executive Council on May 8, 2014 (Item #34A); as amended by an agreement (Amendment #2 to the Contract) approved by the Governor and Executive Council on June 24, 2015 (Item #58); as amended by an agreement (Amendment #3) approved by the Department on December 21, 2016; the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement the State may amend the contract terms and conditions by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for nine (9) months, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   March 31, 2018
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $1,215,764
3. Add Exhibit A- Amendment #4, Scope of Services.
4. Add Exhibit A-1 – Amendment #4, Performance Measures
5. Add Exhibit B – Amendment #4, Method and Conditions Precedent to Payment.
6. Add Exhibit B-1 – Amendment #4 MCHS Budget.
7. Add Exhibit B-2 – Amendment #4, BCCP Budget.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

5/31/17
Date

NAME: LISA MORRIS
TITLE: DIRECTOR, DPHS

The New London Hospital Association, Inc.

5/30/17
Date

NAME Bruce P. King
TITLE President & CEO

Acknowledgement:
State of New Hampshire County of Merrimack on May 30, 2017, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace

Coua L. Early
Notary Public - New Hampshire
My Commission Expires
January 27, 2021

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/8/17
Date

Name: Megan A. Lyon
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

_____
Date

_____
Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.6.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.6.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.6.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than thirty (30) consecutive days or any sixty (60) non-consecutive days.

2.2. The Contractor shall assist individuals with completing a Medicaid/Expanded Medicaid or other health insurance application when income calculations indicate possible eligibility.

2.3. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.4. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.4.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.4.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Perinatal services, including but not limited to access to obstetrical services either on-site or by referral.

3.1.3. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.4. Integrated Behavioral Health Services.

3.1.5. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.6. Assessment of need and follow-up/referral as indicated for:

3.1.6.1. Tobacco cessation, including referral to QuitWorks-NH, www.QuitWorksNH.org.

3.1.6.2. Social services.

3.1.6.3. Chronic Disease management, including disease specific referral and self-management education, which may include, but is not limited to referral to Diabetes Self-

Management Education (DSME), as recommended by the American Diabetes Association.

3.1.6.4. Nutrition services, including WIC, as appropriate.

3.1.6.5. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.1.6.6. Screening, Brief Intervention and Referral to Treatment (SBIRT) services, including but not limited to contact with the Regional Public Health Network Continuum of Care Development Initiative.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which includes but is not limited to access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.3. The Contractor shall provide enabling services, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor shall facilitate enabling services that include, but are not limited to:

3.3.1. Case management, which may include but is not limited to, care facilitated by registries; information technology; health information exchanged; and other services that ensure patients receive necessary care when and where it is needed and wanted 8in a culturally and linguistically appropriate manner.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach, which may include but is not limited to the use of community health workers.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 – Amendment #3 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Quality Improvement

5.1. The Contractor shall conduct a minimum of two (2) quality improvement projects which consist of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall ensure:

5.1.1. One (1) quality improvement project focuses on the performance measure as designated by the Department.

5.1.2. One (1) quality improvement project is based on previous performance outcomes needing improvement, as selected by the Contractor.

5.2. The Contractor shall utilize Quality Improvement (QI) science to develop and implement a QI Workplan for each QI project, which shall include but not be limited to:

5.2.1. Specific goals and objectives for the project period.

5.2.2. Evaluation methods to demonstrate improvements in the quality, efficiency, and effectiveness of patient care.

5.3. The Contractor may utilize activities in QI projects that enhance clinical workflow and improve patient outcomes, which may include but are not limited to:

5.3.1. EMR prompts/alerts.

5.3.2. Protocols/Guidelines.

5.3.3. Diagnostic support.

5.3.4. Patient registries.

5.3.5. Collaborative learning sessions.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care services who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within thirty (30) days of hire.

6.4. The Contractor shall notify the MCHS, in writing, when:

6.4.1. Any critical position is vacant for more than thirty (30) days.

6.4.2. There is not adequate staffing to perform all required services for more than thirty (30) consecutive days or any sixty (60) nonconsecutive days.

6.5. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.5.1. A registered nurse who:

6.5.1.1. Is licensed with the NH Board of nursing; or

6.5.1.2. Has attained bachelor's degree from a recognized college or university.

6.5.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.5.1.

7. Coordination of Services

7.1. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.1.1. Community needs assessments.

7.1.2. Public health performance assessments.

7.1.3. The development of regional health improvement plans.

7.2. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

Contractor's Initials: BPK

Date 5/20/10

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit a Performance Measure Outcome Report, which details the plan for improvement when a performance measure targeted goal is not met.

9.4. The Contractor shall submit an annual Workplan for the two (2) quality improvement projects that demonstrate improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall submit at least one (1) annual Workplan that includes a detailed description of the enabling services funded by this contract. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.6. The Contractor shall collect and submit the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st of each contract year.

9.7. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Contractor's Initials: BPL

Date 5/20/10

Exhibit A-1 – Amendment #4

1. MATERNAL AND CHILD HEALTH SECTION (MCHS) PRIMARY CARE PERFORMANCE MEASURES

1.1. **Definitions**

1.1.1. **Measurement Year –** Measurement Year consists of 365 days and is defined as either:

1.1.1.1. The calendar year (January 1st through December 31st); or

1.1.1.2. The state fiscal year (July 1st through June 30th).

1.1.2. **Medical Visit –** Medical visit is defined as any office visit including all well-care and acute-care visits.

1.1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.1.4. **NQF** – National Quality Forum

1.1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.1.6. **UDS** – Uniform Data System

1.1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. **Breastfeeding**

2.1.1. **Percent of infants who are ever breastfed** (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. **Preventive Health: Lead Screening**

2.2.1. **Percent of children 3 years of age who had two or more capillary or venous lead blood test for lead poisoning by their third birthday.** (NH MCHS).

2.2.1.1. Numerator: All patient children who received at least one capillary or venous lead screening test between nine (9) months to eighteen (18) months of age **AND** one (1) capillary or venous lead screening test between nineteen (19) to thirty (30) months of age.

2.2.1.2. Denominator: All patient children who turned three (3) years old during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

Contractor Initials: BPK
Date: 5/30/13

2.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (HEDIS,).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. **Maternal Depression Screening**

2.4.2.1. **Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative PLUS women who screened positive AND have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

2.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (NQF 0421, UDS).

2.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit OR within twenty-four (24) months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who delivered a live birth in the measurement year.

2.6.2.4. Definitions:

2.6.2.4.1. Tobacco Use: Includes any type of tobacco

2.6.2.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

2.7. **At Risk Population: Hypertension**

2.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHG) during the measurement year** (NQF 0018).

2.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm HG at the time of their last measurement.

2.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension (must have been diagnosed with hypertension 6 or more months before the measurement date) who had at least one (1) medical visit during the measurement year. (Excludes pregnant women and patients with End Stage Renal Disease.)

2.8. **Patient Safety: Falls Screening**

2.8.1. **Percent of patients aged 65 years and older who were screened for fall risk at least once within 12 months** (NH MCHS).

2.8.1.1. Numerator: Patients who were screened for fall risk at least once within the measurement year.

2.8.1.2. Denominator: All patients aged 65 years and older seen by a health care provider within the measurement year.

2.9. **SBIRT**

2.9.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services (NHMCHS).

2.9.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention and/or referral to services.

2.9.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.1.3. Denominator: Number of patients aged 18 years and older seen for annual/preventive visit within the measurement year.

2.9.1.4. Definitions:

2.9.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.9.1.4.2. Brief Intervention: Includes guidance or counseling.

2.9.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.9.2. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services (NH MCHS)**.**

2.9.3. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

2.9.4. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.5. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.9.6. Definitions:

2.9.6.1. Substance Use: Includes any type of alcohol or drug.

2.9.6.2. Brief Intervention: Includes guidance or counseling.

2.9.6.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A – Amendment #4, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   2.1. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   2.2. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #4, Scope of Services, in accordance with Exhibit B-1 Amendment #4 through Exhibit B-2 Amendment #4.
4. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
5. Payment for said services shall be made as follows:
   5.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
   5.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   5.3. The invoice must be submitted by mail or e-mail to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

   E-mail: dphscontractbilling@dhhs.state.nh.us
6. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
8. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
9. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #4 through Exhibit B-2 Amendment #4 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: BSK
Date: 5/30/13

Exhibit B-1 Amendment #4 MCHS Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: New London Hospital Association, Inc

Budget Request for: Primary Care

Budget Period: July 1, 2017-March 31, 2018

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 94,818.37	$ -	$ 94,818.37	$ 94,818.37	$ -	$ 94,818.37	$ 94,818.37	$ -	$ 94,818.37
2. Employee Benefits	$ 12,913.63	$ -	$ 12,913.63	$ 12,913.63	$ -	$ 12,913.63	$ 12,913.63	$ -	$ 12,913.63
3. Consultants	$ 3,676.00	$ -	$ 3,676.00	$ 3,676.00	$ -	$ 3,676.00	$ 3,676.00	$ -	$ 3,676.00
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ 15,000.00	$ -	$ 15,000.00	$ 15,000.00	$ -	$ 15,000.00	$ 15,000.00	$ -	$ 15,000.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 126,408.00	$ -	$ 126,408.00	$ 126,408.00	$ -	$ 126,408.00	$ 126,408.00	$ -	$ 126,408.00
Indirect As A Percent of Direct		0.0%							

Contractor Initials: BRK

Date: 5/30/17

Exhibit B-2 Amendment #4 BCCP Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: New London Hospital Association, Inc

Budget Request for: Breast and Cervical Cancer Program

Budget Period: July 1, 2017-March 31, 2018

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**
1. Total Salary/Wages	$ 46,363.20	$ -	$ 46,363.20	$ 42,885.96	$ -	$ 42,885.96	$ 3,477.24	$ -	$ 3,477.24
2. Employee Benefits	$ 266.01	$ 3,280.77	$ 3,546.78	$ -	$ 3,280.77	$ 3,280.77	$ 266.01	$ -	$ 266.01
3. Consultants	$ 525.00	$ -	$ 525.00	$ -	$ -	$ -	$ 525.00	$ -	$ 525.00
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ 1,941.27	$ -	$ 1,941.27		$ -	$ -	$ 1,941.27	$ -	$ 1,941.27
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ 2,804.48	$ -	$ 2,804.48		$ -	$ -	$ 2,804.48	$ -	$ 2,804.48
14. Evidence based clinical and community strategie	$ 5,000.00	$ -	$ 5,000.00		$ -	$ -	$ 5,000.00	$ -	$ 5,000.00
		$ -	$ -		$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 56,899.96**	**$ 3,280.77**	**$ 60,180.73**	**$ 42,885.96**	**$ 3,280.77**	**$ 46,166.73**	**$ 14,014.00**	**$ -**	**$ 14,014.00**
Indirect As A Percent of Direct		5.8%							

Contractor Initials: BRK
Date: 5/30/17

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 NEW LONDON HOSPITAL ASSOCIATION, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on September 25, 1919. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 66347

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 15th day of December A.D. 2016.

William M. Gardner
Secretary of State

Business Information

Business Details

Business Name:	THE NEW LONDON HOSPITAL ASSOCIATION, INC.	Business ID:	66347
Business Type:	Domestic Nonprofit Corporation	Business Status:	Good Standing
Business Creation Date:	09/25/1919	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	09/25/1919		
Principal Office Address:	273 County Rd, New London, NH, 03257, USA	Mailing Address:	NONE
Citizenship / State of Incorporation:	Domestic/New Hampshire		
		Last Nonprofit Report Year:	2015
		Next Report Year:	2020
Duration:	Perpetual		
Business Email:	NONE	Phone #:	NONE
Notification Email:	NONE	Fiscal Year End Date:	NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	OTHER / management and maintenance of a public hospital in the town of New London NH	

Page 1 of 1, records 1 to 1 of 1

New London Hospital
Dartmouth-Hitchcock

The New London Hospital Association, Inc.

CERTIFICATE OF VOTE

I, Douglas Lyon, do hereby certify that:
(Name of the elected Officer of the Agency: cannot be contract signatory)

1. I am a duly elected Officer of The New London Hospital Association, Inc.
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency duly held on December 15, 2016:
(Date)

RESOLVED: That The New London Hospital Association, Inc. (the "Corporation") enter into a third amendment (the "Amendment") to a contract between the Corporation and the State of New Hampshire, acting through its Department of Health and Human Services, as approved by the Governor and Executive Council on October 20, 2016 and pertaining to the provision by the Corporation of certain health care services in Sullivan County (the "Contract"), as presented to the Board of Trustees and which modifies the term, contract price and scope of services, and related provisions, of the Contract.

FURTHER RESOLVED: That the President and CEO, Bruce P. King, acting singly and on behalf of the Corporation, is hereby authorized to execute and deliver the Amendment and any and all other documentation which may be necessary or desirable, in his sole discretion, to effect the Amendment.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 7th day of June, 2017

4. Bruce P. King the duly elected President and Chief Executive Officer of the Agency.
(Name of Contract Signatory) (Title of Contract Signatory)

Douglas E Lyon
(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE
County of Merrimack

The forgoing instrument was acknowledged before me this 7th day of June, 2017,

By Douglas Lyon.
(Name of Elected Officer of the Agency)

Coua L. Early
(Notary Public/Justice of the Peace)

NOTARY SEAL

Coua L. Early
Notary Public - New Hampshire
My Commission Expires
January 27, 2021

Commission Expires:

CERTIFICATE OF INSURANCE

DATE: December 15, 2016

COMPANY AFFORDING COVERAGE
Hamden Assurance Risk Retention Group, Inc.
P.O. Box 1687
30 Main Street, Suite 330
Burlington, VT 05401

INSURED
The New London Hospital Association Inc.
272 County Rd.
New London NH 03257

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

COVERAGES

This is to certify that the Policy listed below have been issued to the Named Insured 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.
This policy issued by a risk retention group may not be subject to all insurance laws and regulations in all states. State insurance insolvency funds are not available to a risk retention group policy.

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY		0002016-A	10/01/2016	06/30/2017	EACH OCCURRENCE	$1,000,000
					PRODUCTS-COMP/OP AGGREGATE	
X	CLAIMS MADE				PERSONAL ADV INJURY	
					GENERAL AGGREGATE	$3,000,000
	OCCURRENCE				FIRE DAMAGE	
OTHER					MEDICAL EXPENSES	
PROFESSIONAL LIABILITY		0002016-A	10/01/2016	06/30/2017	EACH CLAIM	$1,000,000
X	CLAIMS MADE				ANNUAL AGGREGATE	$3,000,000
	OCCURENCE					
OTHER						

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)

Certificate of Insurance issued as evidence of insurance only for agreement with DHHS for Sullivan County Grant Program.

CERTIFICATE HOLDER

NH DHHS – Contracts and Procurement Unit
Cynthia Lamper
129 Pleasant Street
Concord, NH 03301

CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVES

Scott D Monahan

DARTHIT-01 MGABIS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/7/2016

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 License # 1780862
HUB International New England
299 Ballardvale Street
Wilmington, MA 01887

CONTACT NAME: Jessica Kelley
PHONE (A/C, No, Ext): (978) 661-6233 FAX (A/C, No):
E-MAIL ADDRESS: Jessica.Kelley@hubinternational.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
New London Hospital Assoc., Inc.
273 Country Road
New London, NH 03257

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	$
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			AGC4053417	07/01/2016	07/01/2017	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Sullivan County Grant Program
*Now Part of Dartmouth-Hitchcock Health Program

CERTIFICATE HOLDER

DHHS
Contracts and Procurement Unit
129 Pleasant Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

NEW LONDON
HOSPITAL

THE NEW LONDON HOSPITAL ASSOCIATION, INC.

VISION STATEMENT

New London Hospital is a community hospital committed to safe quality care in a patient and family centered care environment resulting in a healthier community.

MISSION STATEMENT

New London Hospital provides safe quality care for every patient, every time in partnership with patients, families and healthcare providers.

VALUES

- Care and respect for all people
- Partnership with patients and families
- Informed decision-making
- Integrity
- Commitment to continuous improvement
- Service excellence
- Compassion
- Accountability
- Commitment to our community
- Transparent communication
- Teamwork
- Financial responsibility
- Charity care

PATIENT AND FAMILY CENTERED PHILOSOPHY OF CARE

Every patient at New London Hospital is part of a unique family unit with its own strengths and capabilities. We respect the importance of the family, as defined by the patient, and encourage family involvement and support in patient care. We believe in partnering with each patient and family to give the highest quality of care to each patient. Our philosophy of care includes these values:

- View families as partners who contribute to the well being of patients
- The patient's family, as defined by the patient, is an important part of the healthcare team.
- Support quality of care and patient satisfaction by partnering with patients and families for all levels of care
- Respect for the diversity of patient families
- Share complete and unbiased information with patients and families, with the patient's consent
- Provide a healing environment for patients and families

Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Financial Statements
June 30, 2016 and 2015

Dartmouth-Hitchcock Health and Subsidiaries
Index
June 30, 2016 and 2015

pwc

Report of Independent Auditors

To the Board of Trustees of
Dartmouth-Hitchcock Health and Subsidiaries

We have audited the accompanying consolidated financial statements of Dartmouth-Hitchcock Health and Subsidiaries (the "Health System"), which comprise the consolidated balance sheets as of June 30, 2016 and 2015, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audits. We did not audit the consolidated financial statements of The Cheshire Medical Center, a subsidiary whose sole member is Dartmouth-Hitchcock Health, which statements reflect total assets of 8.8% and 9.7% of consolidated total assets at June 30, 2016 and 2015, respectively, and total revenues of 9.2% and 3.5%, respectively, of consolidated total revenues for the years then ended. Those statements were audited by other auditors whose report thereon has been furnished to us, and our opinion expressed herein, insofar as it relates to the amounts included for The Cheshire Medical Center, is based solely on the report of the other auditors. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Health System's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

pwc

Opinion

In our opinion, based on our audits and the report of the other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Health System as of June 30, 2016 and 2015, and the results of its operations and changes in net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations and changes in net assets and cash flows of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position, results of operations and changes in net assets and cash flows of the individual companies.

PricewaterhouseCoopers LLP

Boston, Massachusetts
November 26, 2016

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Balance Sheets
Years Ended June 30, 2016 and 2015

(in thousands of dollars)	2016	2015
Assets		
Current assets		
Cash and cash equivalents	$ 40,592	$ 38,909
Patient accounts receivable, net of estimated uncollectibles of $118,403 and $92,532 at June 30, 2016 and 2015 (Note 4)	260,988	204,272
Prepaid expenses and other current assets	95,820	100,586
Total current assets	397,400	343,767
Assets limited as to use (Notes 5, 7, and 10)	592,468	620,425
Other investments for restricted activities (Notes 5 and 7)	142,036	132,016
Property, plant, and equipment, net (Note 6)	612,564	601,355
Other assets	91,199	88,450
Total assets	$ 1,835,667	$ 1,786,013
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt (Note 10)	$ 18,307	$ 17,179
Line of credit (Note 13)	36,550	1,200
Current portion of liability for pension and other postretirement plan benefits (Note 11)	3,176	3,249
Accounts payable and accrued expenses (Note 13)	107,544	120,221
Accrued compensation and related benefits	103,554	94,864
Estimated third-party settlements (Note 4)	30,550	36,599
Total current liabilities	299,681	273,312
Long-term debt, excluding current portion (Note 10)	629,274	575,484
Insurance deposits and related liabilities (Note 12)	56,887	62,356
Interest rate swaps (Notes 7 and 10)	28,917	24,740
Liability for pension and other postretirement plan benefits, excluding current portion (Note 11)	272,493	190,280
Other liabilities	58,911	56,109
Total liabilities	1,346,163	1,182,281
Commitments and contingencies (Notes 4, 6, 7, 10, and 13)		
Net assets		
Unrestricted (Note 9)	360,183	474,194
Temporarily restricted (Notes 8 and 9)	75,731	76,457
Permanently restricted (Notes 8 and 9)	53,590	53,081
Total net assets	489,504	603,732
Total liabilities and net assets	$ 1,835,667	$ 1,786,013

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2016 and 2015

(in thousands of dollars)	2016	2015
Unrestricted revenue and other support		
Net patient service revenue, net of provision for bad debt ($55,121 and $17,562 in 2016 and 2015), (Notes 1 and 4)	$ 1,634,154	$ 1,380,559
Contracted revenue (Note 2)	65,982	80,835
Other operating revenue (Note 2 and 5)	82,352	82,993
Net assets released from restrictions	9,219	15,637
Total unrestricted revenue and other support	1,791,707	1,560,024
Operating expenses		
Salaries	872,465	778,387
Employee benefits	234,407	214,627
Medical supplies and medications	309,814	219,967
Purchased services and other	255,141	218,704
Medicaid enhancement tax (Note 4)	58,565	51,996
Depreciation and amortization	80,994	67,213
Interest (Note 10)	19,301	18,442
Total operating expenses	1,830,687	1,569,336
Operating loss	(38,980)	(9,312)
Nonoperating gains (losses)		
Investment losses (Notes 5 and 10)	(20,103)	(11,015)
Other losses	(3,845)	(1,241)
Contribution revenue from acquisition (Note 3)	18,083	92,499
Total nonoperating (losses) gains, net	(5,865)	80,243
(Deficiency) excess of revenue over expenses	$ (44,845)	$ 70,931

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2016 and 2015

(in thousands of dollars)	2016	2015
Unrestricted net assets		
(Deficiency) excess of revenue over expenses	$ (44,845)	$ 70,931
Net assets released from restrictions	3,248	2,411
Change in funded status of pension and other postretirement benefits (Note 11)	(66,541)	(60,892)
Change in fair value of interest rate swaps (Note 10)	(5,873)	(931)
(Decrease) increase in unrestricted net assets	(114,011)	11,519
Temporarily restricted net assets		
Gifts, bequests, sponsored activities	12,227	10,625
Investment gains	518	1,797
Change in net unrealized gains on investments	(1,674)	(1,619)
Net assets released from restrictions	(12,467)	(18,048)
Contribution of temporarily restricted net assets from acquisition	670	19,038
(Decrease) increase in temporarily restricted net assets	(726)	11,793
Permanently restricted net assets		
Gifts and bequests	699	389
Investment losses in beneficial interest in trust	(219)	(187)
Contribution of permanently restricted net assets from acquisition	29	16,610
Increase in permanently restricted net assets	509	16,812
Change in net assets	(114,228)	40,124
Net assets		
Beginning of year	603,732	563,608
End of year	$ 489,504	$ 603,732

The accompanying notes are an integral part of these consolidated financial statements.

Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Cash Flows
Years Ended June 30, 2016 and 2015

(in thousands of dollars)	2016	2015
Cash flows from operating activities		
Change in net assets	$ (114,228)	$ 40,124
Adjustments to reconcile change in net assets to net cash (used) provided by operating and nonoperating activities		
Change in fair value of interest rate swaps	4,177	(104)
Provision for bad debt	55,121	17,562
Depreciation and amortization	81,138	67,414
Contribution revenue from acquisition	(18,782)	(128,147)
Change in funded status of pension and other postretirement benefits	66,541	60,892
Loss on disposal of fixed assets	2,895	670
Net realized losses and change in net unrealized losses on investments	27,573	15,795
Restricted contributions	(4,301)	(11,040)
Proceeds from sale of securities	496	723
Changes in assets and liabilities		
Patient accounts receivable, net	(101,567)	(17,151)
Prepaid expenses and other current assets	4,767	9,165
Other assets, net	2,188	(4,388)
Accounts payable and accrued expenses	(23,668)	(5,169)
Accrued compensation and related benefits	5,343	8,684
Estimated third-party settlements	(3,652)	2,637
Insurance deposits and related liabilities	(14,589)	(17,177)
Liability for pension and other postretirement benefits	15,599	(25,471)
Other liabilities	2,109	(669)
Net cash (used) provided by operating and nonoperating activities	(12,840)	14,350
Cash flows from investing activities		
Purchase of property, plant, and equipment	(73,021)	(87,196)
Proceeds from sale of property, plant, and equipment	612	1,533
Purchases of investments	(67,117)	(166,589)
Proceeds from maturities and sales of investments	66,105	195,950
Cash received through acquisition	12,619	29,914
Net cash used by investing activities	(60,802)	(26,388)
Cash flows from financing activities		
Proceeds from line of credit	140,600	60,904
Payments on line of credit	(105,250)	(60,700)
Repayment of long-term debt	(104,343)	(54,682)
Proceeds from issuance of debt	140,031	43,452
Payment of debt issuance costs	(14)	6
Restricted contributions	4,301	11,040
Net cash provided by financing activities	75,325	20
Increase (decrease) in cash and cash equivalents	1,683	(12,018)
Cash and cash equivalents		
Beginning of year	38,909	50,927
End of year	$ 40,592	$ 38,909
Supplemental cash flow information		
Interest paid	$ 22,298	$ 21,659
Asset (depreciation) appreciation due to affiliations	(960)	15,596
Construction in progress included in accounts payable and accrued expenses	16,427	12,259
Equipment acquired through issuance of capital lease obligations	2,001	1,741
Donated securities	688	685

The accompanying notes are an integral part of these consolidated financial statements.

1. Organization and Community Benefit Commitments

Dartmouth-Hitchcock Health (D-HH) serves as the sole corporate member of Mary Hitchcock Memorial Hospital (MHMH) and Dartmouth-Hitchcock Clinic (DHC) (collectively referred to as "Dartmouth-Hitchcock" (D-H)), New London Hospital Association (NLH), MT. Ascutney Hospital and Health Center (MAHHC), The Cheshire Medical Center (Cheshire) and Alice Peck Day Health Systems Corp. (APD).

The "Health System" consists of D-HH, its affiliates and their subsidiaries.

D-HH currently operates one tertiary, one community and three acute care (critical access) hospitals in New Hampshire (NH) and Vermont (VT). One facility provides inpatient and outpatient rehabilitation medicine and long-term care. D-HH also operates four physician practices and a nursing home. D-HH operates a graduate level program for health professions and is the principal teaching affiliate of the Geisel School of Medicine (Geisel), a component of Dartmouth College.

D-HH, MHMH, DHC, NLH, Cheshire and APD are NH not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC). MAHHC is a VT not-for-profit corporation exempt from federal income taxes under Section 501(c)(3) of the IRC.

Fiscal year 2016 includes a full year of operations of D-HH, D-H, NLH, MAHHC, Cheshire and four months of operations of APD. Fiscal year 2015 includes a full year of operations of D-HH, D-H, NLH, MAHHC and four months of operations of Cheshire.

Community Benefits
The mission of the Health System is to advance health through clinical practice and community partnerships, research and education, providing each person the best care, in the right place, at the right time, every time.

Consistent with this mission, the Health System provides high quality, cost effective, comprehensive, and integrated healthcare to individuals, families, and the communities it serves regardless of a patient's ability to pay. The Health System actively supports community-based healthcare and promotes the coordination of services among healthcare providers and social services organizations. In addition, the Health System also seeks to work collaboratively with other area healthcare providers to improve the health status of the region. As a component of an integrated academic medical center, the Health System provides significant support for academic and research programs.

The Health System files annual Community Benefits Reports with the State of NH which outlines the community and charitable benefits it provides. The categories used in the Community Benefit Reports to summarize these benefits are as follows:

- *Community health services* include activities carried out to improve community health and could include community health education (such as lectures, programs, support groups, and materials that promote wellness and prevent illness), community-based clinical services (such as free clinics and health screenings), and healthcare support services (enrollment assistance in public programs, assistance in obtaining free or reduced costs medications, telephone information services, or transportation programs to enhance access to care, etc.).

- *Subsidized health services* are services provided, resulting in financial losses that meet the needs of the community and would not otherwise be available unless the responsibility was assumed by the government.

- *Research support and other grants* represent costs in excess of awards for numerous health research and service initiatives awarded to the organizations.

- *Community health-related initiatives* occur outside of the organization(s) through various financial contributions of cash, in-kind, and grants to local organizations.

- *Community-building activities* include cash, in-kind donations, and budgeted expenditures for the development of programs and partnerships intended to address social and economic determinants of health. Examples include physical improvements and housing, economic development, support system enhancements, environmental improvements, leadership development and training for community members, community health improvement advocacy, and workforce enhancement. Community benefit operations includes costs associated with staff dedicated to administering benefit programs, community health needs assessment costs, and other costs associated with community benefit planning and operations.

- *Charity care (financial assistance)* represents services provided to patients who cannot afford healthcare services due to inadequate financial resources which result from being uninsured or underinsured. For the years ended June 30, 2016 and 2015, the Health System provided financial assistance to patients in the amount of approximately $30,637,000 and $50,076,000, respectively, as measured by gross charges. The estimated cost of providing this care for the years ended June 30, 2016 and 2015 was approximately $12,257,000 and $18,401,000, respectively. The estimated costs of providing charity care services are determined applying a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of costs to charges is calculated using total expenses, less bad debt, divided by gross revenue.

  Charity care provided by the Health System decreased by approximately $19,400,000 from 2015 to 2016. This change was due to the implementation of the Federal Exchange in December of 2013 and the NH Medicaid Expansion Plan in August of 2014. The Health System began to experience decreases in uninsured patients and increases in patients covered by the Federal Exchange NH in summer of calendar 2015 (fiscal year 2015) which continued to decrease as more NH uninsured and underinsured patients were able to receive coverage by the Federal or NH Medicaid plans specifically impacting fiscal 2016.

- *Government-sponsored healthcare services* are provided to Medicaid and Medicare patients at reimbursement levels that are significantly below the cost of the care provided.

- *The uncompensated cost of care for Medicaid* patients reported in the unaudited Community Benefits Reports for 2015 was approximately $146,758,000. The 2016 Community Benefits Reports are expected to be filed in February 2017.

The following table summarizes the value of the community benefit initiatives outlined in the Health System's most recently filed Community Benefit Reports for the year ended June 30, 2015:

(Unaudited, in thousands of dollars)

Community health services	$	4,373
Health professional education		30,157
Subsidized health services		13,645
Research		5,361
Financial contributions		5,829
Community building activities		623
Community benefit operations		582
Charity care		18,401
Government-sponsored healthcare services		258,189
Total community benefit value	$	337,160

The Health System also provides a significant amount of uncompensated care to its patients that are reported as provision for bad debts, which is not included in the amounts reported above. During the years ended June 30, 2016 and 2015, the Health System reported a provision for bad debt expense of approximately $55,121,000 and $17,562,000, respectively.

2. Summary of Significant Accounting Policies

Basis of Presentation

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, and have been prepared consistent with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954 *Healthcare Entities* (ASC 954), which addresses the accounting for healthcare entities. In accordance with the provisions of ASC 954, net assets and revenue, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, unrestricted net assets are amounts not subject to donor-imposed stipulations and are available for operations. Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. All significant intercompany transactions have been eliminated upon consolidation.

Use of Estimates

The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. The most significant areas that are affected by the use of estimates include the allowance for estimated uncollectible accounts and contractual allowances, valuation of certain investments, estimated third-party settlements, insurance reserves, and pension obligations. Actual results may differ from those estimates.

(Deficiency) Excess of Revenue over Expenses

The consolidated statements of operations and changes in net assets include (deficiency) excess of revenue over expenses. Operating revenues consist of those items attributable to the care of

patients, including contributions and investment income on unrestricted investments, which are utilized to provide charity and other operational support. Peripheral activities, including unrestricted contribution income from acquisitions, realized gains/losses on sales of investment securities and changes in unrealized gains/losses in investments are reported as nonoperating gains (losses).

Changes in unrestricted net assets which are excluded from (deficiency) excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets), change in funded status of pension and other postretirement benefit plans, and the effective portion of the change in fair value of interest rate swaps.

Charity Care and Provision for Bad Debts
The Health System provides care to patients who meet certain criteria under their financial assistance policies without charge or at amounts less than their established rates. Because the Health System does not anticipate collection of amounts determined to qualify as charity care, they are not reported as revenue.

The Health System grants credit without collateral to patients. Most are local residents and are insured under third-party arrangements. Additions to the allowance for uncollectible accounts are made by means of the provision for bad debts. Accounts written off as uncollectible are deducted from the allowance and subsequent recoveries are added. The amount of the provision for bad debts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators (Notes 1 and 4).

Net Patient Service Revenue
Net patient service revenue is reported at the estimated net realizable amounts from patients, third party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and bad debt expense. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as estimates change or final settlements are determined (Note 4).

Contract Revenue
The Health System has various Professional Service Agreements (PSAs), pursuant to which certain facilities purchase services of personnel employed by the Health System and also lease space and equipment. Revenue pursuant to these PSAs and certain facility and equipment leases and other professional service contracts have been classified as contracted revenue in the accompanying consolidated statements of operations and changes in net assets.

Other Revenue
The Health System recognizes other revenue which is not related to patient medical care but is central to the day-to-day operations of the Health System. This revenue includes retail pharmacy, joint operating agreements, grant revenue, cafeteria sales, meaningful use incentive payments and other support service revenue.

Cash Equivalents
Cash equivalents include investments in highly liquid investments with maturities of three months or less when purchased, excluding amounts where use is limited by internal designation or other arrangements under trust agreements or by donors.

Investments and Investment Income
Investments in equity securities with readily determinable fair values, mutual funds and pooled/comingled funds, and all investments in debt securities are considered to be trading securities reported at fair value with changes in fair value included in the (deficiency) excess of revenues over expenses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 7).

Investments in pooled/commingled investment funds, private equity funds and hedge funds that represent investments where the Health System owns shares or units of funds rather than the underlying securities in that fund are valued using the equity method of accounting with changes in value recorded in (deficiency) excess of revenues over expenses. All investments, whether held at fair value or under the equity method of accounting, are reported at what the Health System believes to be the amount they would expect to receive if it liquidated its investments at the balance sheets date on a nondistressed basis.

Certain affiliates of the Health System are partners in a NH general partnership established for the purpose of operating a master investment program of pooled investment accounts. Substantially all of the Health System's board-designated and restricted assets were invested in these pooled funds by purchasing units based on the market value of the pooled funds at the end of the month prior to receipt of any new additions to the funds. Interest, dividends, and realized and unrealized gains and losses earned on pooled funds are allocated monthly based on the weighted average units outstanding at the prior month-end.

Investment income or losses (including change in unrealized and realized gains and losses on unrestricted investments, change in value of equity method investments, interest, and dividends) are included in (deficiency) excess of revenue over expenses classified as nonoperating gains and losses, unless the income or loss is restricted by donor or law (Note 9).

Fair Value Measurement of Financial Instruments
The Health System estimates fair value based on a valuation framework that uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy, as defined by ASC 820, *Fair Value Measurements and Disclosures*, are described below:

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for assets or liabilities.

Level 2 Prices other than quoted prices in active markets that are either directly or indirectly observable as of the date of measurement.

Level 3 Prices or valuation techniques that are both significant to the fair value measurement and unobservable.

The Health System applies the accounting provisions of Accounting Standards Update (ASU) 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)* (ASU 2009-12). ASU 2009-12 allows for the estimation of fair value of investments for which the investment does not have a readily determinable fair value, to use net asset value (NAV)

per share or its equivalent as a practical expedient, subject to the Health System's ability to redeem its investment.

The carrying amount of patient accounts receivable, prepaid and other current assets, accounts payable, and accrued expenses approximates fair value due to the short maturity of these instruments.

Property, Plant, and Equipment
Property, plant, and equipment, and other real estate are stated at cost at the time of purchase or fair market value at the time of donation, less accumulated depreciation. The Health System's policy is to capitalize expenditures for major improvements and to charge expense for maintenance and repair expenditures which do not extend the lives of the related assets. The provision for depreciation has been determined using the straight-line method at rates which are intended to amortize the cost of assets over their estimated useful lives which range from 10 to 40 years for buildings and improvements, 2 to 20 years for equipment, and the shorter of the lease term, or 5 to 12 years; for leasehold improvements. Certain software development costs are amortized using the straight-line method over a period of up to 10 years. Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

The fair value of a liability for legal obligations associated with asset retirements is recognized in the period in which it is incurred, if a reasonable estimate of the fair value of the obligation can be made. When a liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long-lived asset. Over time, the liability is accreted to its present value each period and the capitalized cost associated with the retirement is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the actual cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations and changes in net assets.

Gifts of capital assets such as land, buildings, or equipment are reported as unrestricted support, and excluded from (deficiency) excess of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of capital assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire capital assets are reported as restricted support. Absent explicit donor stipulations about how long those capital assets must be maintained, expirations of donor restrictions are reported when the donated or acquired capital assets are placed in service.

Bond Issuance Costs
Bond issuance costs, classified on the consolidated balance sheets as other assets, are amortized over the term of the related bonds. Amortization is recorded within depreciation and amortization in the consolidated statements of operations and changes in net assets using the straight-line method which approximates the effective interest method.

Trade Names
The Health System records trade names as intangible assets within other assets on the consolidated statements of financial position. The Health System considers trade names to be indefinite-lived assets, assesses them at least annually for impairment or more frequently if certain events or circumstances warrant and recognizes impairment charges for amounts by which the carrying values exceed their fair values. The Health System has recorded $2,700,000 as intangible assets associated with its affiliations as of June 30, 2016 and 2015. There were no impairment charges recorded for the years ended June 30, 2016 and 2015.

Derivative Instruments and Hedging Activities
The Health System applies the provisions of ASC 815, *Derivatives and Hedging*, to its derivative instruments, which require that all derivative instruments be recorded at their respective fair value in the consolidated balance sheets.

On the date a derivative contract is entered into, the Health System designates the derivative as a cash-flow hedge of a forecasted transaction or the variability of cash flows to be received or paid related to a recognized asset or liability. For all hedge relationships, the Health System formally documents the hedging relationship and its risk-management objective and strategy for undertaking the hedge, the hedging instrument, the nature of the risk being hedged, how the hedging instrument's effectiveness in offsetting the hedged risk will be assessed, and a description of the method of measuring ineffectiveness. This process includes linking cash-flow hedges to specific assets and liabilities on the consolidated balance sheets or to specific firm commitments or forecasted transactions. The Health System also formally assesses, both at the hedge's inception and on an ongoing basis, whether the derivatives that are used in hedging transactions are highly effective in offsetting changes in variability of cash flows of hedged items. Changes in the fair value of a derivative that is highly effective and that is designated and qualifies as a cash-flow hedge are recorded in unrestricted net assets until earnings are affected by the variability in cash flows of the designated hedged item. The ineffective portion of the change in fair value of a cash-flow hedge is reported in (deficiency) excess of revenue over expenses in the consolidated statements of operation and changes in net assets.

The Health System discontinues hedge accounting prospectively when it is determined: (a) the derivative is no longer effective in offsetting changes in the cash flows of the hedged item; (b) the derivative expires or is sold, terminated, or exercised; (c) the derivative is undesignated as a hedging instrument because it is unlikely that a forecasted transaction will occur; (d) a hedged firm commitment no longer meets the definition of a firm commitment; and (e) management determines that designation of the derivative as a hedging instrument is no longer appropriate.

In all situations in which hedge accounting is discontinued, the Health System continues to carry the derivative at its fair value on the consolidated balance sheets and recognizes any subsequent changes in its fair value in (deficiency) excess of revenue over expenses.

Gifts and Bequests
Unrestricted gifts and bequests are recorded net of related expenses as nonoperating gains. Conditional promises to give and indications of intentions to give to the Health System are reported at fair market value at the date the gift is received. Gifts are reported as either temporarily or permanently restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions.

Reclassifications
Certain amounts in the 2015 consolidated financial statements have been reclassified to conform to the 2016 presentation. In 2016 the presentation of net assets released from restrictions was changed from a single line presentation in the consolidated statement of operations to one in which the net assets released from restriction are classified in their natural expense classifications.

Recently Issued Accounting Pronouncements
In May 2014, the Financial Accounting Standards Board (FASB) issued ASU 2014-09 - Revenue from Contracts with Customers at the conclusion of a joint effort with the International Accounting Standards Board to create common revenue recognition guidance for U.S. GAAP and international accounting standards. This framework ensures that entities appropriately reflect the consideration to which they expect to be entitled in exchange for goods and services, by allocating transaction price to identified performance obligations, and recognizing that revenue as performance obligations are satisfied. Qualitative and quantitative disclosures will be required to enable users of financial statements to understand the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The original standard was effective for fiscal years beginning after December 15, 2016; however, in July 2015, the FASB approved a one-year deferral of this standard, with a new effective date for fiscal years beginning after December 15, 2017 or fiscal year 2019 for the Health System. The Health System is evaluating the impact this will have on the consolidated financial statements.

In May 2015, the FASB issued ASU 2015-07- Disclosures for Certain Entities That Calculate Net Asset Value per Share (or its Equivalent), which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using net asset value per share as the practical expedient. This guidance is effective in fiscal year 2017. The Health System is evaluating the impact this will have on the consolidated financial statements.

In April 2015, the FASB issued ASU 2015-03 - Imputation of Interest: Simplifying the Presentation of Debt Issuance Costs, which requires all costs incurred to issue debt to be presented in the balance sheet as a direct deduction from the carrying value of the associated debt liability. This guidance is effective for fiscal years beginning after December 15, 2015, or fiscal 2017 for the Health System. The Health System is evaluating the impact this will have on the consolidated financial statements.

In February 2016, the FASB issued ASU 2016-02 - Leases, which, requires a lessee to recognize a right-of-use asset and a lease liability, initially measured at the present value of the lease payments, in its balance sheet. The standard also requires a lessee to recognize a single lease cost, calculated so that the cost of the lease is allocated over the lease term, on a generally straight-line basis. The guidance also expands the required quantitative and qualitative disclosures surrounding leases. The ASU is effective for fiscal years beginning after December 15, 2018, or fiscal year 2020 for the Health System. Early adoption is permitted. The Health System is evaluating the impact of the new guidance on the consolidated financial statements.

In January 2016, the FASB issued ASU 2016-01- Recognition and Measurement of Financial Assets and Financial Liabilities, which address certain aspects of recognition, measurement, presentation and disclosure of financial instruments. This guidance allows an entity to choose, investment-by-investment, to report an equity investment that neither has a readily determinable fair value, nor qualifies for the practical expedient for fair value estimation using NAV, at its cost minus impairment (if any), plus or minus changes resulting from observable price changes in orderly transactions for the identical or similar investment of the same issue. Impairment of such investments must be assessed qualitatively at each reporting period. Entities must disclose their financial assets and liabilities by measurement category and form of asset either on the face of the balance sheet or in the accompanying notes. The ASU is effective for annual reporting periods

beginning after December 15, 2018 or fiscal year 2020 for the Health System. The provision to eliminate the requirement to disclose the fair value of financial instruments measured at cost (such as the fair value of debt) may be early adopted. The Health System is evaluating the impact of the new guidance on the consolidated financial statements.

In August 2016, the FASB issued ASU 2016-14 - Presentation of Financial Statements for Not-for-Profit Entities, which makes targeted changes to the not-for-profit financial reporting model. The new ASU marks the completion of the first phase of a larger project aimed at improving not-for-profit financial reporting. Under the new ASU, net asset reporting will be streamlined and clarified. The existing three-category classification of net assets will be replaced with a simplified model that combines temporarily restricted and permanently restricted into a single category called "net assets with donor restrictions." The guidance for classifying deficiencies in endowment funds and on accounting for the lapsing of restrictions on gifts to acquire property, plant, and equipment have also been simplified and clarified. New disclosures will highlight restrictions on the use of resources that make otherwise liquid assets unavailable for meeting near-term financial requirements. Not-for-profits will continue to have flexibility to decide whether to report an operating subtotal and if so, to self-define what is included or excluded. However, if the operating subtotal includes internal transfers made by the governing board, transparent disclosure must be provided. The ASU also imposes several new requirements related to reporting expenses, including providing information about expenses by their natural classification. The ASU is effective for fiscal years beginning after December 15, 2017 or fiscal year 2019 for the Health System and early adoption is permitted. The Health System is evaluating the impact of the new guidance on the consolidated financial statements.

3. Acquisitions

Effective March 1, 2016, D-HH became the sole corporate member of APD through an affiliation agreement. APD is a not-for-profit corporation providing inpatient and outpatient services to residents of the Upper Valley in NH and VT. APD has a fiscal year end of September 30.

The D-HH 2016 consolidated financial statements reflect four months of activity for APD beginning March 1, 2016.

In accordance with applicable accounting guidance on not-for-profit mergers and acquisitions, The Health System recorded contribution income of approximately $18,782,000 reflecting the fair value of the contributed net assets of APD, on the transaction date. Of this amount $18,083,000 represents unrestricted net assets and is included as a nonoperating gain in the accompanying consolidated statement of operations. Restricted contribution income of $670,000 and $29,000 was recorded within temporarily and permanently net assets, respectively in the accompanying consolidated statement of changes in net assets. No consideration was exchanged for the net assets contributed and acquisition costs are expensed as incurred.

The fair value of assets, liabilities, and net assets contributed by APD at March 1, 2016 were as follows:

(in thousands of dollars)

Assets		
Cash and cash equivalents	$	12,619
Patient accounts receivable, net		10,271
Property, plant, and equipment, net		16,600
Other assets		4,939
Estimated third-party settlements		2,397
Total assets acquired	$	46,826
Liabilities		
Accounts payable and accrued expenses	$	6,823
Accrued compensation and related benefits		3,347
Long-term debt		17,181
Other liabilities		693
Total liabilities assumed		28,044
Net Assets		
Unrestricted		18,083
Temporarily restricted		670
Permanently restricted		29
Total net assets		18,782
Total liabilities and net assets	$	46,826

A summary of the financial results of APD included in the consolidated statement of operations and changes in net assets for the period from the date of acquisition March 1, 2016 through June 30, 2016 is as follows:

(in thousands of dollars)

Total operating revenues	$	20,973
Total operating expenses		21,374
Operating gain		(401)
Nonoperating gains		235
Excess of revenue over expenses		(166)
Net assets transferred to affiliate		18,782
Changes in temporarily and permanently net assets		24
Increase in net assets	$	18,640

A summary of the consolidated financial results of the Health System for the years ended June 30, 2016 and 2015 as if the transactions had occurred on July 1, 2014 are as follows (unaudited):

(in thousands of dollars)	2016	2015
Total operating revenues	$ 1,835,177	$ 1,658,250
Total operating expenses	1,872,167	1,671,124
Operating loss	(36,990)	(12,874)
Nonoperating gains	(6,045)	81,277
(Deficiency) excess of revenue over expenses	(43,035)	68,403
Net assets released from restriction used for capital purchases	3,248	2,411
Change in funded status of pension and other post retirement benefits	(66,541)	(65,128)
Change in fair value on interest rate swaps	(5,873)	(931)
(Decrease) increase in unrestricted net assets	$ (112,201)	$ 4,755

4. Patient Service Revenue and Accounts Receivable

Patient service revenue is reported net of contractual allowances and the provision for bad debts as follows for the years ended June 30, 2016 and 2015:

(in thousands of dollars)	2016	2015
Gross patient service revenue	$ 4,426,305	$ 3,656,514
Less: Contractual allowances	2,737,030	2,258,393
Provision for bad debt	55,121	17,562
Net patient service revenue	$ 1,634,154	$ 1,380,559

Accounts receivable are reduced by an allowance for estimated uncollectibles. In evaluating the collectability of accounts receivable, the Health System analyzes past collection history and identifies trends for several categories of self-pay accounts (uninsured, residual balances, pre-collection accounts and charity) to estimate the appropriate allowance percentages in establishing the allowance for bad debt expense. Management performs collection rate look-back analyses on a quarterly basis to evaluate the sufficiency of the allowance for estimated uncollectibles. Throughout the year, after all reasonable collection efforts have been exhausted, the difference between the standard rates and the amounts actually collected, including contractual adjustments and uninsured discounts, will be written off against the allowance for estimated uncollectibles. In addition to the review of the categories of revenue, management monitors the write offs against established allowances as of a point in time to determine the appropriateness of the underlying assumptions used in estimating the allowance for estimated uncollectibles.

Accounts receivable, prior to adjustment for estimated uncollectibles, are summarized as follows at June 30, 2016 and 2015:

(in thousands of dollars)	2016	2015
Receivables		
Patients	$ 126,320	$ 123,881
Third-party payors	244,716	171,141
Nonpatient	8,355	1,782
	$ 379,391	$ 296,804

The allowance for estimated uncollectibles is $118,403,000 and $92,532,000 as of June 30, 2016 and 2015.

The following table categorizes payors into five groups and their respective percentages of gross patient service revenue for the years ended June 30, 2016 and 2015:

	2016	2015
Medicare	42 %	40 %
Anthem/blue cross	19	21
Commercial insurance	22	20
Medicaid	14	15
Self-pay/other	3	4
	100 %	100 %

The Health System has agreements with third-party payors that provide for payments at amounts different from their established rates. A summary of the acute care payment arrangements in effect during the years ended June 30, 2016 and 2015 with major third-party payors follows:

Medicare
The Health System's inpatient acute care services provided to Medicare program beneficiaries are paid at prospectively determined rates-per-discharge. These rates vary according to a patient classification system that is based on diagnostic, clinical and other factors. In addition, inpatient capital costs (depreciation and interest) are reimbursed by Medicare on the basis of a prospectively determined rate per discharge. Medicare outpatient services are paid on a prospective payment system. Under the system, outpatient services are reimbursed based on a pre-determined amount for each outpatient procedure, subject to various mandated modifications. The Health System is reimbursed during the year for services to Medicare beneficiaries based on varying interim payment methodologies. Final settlement is determined after the submission of an annual cost report and subsequent audit of this report by the Medicare fiscal intermediary.

Certain of the Health System's affiliates qualify as Critical Access Hospitals (CAH), which are reimbursed by Medicare at 101% (subject to sequestration of 2%) of reasonable costs for its inpatient acute, swing bed, and outpatient services, excluding ambulance services and inpatient hospice care. They are reimbursed at an interim rate for cost based services with a final settlement determined by the Medicare Cost Report filing. The nursing home and the rehabilitation distinct-

part-unit are not impacted by CAH designation. Medicare reimburses both services based on an acuity driven prospective payment system with no retrospective settlement.

Medicaid
The Health System's payments for inpatient services rendered to NH Medicaid beneficiaries are based on a prospective payment system, while outpatient services are reimbursed on a retrospective cost basis or fee schedules. NH Medicaid Outpatient Direct Medical Education costs are reimbursed, as a pass-through, based on the filing of the Medicare cost report. Payment for inpatient and outpatient services rendered to VT Medicaid beneficiaries are based on prospective payment systems and the skilled nursing facility is reimbursed on a prospectively determined per diem rate.

During the years ended June 30, 2016 and 2015, the Health System recorded State of NH Medicaid Enhancement Tax (MET) and State of VT Provider Tax of $58,565,000 and $51,996,000, respectively. The taxes are calculated at 5.5% for NH and 6% for VT of certain net patient revenues in accordance with instructions received from the States. The provider taxes are included in operating expenses in the consolidated statements of operations and changes in net assets.

On June 30, 2014, the NH Governor signed into law a bi-partisan legislation reflecting an agreement between the State of NH and 25 NH hospitals on the Medicaid Enhancement Tax "SB 369". As part of the agreement the parties have agreed to resolve all pending litigation related to MET and Medicaid Rates, including the Catholic Medical Center Litigation, the Northeast Rehabilitation Litigation, 2014 DRA Refund Requests, and the State Rate Litigation. As part of the Medicaid Enhancement Tax Agreement Effective July 1, 2014, a "Trust / Lock Box" dedicated fund mechanism will be established for receipt and distribution of all MET proceeds with all monies used exclusively to support Medicaid services. During the years ended June 30, 2016 and 2015, the Health System received disproportionate share hospital (DSH) payments of approximately $56,718,000 and $10,152,000, respectively which is included in Net Patient Service Revenue in the consolidated statement of operations and changes in net assets.

The Health Information Technology for Economic and Clinical Health (HITECH) Act included in the American Recovery and Reinvestment Act (ARRA) provides incentives for the adoption and use of health information technology by Medicare and Medicaid providers and eligible professionals over the next several years with an anticipated end date of December 31, 2016, depending on the program. The Health System has recognized $2,330,000 and $4,175,000 in meaningful use incentives for both the Medicare and VT Medicaid programs during the years ended June 30, 2016 and 2015, respectively.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Compliance with laws and regulations can be subject to future government review and interpretation as well as significant regulatory action; failure to comply with such laws and regulations can result in fines, penalties and exclusion from the Medicare and Medicaid programs.

Other
For services provided to patients with commercial insurance the Health System receives payment for inpatient services at prospectively determined rates-per-discharge, prospectively determined per diem rates or a percentage of established charges. Outpatient services are reimbursed on a fee schedule or at a discount from established charges.

Nonacute and physician services are paid at various rates under different arrangements with governmental payors, commercial insurance carriers and health maintenance organizations. The basis for payments under these arrangements includes prospectively determined per visit rates, discounts from established charges, fee schedules, and reasonable cost subject to limitations.

The Health System has provided for its estimated final settlements with all payors based upon applicable contracts and reimbursement legislation and timing in effect for all open years (2007 - 2015). The differences between the amounts provided and the actual final settlement, if any, is recorded as an adjustment to net patient service revenue as amounts become known or as years are no longer subject to audits, reviews and investigations. During 2016 and 2015, changes in prior estimates related to the Health System's settlements with third-party payors resulted in (decreases) increases in net patient service revenue of ($859,000) and $5,550,000 respectively, in the consolidated statements of operations and changes in net assets.

5. Investments

The composition of investments at June 30, 2016 and 2015 is set forth in the following table:

(in thousands of dollars)	2016	2015
Assets limited as to use		
Internally designated by board		
Cash and short-term investments	$ 12,915	$ 8,475
U.S. government securities	33,578	36,634
Domestic corporate debt securities	65,610	80,254
Global debt securities	119,385	111,156
Domestic equities	100,009	106,350
International equities	61,768	69,965
Emerging markets equities	34,282	36,591
Real Estate Investment Trust	432	621
Private equity funds	33,209	26,843
Hedge funds	52,337	56,590
	513,525	533,479
Investments held by captive insurance companies (Note 12)		
U.S. government securities	22,484	27,730
Domestic corporate debt securities	29,123	32,017
Global debt securities	5,655	4,883
Domestic equities	7,830	7,669
International equities	11,901	12,869
	76,993	85,168
Held by trustee under indenture agreement (Note 10)		
Cash and short-term investments	1,950	1,778
Total assets limited as to use	$ 592,468	$ 620,425

(in thousands of dollars)	2016	2015
Other investments for restricted activities		
Cash and short-term investments	$ 12,219	$ 5,448
U.S. government securities	21,351	19,730
Domestic corporate debt securities	33,203	34,548
Global debt securities	20,808	18,947
Domestic equities	19,215	18,354
International equities	13,986	14,777
Emerging markets equities	4,887	5,077
Real Estate Investment Trust	470	533
Private equity funds	4,780	3,653
Hedge funds	11,087	10,921
Other	30	28
Total other investments for restricted activities	$ 142,036	$ 132,016

Investments are accounted for using either the fair value method or equity method of accounting, as appropriate on a case by case basis. The fair value method is used when debt securities or equity securities are traded on active markets and are valued at prices that are readily available in those markets. The equity method is used when investments are made in pooled/commingled investment funds that represent investments where shares or units are owned of pooled funds rather than the underlying securities in that fund. These pooled/commingled funds make underlying investments in securities from the asset classes listed above. All investments, whether the fair value or equity method of accounting is used, are reported at what the Health System believes to be the amount that the Health System would expect to receive if it liquidated its investments at the balance sheets date on a nondistressed basis.

The following tables summarize the investments by the accounting method utilized, as of June 30, 2016 and 2015. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 7.

(in thousands of dollars)	2016		
	Fair Value	**Equity**	**Total**
Cash and short-term investments	$ 27,084	$ -	$ 27,084
U.S. government securities	77,413	-	77,413
Domestic corporate debt securities	101,271	26,665	127,936
Global debt securities	40,356	105,492	145,848
Domestic equities	115,082	11,972	127,054
International equities	23,271	64,384	87,655
Emerging markets equities	331	38,838	39,169
Real Estate Investment Trust	20	882	902
Private equity funds	-	37,989	37,989
Hedge funds	-	63,424	63,424
Other	30	-	30
	$ 384,858	$ 349,646	$ 734,504

(in thousands of dollars)	2015		
	Fair Value	**Equity**	**Total**
Cash and short-term investments	$ 15,700	$ -	$ 15,700
U.S. government securities	84,095	-	84,095
Domestic corporate debt securities	115,698	31,121	146,819
Global debt securities	54,193	80,792	134,985
Domestic equities	119,883	12,491	132,374
International equities	25,790	71,822	97,612
Emerging markets equities	95	41,571	41,666
Real Estate Investment Trust	-	1,154	1,154
Private equity funds	-	30,496	30,496
Hedge funds	-	67,512	67,512
Other	28	-	28
	$ 415,482	$ 336,959	$ 752,441

Investment income (losses) is comprised of the following for the years ended June 30, 2016 and 2015:

(in thousands of dollars)	2016	2015
Unrestricted		
Interest and dividend income, net	$ 5,088	$ 7,927
Net realized gains on sales of securities	(1,223)	12,432
Change in net unrealized gains on investments	(22,980)	(28,824)
	(19,115)	(8,465)
Temporarily restricted		
Interest and dividend income, net	536	1,151
Net realized gains on sales of securities	(18)	646
Change in net unrealized gains on investments	(1,674)	(1,619)
	(1,156)	178
Permanently restricted		
Change in net unrealized losses on beneficial interest in trust	(219)	(187)
	(219)	(187)
	$ (20,490)	$ (8,474)

For the years ended June 30, 2016 and 2015 unrestricted investment income (losses) is reflected in the accompanying consolidated statements of operations and changes in net assets as operating revenue of approximately $988,000 and $2,550,000 and as nonoperating (losses) gains of approximately ($20,103,000) and ($11,015,000), respectively.

Private equity limited partnership shares are not eligible for redemption from the fund or general partner, but can be sold to third party buyers in private transactions that typically can be completed in approximately 90 days. It is the intent of the Health System to hold these investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreement expires. Under the terms of these agreements, the Health System has committed to contribute a specified level of capital over a defined period of time. Through June 30, 2016 and 2015, the Health System has committed to contribute approximately $116,851,000 and $105,782,000 to such funds, of which the Health System has contributed approximately $80,019,000 and $66,918,000 and has outstanding commitments of $36,832,000 and $38,864,000, respectively.

6. Property, Plant, and Equipment

Property, plant, and equipment are summarized as follows at June 30, 2016 and 2015:

(in thousands of dollars)	2016	2015
Land	$ 33,004	$ 29,558
Land improvements	36,899	31,750
Buildings and improvements	801,840	714,689
Equipment	744,443	590,501
Equipment under capital leases	20,823	17,824
	1,637,009	1,384,322
Less: Accumulated depreciation and amortization	1,046,617	818,816
Total depreciable assets, net	590,392	565,506
Construction in progress	22,172	35,849
	$ 612,564	$ 601,355

As of June 30, 2016 construction in progress primarily consists of the construction of the Hospice & Palliative Care building and the renovation of the Borwell building in Lebanon, NH. The estimated cost to complete these projects at June 30, 2016 is $20,300,000 and $580,000, respectively. New London Hospital's construction in progress primarily consists of a building addition at Newport Health Center which is expected to be completed in October 2016 at a cost of $1,200,000.

The construction in progress for the Williamson building reported as of June 30, 2015 was completed during the first quarter of fiscal year 2016 and the major inpatient and outpatient rehabilitation renovations taking place at Mt. Ascutney Hospital reported as construction in progress as of June 30, 2015 were completed during the third quarter of fiscal year 2016.

Depreciation and amortization expense included in operating and nonoperating activities was approximately $81,138,000 and $67,414,000 for 2016 and 2015, respectively.

7. Fair Value Measurements

The following is a description of the valuation methodologies for assets and liabilities measured at fair value on a recurring basis:

Cash and Short-Term Investments
Consists of money market funds and are valued at NAV reported by the financial institution.

Domestic, Emerging Markets and International Equities
Consists of actively traded equity securities and mutual funds which are valued at the closing price reported on an active market on which the individual securities are traded (Level 1 measurements).

U.S. Government Securities, Domestic Corporate and Global Debt Securities
Consists of U.S. government securities, domestic corporate and global debt securities, mutual funds and pooled/commingled funds that invest in U.S. government securities, domestic corporate and global debt securities. Securities are valued based on quoted market prices or dealer quotes where available (Level 1 measurement). If quoted market prices are not available, fair values are

based on quoted market prices of comparable instruments or, if necessary, matrix pricing from a third party pricing vendor to determine fair value (Level 2 measurements). Matrix prices are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for a designated security. Investments in mutual funds are measured based on the quoted NAV as of the close of business in the respective active market (Level 1 measurements).

Interest Rate Swaps
The fair value of interest rate swaps, are determined using the present value of the fixed and floating legs of the swaps. Each series of cash flows are discounted by observable market interest rate curves and credit risk.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth the consolidated financial assets and liabilities that were accounted for at fair value on a recurring basis as of June 30, 2016 and 2015:

	2016					
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Assets						
Investments						
Cash and short term investments	$ 27,084	$ -	$ -	$ 27,084	Daily	1
U.S. government securities	77,413	-	-	77,413	Daily	1
Domestic corporate debt securities	27,626	73,645	-	101,271	Daily–Monthly	1–15
Global debt securities	23,103	17,253	-	40,356	Daily–Monthly	1–15
Domestic equities	115,082	-	-	115,082	Daily–Monthly	1–10
International equities	23,271	-	-	23,271	Daily–Monthly	1–11
Emerging market equities	331	-	-	331	Daily–Monthly	1–7
Real Estate Investment Trust	20	-	-	20	Daily–Monthly	1–7
Other	-	30	-	30	Not applicable	Not applicable
Total investments	293,930	90,928	-	384,858		
Deferred compensation plan assets						
Cash and short-term investments	2,478	-	-	2,478		
U.S. government securities	30	-	-	30		
Domestic corporate debt securities	6,710	-	-	6,710		
Global debt securities	794	-	-	794		
Domestic equities	23,502	-	-	23,502		
International equities	8,619	-	-	8,619		
Emerging market equities	2,113	-	-	2,113		
Real estate	2,057	-	-	2,057		
Multi strategy fund	9,188	-	-	9,188		
Guaranteed contract	-	-	80	80		
Total deferred compensation plan assets	55,491	-	80	55,571	Not applicable	Not applicable
Beneficial interest in trusts			9,087	9,087	Not applicable	Not applicable
Total assets	$ 349,421	$ 90,928	$ 9,167	$ 449,516		
Liabilities						
Interest rate swaps	$ -	$ 28,917	$ -	$ 28,917	Not applicable	Not applicable
Total liabilities	$ -	$ 28,917	$ -	$ 28,917		

(in thousands of dollars)	2015 Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Assets						
Investments						
Cash and short term investments	$ 15,700	$ -	$ -	$ 15,700	Daily	1
U.S. government securities	84,095	-	-	84,095	Daily	1
Domestic corporate debt securities	34,671	81,027	-	115,698	Daily–Monthly	1–15
Global debt securities	44,107	10,086	-	54,193	Daily–Monthly	1–15
Domestic equities	119,883	-	-	119,883	Daily–Monthly	1–10
International equities	25,790	-	-	25,790	Daily–Monthly	1–11
Emerging market equities	95	-	-	95	Daily–Monthly	1–7
Other	-	28	-	28	Not applicable	Not applicable
Total investments	324,341	91,141	-	415,482		
Deferred compensation plan assets						
Cash and short-term investments	2,988	-	-	2,988		
U.S. government securities	46	-	-	46		
Domestic corporate debt securities	5,765	-	-	5,765		
Global debt securities	748	-	-	748		
Domestic equities	21,861	-	-	21,861		
International equities	8,808	-	-	8,808		
Emerging market equities	2,232	-	-	2,232		
Real estate	1,874	-	-	1,874		
Multi strategy fund	8,155	-	-	8,155		
Guaranteed contract	-	-	78	78		
Total deferred compensation plan assets	52,477	-	78	52,555	Not applicable	Not applicable
Beneficial interest in trusts	-	-	9,345	9,345	Not applicable	Not applicable
Total assets	$ 376,818	$ 91,141	$ 9,423	$ 477,382		
Liabilities						
Interest rate swaps	$ -	$ 24,740	$ -	$ 24,740	Not applicable	Not applicable
Total liabilities	$ -	$ 24,740	$ -	$ 24,740		

The following table is a rollforward of the statements of financial instruments classified by the Health System within Level 3 of the fair value hierarchy defined above.

(in thousands of dollars)	2016 Beneficial Interest in Perpetual Trust	Guaranteed Contract	Total
Balances at beginning of year	$ 9,345	$ 78	$ 9,423
Purchases			-
Sales			-
Net unrealized gains (losses)	(258)	2	(256)
Net asset transfer from affiliate			-
Balances at end of year	$ 9,087	$ 80	$ 9,167

	2015			
(in thousands of dollars)	Beneficial Interest in Perpetual Trust	Contribution Receivable From Charitable Remainder Trust	Guaranteed Contract	Total
Balances at beginning of year	$ 1,909	$ 2,118	$ 75	$ 4,102
Purchases	-	-	3	3
Sales	-	(2,118)	-	(2,118)
Net unrealized gains (losses)	(198)	-	-	(198)
Net asset transfer from affiliate	7,634	-	-	7,634
Balances at end of year	$ 9,345	$ -	$ 78	$ 9,423

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2016 and 2015.

8. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30, 2016 and 2015:

(in thousands of dollars)	2016	2015
Healthcare services	$ 44,561	$ 43,822
Research	16,680	16,376
Purchase of equipment	2,826	2,483
Charity care	1,543	2,900
Health education	8,518	9,181
Other	1,603	1,695
	$ 75,731	$ 76,457

Permanently restricted net assets consist of the following at June 30, 2016 and 2015:

(in thousands of dollars)	2016	2015
Healthcare services	$ 32,105	$ 25,015
Research	7,767	7,689
Purchase of equipment	5,266	6,291
Charity care	2,991	5,609
Health education	5,408	8,454
Other	53	23
	$ 53,590	$ 53,081

Income earned on permanently restricted net assets is available for these purposes.

9. Board Designated and Endowment Funds

Net assets include approximately 65 individual funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Trustees has interpreted the NH and VT Uniform Prudent Management of Institutional Funds Act (UPMIFA or Act) for donor-restricted endowment funds as requiring the preservation of the original value of gifts, as of the gift date, to donor-restricted endowment funds, absent explicit donor stipulations to the contrary. The Health System classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, if any. Collectively these amounts are referred to as the historic dollar value of the fund.

Unrestricted net assets include funds designated by the Board of Trustees to function as endowments and the income from certain donor-restricted endowment funds, and any accumulated investment return thereon, which pursuant to donor intent may be expended based on trustee or management designation. Temporarily restricted net assets include funds appropriated for expenditure pursuant to endowment and investment spending policies, certain expendable endowment gifts from donors, and any retained income and appreciation on donor-restricted endowment funds, which are restricted by the donor to a specific purpose or by law. When the temporary restrictions on these funds have been met, the funds are reclassified to unrestricted net assets.

In accordance with the Act, the Health System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: the duration and preservation of the fund; the purposes of the donor-restricted endowment fund; general economic conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources available; and investment policies.

The Health System has endowment investment and spending policies that attempt to provide a predictable stream of funding for programs supported by its endowment while ensuring that the purchasing power does not decline over time. The Health System targets a diversified asset allocation that places emphasis on investments in domestic and international equities, fixed income, private equity, and hedge fund strategies to achieve its long-term return objectives within prudent risk constraints. The Health System's Investment Committee reviews the policy portfolio asset allocations, exposures, and risk profile on an ongoing basis.

The Health System, as a policy, may appropriate for expenditure or accumulate so much of an endowment fund as the institution determines is prudent for the uses, benefits, purposes, and duration for which the endowment is established, subject to donor intent expressed in the gift instrument and the standard of prudence prescribed by the Act.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. Such market losses were not material as of June 30, 2016 and 2015.

Endowment net asset composition by type of fund consists of the following at June 30, 2016 and 2015:

	2016			
(in thousands of dollars)	**Unrestricted**	**Temporarily Restricted**	**Permanently Restricted**	**Total**
Donor-restricted endowment funds	$ -	$ 25,780	$ 45,402	$ 71,182
Board-designated endowment funds	26,205	-	-	$ 26,205
Total endowed net assets	$ 26,205	$ 25,780	$ 45,402	$ 97,387

	2015			
(in thousands of dollars)	**Unrestricted**	**Temporarily Restricted**	**Permanently Restricted**	**Total**
Donor-restricted endowment funds	$ -	$ 28,296	$ 44,491	$ 72,787
Board-designated endowment funds	26,405	-	-	26,405
Total endowed net assets	$ 26,405	$ 28,296	$ 44,491	$ 99,192

Changes in endowment net assets for the years ended June 30, 2016 and 2015:

	2016			
(in thousands of dollars)	**Unrestricted**	**Temporarily Restricted**	**Permanently Restricted**	**Total**
Balances at beginning of year	$ 26,405	$ 28,296	$ 44,491	$ 99,192
Net investment return	(54)	(1,477)	3	$ (1,528)
Contributions	-	271	699	$ 970
Transfers	-	(216)	180	$ (36)
Release of appropriated funds	(146)	(1,094)	-	$ (1,240)
Net asset transfer from affiliates	-	-	29	$ 29
Balances at end of year	$ 26,205	$ 25,780	45,402	$ 97,387
Balances at end of year			45,402	
Beneficial interest in perpetual trust			8,188	
Permanently restricted net assets			$ 53,590	

	2015			
(in thousands of dollars)	**Unrestricted**	**Temporarily Restricted**	**Permanently Restricted**	**Total**
Balances at beginning of year	$ 19,834	$ 13,738	$ 34,360	$ 67,932
Net investment return	143	(223)	1	(79)
Contributions	-	974	254	1,228
Transfers	-	(370)	158	(212)
Release of appropriated funds	(664)	(2,425)	(46)	(3,135)
Net asset transfer from affiliates	7,092	16,602	9,764	33,458
Balances at end of year	$ 26,405	$ 28,296	44,491	$ 99,192

Balances at end of year	44,491
Beneficial interest in perpetual trust	8,590
Permanently restricted net assets	$ 53,081

10. Long-Term Debt

A summary of long-term debt at June 30, 2016 and 2015 follows:

(in thousands of dollars)	2016	2015
Variable rate issues		
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue Bonds		
Series 2015A, principal maturing in varying annual amounts, through August 2031 (1)	$ 86,710	$ -
Series 2013, principal maturing in varying annual amounts, through August 2043 (9)*	19,230	17,668
Series 2011, principal maturing in varying annual amounts, through August 2031 (6)	-	90,005
Vermont Educational and Health Buildings Financing Agency (VEHFBA) Revenue Bonds		
Series 2010A, principal maturing in varying annual amounts, through August 2030 (11)*	7,881	8,182
Fixed rate issues		
New Hampshire Health and Education Facilities Authority Revenue Bonds		
Series 2014A, principal maturing in varying annual amounts, through August 2022 (3)	26,960	26,960
Series 2014B, principal maturing in varying annual amounts, through August 2033 (3)	14,530	14,530
Series 2012A, principal maturing in varying annual amounts, through August 2031 (4)	72,720	73,725
Series 2012B, principal maturing in varying annual amounts, through August 2031 (4)	39,900	40,455
Series 2012, principal maturing in varying annual amounts, through July 2039 (10)*	27,490	28,818
Series 2010, principal maturing in varying annual amounts, through August 2040 (7)	75,000	75,000
Series 2010, principal maturing in varying annual amounts, through August 2040 (12)	16,287	
Series 2009, principal maturing in varying annual amounts, through August 2038 (8)	63,370	68,970
*Represents nonobligated group bonds		
Other		
Revolving Line of Credit, principal maturing through March 2019 (2)	49,750	-
Series 2012, principal maturing in varying annual amounts, through July 2025 (5)	140,000	144,000
Note payable to a financial institution payable in interest free monthly installments through July 2015; collateralized by associated equipment	313	4
Note payable to a financial institution due in monthly interest only payments from October 2011 through September 2012, and monthly installments from October 2016 through 2016, including principal and interest at 3.25%; collateralized by savings account	2,952	1,915
Note payable to a financial institution payable in interest free entire principal due June 2029 collateralized by land and building	494	555
Obligations under capital leases	4,875	3,369
	648,462	594,156
Less		
Original issue discount, net	881	1,493
Current portion	18,307	17,179
	$ 629,274	$ 575,484

Aggregate annual principal payments required under revenue bond agreements and capital lease obligations for the next five years and thereafter ending June 30 are as follows:

(in thousands of dollars)		**2016**
2017	$	18,307
2018		19,117
2019		69,159
2020		20,262
2021		20,290
Thereafter		501,327
	$	648,462

Dartmouth-Hitchcock Obligated Group (DHOG) Bonds

MHMH established the DHOG in 1993 for the original purpose of issuing bonds financed through NHHEFA or the "Authority". The members of the obligated group consist of MHMH and DHC.

Revenue Bonds issued by members of the DHOG are administered through notes registered in the name of the Bond Trustee and in accordance with the terms of a Master Trust Indenture. The Master Trust Indenture contains provisions permitting the addition, withdrawal, or consolidation of members of the DHOG under certain conditions. The notes constitute a joint and several obligation of the members of the DHOG (and any other future members of the DHOG) and are equally and ratably collateralized by a pledge of the members' gross receipts. The DHOG is also subject to certain annual covenants under the Master Trust Indenture, the most restrictive of which are the Annual Debt Service Coverage Ratio (1.10x) and the Days Cash on Hand Ratio (> 75 days).

(1) Series 2015A Revenue Bonds
Through the DHOG, issued NHHEFA Revenue Bonds, Series 2015A in September 2015 through a private placement with a financial institution. The Series 2015A Revenue Bonds were primarily used to refinance a portion of the Series 2011 Revenue Bonds and to cover cost of issuance. The Series 2015A Revenue Bonds accrue interest variably and mature at various dates through 2031 based on the one-month London Interbank Offered Rate (LIBOR). The variable rate as of June 30 2016 was 1.11%

(2) Revolving Line of Credit
Through the DHOG, entered into Revolving Line of Credit TD Bank, N.A. (TD Bank). Interest on the TD Bank loan accrues variably and matures at various dates through March 2019. The variable rate as of June 30 2016 was 1.04%

(3) Series 2014A and Series 2014B Revenue Bonds
Through the DHOG, issued NHHEFA Revenue Bonds, Series 2014A and Series 2014B in August 2014. The proceeds from the Series 2014A and 2014B were used to partially refund the Series 2009 Revenue Bonds and to cover cost of issuance. Interest on the 2014A Revenue Bonds is fixed with an interest rate of 2.63% and matures at various dates through 2022. Interest on the Series 2014B Revenue Bonds is fixed with an interest rate of 4.00% and matures at various dates through 2033.

(4) Series 2012A and 2012B Revenue Bonds
Through the DHOG, issued NHHEFA Revenue Bonds, Series 2012A and Series 2012B in November 2012. The proceeds from the Series 2012A and 2012B were used to advance refund the Series 2002 Revenue Bonds and to cover cost of issuance. Interest on the 2012A Revenue Bonds is fixed with an interest rate of 2.29% and matures at various dates through 2031. Interest on the Series 2012B Revenue Bonds is fixed with an interest rate of 2.33% and matures at various dates through 2031.

(5) Series 2012 Bank Loan
Through the DHOG, issued the Bank of America, N.A. Series 2012 note, in July 2012. The proceeds from the Series 2012 note were used to prefund the D-H defined benefit pension plan. Interest on the Series 2012 note accrues at a fixed rate of 2.47% and matures at various dates through 2025.

(6) Series 2011 Revenue Bonds
Through the DHOG, issued NHHEFA Revenue Bonds, Series 2011 in August 2011. The proceeds from the Series 2011 Revenue Bonds were primarily used to advance refund the Series 2001A Revenue Bonds. The Series 2011 Revenue Bonds accrue interest variably and mature at various dates through 2031 based on the one-month London Interbank Offered Rate (LIBOR). The variable rate as of June 30 2016 was 1.04%. The Series 2011 Bonds are callable by the bank upon the end of seven years or may be renegotiated at that time. These bonds were paid with the proceeds of the Series 2015A Revenue Bonds.

(7) Series 2010 Revenue Bonds
Through the DHOG, issued NHHEFA Revenue Bonds, Series 2010, in June 2010. The proceeds from the Series 2010 Revenue Bonds were primarily used to construct a 140,000 square foot ambulatory care facility in Nashua, NH as well as various equipment. Interest on the bonds accrue at a fixed rate of 5.00% and mature at various dates through August 2040.

(8) Series 2009 Revenue Bonds
Through the DHOG, issued NHHEFA Revenue Bonds, Series 2009, in August 2009. The proceeds from the Series 2009 Revenue Bonds were primarily used to advance refund the Series 2008 Revenue Bonds. Interest on the Series 2009 Revenue Bonds accrue at varying fixed rates between 3.00% and 6.00% and mature at various dates through August 2038. Outstanding joint and several indebtedness of the DHOG at June 30, 2016 and 2015 approximates $568,940,000 and $533,645,000, respectively.

Non Obligated Group Bonds

(9) Series 2013 Revenue Bonds
Issued through the NHHEFA $15,520,000 tax exempt Revenue Bonds (Series 2013A). The Series 2013A funds were used to refund Series 2007 Revenue Bonds. Additional borrowings were obtained (up to $9,480,000 Revenue Bonds, Series 2013B) for the construction of a new health center building in Newport, NH. The bonds are collateralized by the gross receipts and property. The bonds mature in variable amounts through 2043, the maturity date of the bonds, but are subject to mandatory tender in ten years. Interest is payable monthly and is equal to the sum of .72 times the Adjusted LIBOR Rate plus .72 times the credit spread rate. As part of the bond refinancing, the swap arrangement was effectively terminated for federal tax purposes with respect to the Series 2007 Revenue Bonds but remains in effect.

(10)Series 2012 Revenue Bonds

Issued through the NHHEFA $29,650,000 of tax-exempt Revenue Bonds (Series 2012). The proceeds of these bonds were used to refund 1998 and 2009 Series Bonds, to finance the settlement cost of the interest rate swap, and to finance the purchase of certain equipment and renovations. The bonds are collateralized by an interest in its gross receipts under the terms of the bond agreement. The bonds have fixed interest coupon rates ranging from 2.0% to 5.0% (a net interest cost of 3.96%). Principal is payable in annual installments ranging from $735,000 to $1,750,000 through July 2039.

(11)Series 2010A Revenue Bonds

Issued through the VEHBFA $9,244,000 of Revenue Bonds (Series 2010A). The funds were used to refund 2004 and 2005 Series A Bonds. The bonds are collateralized by gross receipts. The bonds shall bear interest at the one-month LIBOR rate plus 3.50%, multiplied by 6% adjusting monthly. The interest rate at June 30, 2016 was 2.48%. The bonds were purchased by TD Bank on March 1, 2010. Principal payments began on April 1, 2010 for a period of 20 years ranging in amounts from $228,000 in 2014 to $207,000 in 2030.

(12)Series 2010 Revenue Bonds

Issued through the Business Finance Authority (BFA) of the State of NH. Interest is based on an annual percentage rate equal to the sum of (a) 69% of the 1-Month LIBOR rate plus (b) 1.8975//5. APD may prepay certain of these bonds according to the terms of the loan and trust agreement. The bonds are redeemable at any time by APD at par value plus any accrued interest. The bonds are also subject to optional tender for purchase (as a whole) in November 2020 at par plus accrued interest.

The estimated fair value of the Health Systems total long-term debt as of June 30, 2016 and 2015 was approximately $620,217,000 and $606,772,000, respectively, which was determined by discounting the future cash flows of each instrument at rates that reflect rates currently observed in publicly traded debt markets for debt of similar terms to organizations with comparable credit risk. The inputs to the assumptions used to determine the estimated fair value are based on observable inputs and are classified as Level 2. For variable rate debt, the carrying value is equal to the fair value.

The Health System Indenture agreements require establishment and maintenance of debt service reserves and other trustee held funds. Trustee held funds of approximately $1,950,000 and $1,778,000 at June 30, 2016 and 2015, respectively, are classified as assets limited as to use in the accompanying consolidated balance sheets.

For the years ended June 30, 2016 and 2015 interest expense on the Health System's long term debt is reflected in the accompanying consolidated statements of operations and changes in net assets as operating expense of approximately 19,301,000 and $18,442,000 and is included in other nonoperating losses of $3,201,000 and $3,449,000, respectively.

Swap Agreements

The Health System is subject to market risks such as changes in interest rates that arise from normal business operation. The Health System regularly assesses these risks and has established business strategies to provide natural offsets, supplemented by the use of derivative financial instruments to protect against the adverse effect of these and other market risks. The Health System has established clear policies, procedures, and internal controls governing the use of derivatives and does not use them for trading, investment, or other speculative purposes.

A summary of the Health System's derivative financial instruments is as follows:

- A Fixed Payor Swap designed as a cash flow hedge of the NHHEFA Series 2011 Revenue Bonds. The Swap had an initial notional amount of $91,040,000. The Swap Agreement requires the Health System to pay the counterparty a fixed rate of 4.56% in exchange for the counterparty's payment of 67% of USD-LIBOR-BBA. The Swap's term matches that of the associated bonds.

- An Interest Rate Swap to hedge the interest rate risk associated with the NHHEFA Series 2013 Revenue Bonds. The Swap had an initial notional amount of $15,000,000. The Swap Agreement requires the Health System to pay the counterparty a fixed rate of 3.94% in exchange for the counterparty's payment at 67% of USD-LIBOR-BBA. The Swap term matches that of the associated bonds.

- An Interest Rate Swap to hedge the interest rate risk associated with the VEHFBA Series 2010A Revenue Bonds. The Swap had an initial notional amount of $7,244,000.The Swap Agreement requires the Health System to pay the counterparty a fixed rate of 2.41% in exchange for the counterparty's payment of 69% of USD-LIBOR-BBA. The Swap is outstanding until 2017, while the bonds will remain outstanding until 2030.

The obligation of the Health System to make payments on its bonds with respect to interest is in no way conditional upon the Health System's receipt of payments from the interest rate swap agreement counterparty.

At June 30, 2016 and 2015 the fair value of the Health System's interest rate swaps was a liability of $28,917,000 and $24,740,000, respectively. The change in fair value during the years ended June 30, 2016 and 2015 was a decrease of $4,177,000 and $327,000, respectively. For the years ended June 30, 2016 and 2015 the Health System recognized a nonoperating gain of $1,696,000 and 1,035,000 resulting from hedge ineffectiveness and amortization of frozen swaps.

11. Employee Benefits

All eligible employees of the Health System are covered under various defined benefit and/or define contribution plans. In addition, certain affiliates provide postretirement medical and life benefit plans to certain of its active and former employees who meet eligibility requirements. The postretirement medical and life plans are not funded.

All of the defined benefit plans within the Health System have been frozen or have been approved by the applicable Board of Trustees to be frozen by December 31, 2017. Effective with that date, the last of the participants earning benefits in any of the Health System's defined benefit plans will no longer earn benefits under the plans.

The Health System continued to execute the settlement of obligations due to retirees in the deferred benefit plans through bulk lump sum offerings or purchases of annuity contracts. The annuity purchases follow guidelines established by the Department of Labor (DOL). The Health System anticipates continued consideration and/or implementation of additional settlements over the next several years.

Defined Benefit Plans

Net periodic pension expense included in employee benefits in the consolidated statements of operations and changes in net assets is comprised of the components listed below for the years ended June 30, 2016 and 2015:

(in thousands of dollars)	2016	2015
Service cost for benefits earned during the year	$ 11,084	$ 12,257
Interest cost on projected benefit obligation	48,036	42,276
Expected return on plan assets	(63,479)	(60,458)
Net prior service cost	848	380
Net loss amortization	26,098	21,133
Special/contractural termination benefits	300	56
	$ 22,887	$ 15,644

The following assumptions were used to determine net periodic pension expense as of June 30, 2016 and 2015:

	2016	2015
Weighted average discount rate	4.30 % – 4.90%	4.40 % – 4.90 %
Rate of increase in compensation	Age Graded/0.00 % - 2.50 %	Age Graded/0.00 % - 2.50 %
Expected long-term rate of return on plan assets	7.50 % – 7.75 %	7.50 % – 7.75 %

The following table sets forth the funded status and amounts recognized in the Health System's consolidated financial statements for the defined benefit pension plans at June 30, 2016 and 2015:

(in thousands of dollars)	2016	2015
Change in benefit obligation		
Benefit obligation at beginning of year	$ 988,143	$ 877,082
Additional benefit obligation resulting from new affiliations	-	95,314
Total benefit obligation at beginning of year	988,143	972,396
Service cost	11,084	12,257
Interest cost	48,108	42,276
Benefits paid	(39,001)	(34,803)
Expenses paid	(180)	(139)
Actuarial (gain) loss	99,040	41,079
Settlements	(13,520)	(44,979)
Plan change	2,645	-
Special/contractual termination benefits	300	56
Benefit obligation at end of year	1,096,619	988,143
Change in plan assets		
Fair value of plan assets at beginning of year	845,052	783,890
Additional plan assets at fair value resulting from new affiliations	-	77,608
Total fair value of plan assets at beginning of year	845,052	861,498
Actual return on plan assets	81,210	25,473
Benefits paid	(42,494)	(34,803)
Expenses paid	(180)	(139)
Employer contributions	2,252	38,002
Settlements	(13,520)	(44,979)
Fair value of plan assets at end of year	872,320	845,052
Funded status of the plans	(224,299)	(143,091)
Current portion of liability for pension	(46)	(46)
Long term portion of liability for pension	(224,253)	(143,045)
Liability for pension	$ (224,299)	$ (143,091)

For the years ended June 30, 2016 and 2015 the liability for pension is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

Amounts not yet reflected in net periodic pension expense and included in the change in unrestricted net assets as of June 30, 2016 and 2015:

(in thousands of dollars)	2016	2015
Net actuarial loss	$ 423,640	$ 368,959
Prior service cost	228	608
	$ 423,868	$ 369,567

The estimated amounts that will be amortized from unrestricted net assets into net periodic pension expense in 2017 are as follows:

(in thousands of dollars)	
Unrecognized prior service cost	$ 182
Net actuarial loss	30,515
	$ 30,697

The accumulated benefit obligation for the defined benefit pension plans was approximately $1,082,818,000 and $971,193,000 at June 30, 2016 and 2017, respectively.

The following table sets forth the assumptions used to determine the benefit obligation at June 30, 2016 and 2015:

	2016	2015
Weighted average discount rate	4.20 % – 4.30 %	4.90 % - 5.00 %
Rate of increase in compensation	Age Graded/0.00 % - 2.50 %	Age Graded/0.00 % - 2.50
Expected long-term rate of return on plan assets	7.50 % - 7.75 %	7.50 % - 7.75 %

The primary investment objective for the Plan's assets is to support the Pension liabilities of the Pension Plans for Employees of the Health System, by providing long-term capital appreciation and by also using a Liability Driven Investing ("LDI") strategy to partially hedge the impact fluctuating interest rates have on the value of the Plan's liabilities. As of June 30, 2016 and 2015, it is expected that the LDI strategy will hedge approximately 65% and 65%, respectively, of the interest rate risk associated with pension liabilities. To achieve the appreciation and hedging objectives, the Plans utilize a diversified structure of asset classes designed to achieve stated performance objectives measured on a total return basis, which includes income plus realized and unrealized gains and losses.

The range of target allocation percentages and the target allocations for the various investments are as follows:

	Range of Target Allocations	Target Allocations
Cash and short-term investments	0–5%	2%
U.S. government securities	0–5	1
Domestic debt securities	20–58	42
Global debt securities	6–26	10
Domestic equities	5–35	18
International equities	5–15	10
Emerging market equities	3–13	5
REIT funds	0–5	0
Private equity funds	0–5	0
Hedge funds	5–18	12

To the extent an asset class falls outside of its target range on a quarterly basis, the Health System shall determine appropriate steps, as it deems necessary, to rebalance the asset class.

The Boards of Trustees of the Health System, as Plan Sponsors, oversee the design, structure, and prudent professional management of the Health System's Plans' assets, in accordance with Board approved investment policies, roles, responsibilities and authorities and more specifically the following:

- Establishing and modifying asset class targets with Board approved policy ranges,
- Approving the asset class rebalancing procedures,
- Hiring and terminating investment managers, and
- Monitoring performance of the investment managers, custodians and investment consultants.

The hierarchy and inputs to valuation techniques to measure fair value of the Plans' assets are the same as outlined in Note 7. In addition, the estimation of fair value of investments in private equity and hedge funds for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient. The Health System's Plans own interests in these funds rather than in securities underlying each fund and, therefore, are generally required to consider such investments as Level 2 or 3, even though the underlying securities may not be difficult to value or may be readily marketable.

The following table sets forth the Health System's Plans' investments and deferred compensation plan assets that were accounted for at fair value as of June 30, 2016 and 2015:

	2016					
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Investments						
Cash and short-term investments	$ 5,463	$ 10,879	$ -	$ 16,342	Daily	1
U.S. government securities	4,177			4,177	Daily–Monthly	1–15
Domestic debt securities	95,130	296,362		391,492	Daily–Monthly	1–15
Global debt securities	409	88,589		88,998	Daily–Monthly	1–15
Domestic equities	148,998	15,896		164,894	Daily–Monthly	1–10
International equities	12,849	77,299		90,148	Daily–Monthly	1–11
Emerging market equities	352	37,848		38,200	Daily–Monthly	1–17
REIT funds	356	1,465		1,821	Daily–Monthly	1–17
Private equity funds			255	255	See Note 7	See Note 7
Hedge funds		37,005	38,988	75,993	Quarterly–Annual	60–96
Total investments	$ 267,734	$ 565,343	$ 39,243	$ 872,320		

	2015					
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Investments						
Cash and short-term investments	$ 8,235	$ 32,876	$ -	$ 41,111	Daily	1
U.S. government securities	4,193	-	-	4,193	Daily–Monthly	1–15
Domestic debt securities	85,948	246,352	-	332,300	Daily–Monthly	1–15
Global debt securities	36,532	45,119	-	81,651	Daily–Monthly	1–15
Domestic equities	152,458	16,532	-	168,990	Daily–Monthly	1–10
International equities	15,284	79,659	-	94,943	Daily–Monthly	1–11
Emerging market equities	376	38,237	-	38,613	Daily–Monthly	1–17
REIT funds	-	1,628	-	1,628	Daily–Monthly	1–17
Private equity funds	-	-	437	437	See Note 7	See Note 7
Hedge funds	-	39,110	42,076	81,186	Quarterly–Annual	60–96
Total investments	$ 303,026	$ 499,513	$ 42,513	$ 845,052		

The following table presents additional information about the changes in Level 3 assets measured at fair value for the years ended June 30, 2016 and 2015:

	2016		
(in thousands of dollars)	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	$ 42,076	$ 437	$ 42,513
Transfers	-	-	-
Purchases	-	-	-
Sales	(468)	(142)	(610)
Net realized (losses) gains	(55)	155	100
Net unrealized gains	(2,565)	(195)	(2,760)
Balances at end of year	$ 38,988	$ 255	$ 39,243

	2015		
(in thousands of dollars)	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	$ 28,466	$ 3,944	$ 32,410
Additions resulting from new affiliations	14,362	-	14,362
Sales	(2,391)	(3,168)	(5,559)
Net realized (losses) gains	(246)	258	12
Net unrealized gains	1,885	(597)	1,288
Balances at end of year	$ 42,076	$ 437	$ 42,513

The total aggregate net unrealized gains (losses) included in the fair value of the Level 3 investments as of June 30, 2016 and 2015 were approximately $8,808,000 and $5,234,000, respectively. There were no transfers into and out of Level 3 measurements during the years ended June 30, 2016 and 2015.

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2016 and 2015.

The weighted average asset allocation for the Health System's Plans at June 30, 2016 and 2015 by asset category is as follows:

	2016	2015
Cash and short-term investments	2 %	5 %
U.S. government securities	1	-
Domestic debt securities	45	39
Global debt securities	10	10
Domestic equities	19	20
International equities	10	11
Emerging market equities	4	5
Hedge funds	9	10
	100 %	100 %

The expected long-term rate of return on plan assets is reviewed annually, taking into consideration the asset allocation, historical returns on the types of assets held, and the current economic environment. Based on these factors, it is expected that the pension assets will earn an average of 7.75% per annum.

The Health System is expected to contribute approximately $47,000,000 to the Plans in 2017 however actual contributions may vary from expected amounts.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the year ending June 30, 2017 and thereafter:

(in thousands of dollars)	**Pension Plans**
2017	$ 42,067
2018	44,485
2019	47,235
2020	50,490
2021	53,778
2022 – 2026	310,773

Defined Contribution Plans

The Health System has an employer-sponsored 401(a) plan for certain of its affiliates, under which the employer makes base, transition and discretionary match contributions based on specified percentages of compensation and employee deferral amounts. Total employer contributions to the plan of approximately $29,416,000 and $30,204,000 in 2016 and 2015, respectively, are included in employee benefits in the accompanying consolidated statements of operations and changes in net assets.

The Health System also has available to employees of certain affiliates various 403(b) and tax-sheltered annuity plans in which they can participate. Plan specifications vary by affiliate and plan. No employer contributions were made to any of these plans in 2016 and 2015, respectively.

Postretirement Medical and Life Benefits

The Health System has postretirement medical and life benefit plans covering certain of its active and former employees. The plans generally provide medical or medical and life insurance benefits to certain retired employees who meet eligibility requirements. The plans are not funded.

Net periodic postretirement medical and life benefit (income) cost is comprised of the components listed below for the years ended June 30, 2016 and 2015:

(in thousands of dollars)	**2016**	**2015**
Service cost	$ 544	$ 527
Interest cost	2,295	2,347
Amortization net prior service income	(5,974)	-
Amortization net loss	610	-
	$ (2,525)	$ 2,874

The following table sets forth the accumulated postretirement medical and life benefit obligation and amounts recognized in the Health System's consolidated financial statements at June 30, 2016 and 2015:

(in thousands of dollars)	2016	2015
Change in benefit obligation		
Benefit obligation at beginning of year	$ 50,438	$ 51,006
Additional benefit obligation resulting from new affiliations	-	471
	50,438	51,477
Service cost	544	527
Interest cost	2,295	2,347
Benefits paid	(3,277)	(5,236)
Actuarial loss	1,404	1,323
Employer contributions	(34)	-
Benefit obligation at end of year	51,370	50,438
Funded status of the plans	(51,370)	(50,438)
Current portion of liability for postretirement medical and life benefits	(3,130)	(3,203)
Long term portion of liability for postretirement medical and life benefits	(48,240)	(47,235)
Liability for postretirement medical and life benefits	$ (51,370)	$ (50,438)

During the year ended June 30, 2015 the plan amendments were primarily related to the Board's decision to offer retiree health care benefits to certain affiliates post-65 retirees and covered post-65 dependents through a private Medicare exchange beginning in April 2015.

For the years ended June 30, 2016 and 2015 the liability for postretirement medical and life benefits is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

Amounts not yet reflected in net periodic postretirement medical and life benefit income and included in the change in unrestricted net assets are as follows:

(in thousands of dollars)	2016	2015
Net prior service income	$ (27,478)	$ (33,452)
Net actuarial loss	11,080	10,260
	$ (16,398)	$ (23,192)

The estimated amounts that will be amortized from unrestricted net assets into net periodic postretirement income in 2016 and 2015 are as follows:

(in thousands of dollars)	2016	2015
Net prior service income	$ (5,974)	$ (5,974)
Net loss	689	610
	$ (5,285)	$ (5,364)

In determining the accumulated postretirement medical and life benefit obligation, the Health System used a discount rate of 4.10% in 2016 and an assumed healthcare cost trend rate of 7.25%, trending down to 4.75% in 2021 and thereafter. Increasing the assumed healthcare cost trend rates by one percentage point in each year would increase the accumulated postretirement medical benefit obligation as of June 30, 2016 and 2015 by $4,685,000 and $4,479,000 and the net periodic postretirement medical benefit cost for the years then ended by $284,000 and $275,000, respectively. Decreasing the assumed healthcare cost trend rates by one percentage point in each year would decrease the accumulated postretirement medical benefit obligation as of June 30, 2016 and 2015 by $3,884,000 and $3,790,000 and the net periodic postretirement medical benefit cost for the years then ended by $234,000 and $233,000, respectively.

12. Professional and General Liability Insurance Coverage

D-H, along with Dartmouth College and Cheshire are provided professional and general liability insurance on a claims-made basis through Hamden Assurance Risk Retention Group, Inc. (RRG), a VT captive insurance company. RRG reinsures the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda and to a variety of commercial reinsurers. D-H and Dartmouth College have ownership interests in both HAC and RRG. The insurance program provides coverage to the covered institutions and named insureds on a modified claims-made basis which means coverage is triggered when claims are made. Premiums and related insurance deposits are actuarially determined based on asserted liability claims adjusted for future development. The reserves for outstanding losses are recorded on an undiscounted basis.

APD, NLH and MAHHC are covered for malpractice claims under a modified claims-made policy purchased through NEAH. While APD, NLH and MAHHC remain in the current insurance program under this policy, the coverage year is based on the date the claim is filed; subject to a medical incident arising after the retroactive date (includes prior acts). The policy provides modified claims-made coverage for former insured providers for claims that relate to the employee's period of employment at APD, NLH or MAHHC and for services that were provided within the scope of the employee's duties. Therefore, when the employee leaves the corporation, tail coverage is not required.

Selected financial data of HAC and RRG, taken from the latest available audited and unaudited financial statements, respectively at June 30, 2016 and 2015 are summarized as follows:

	2016		
	HAC	RRG	Total
(in thousands of dollars)	*(audited)*	*(unaudited)*	
Assets	$ 86,101	$ 2,237	$ 88,338
Shareholders' equity	13,620	806	14,426
Net income	-	50	50

	2015		
	HAC	RRG	Total
(in thousands of dollars)	*(audited)*	*(unaudited)*	
Assets	$ 100,418	$ 2,289	$ 102,707
Shareholders' equity	13,620	755	14,375
Net income	-	186	186

13. Commitments and Contingencies

Litigation

The Health System is involved in various malpractice claims and legal proceedings of a nature considered normal to its business. The claims are in various stages and some may ultimately be brought to trial. While it is not feasible to predict or determine the outcome of any of these claims, it is the opinion of management that the final outcome of these claims will not have a material effect on the consolidated financial position of the Health System.

Operating Leases and Other Commitments

The Health System leases certain facilities and equipment under operating leases with varying expiration dates. The Health System's rental expense totaled approximately $10,571,000 and $10,215,000 for the years ended June 30, 2016 and 2015, respectively. Minimum future lease payments under noncancelable operating leases at June 30, 2016 were as follows:

(in thousands of dollars)	
2017	$ 8,441
2018	6,210
2019	4,062
2020	2,663
2021	2,009
Thereafter	274
	$ 23,659

Lines of Credit

The Health System has entered into Loan Agreements with financial institutions establishing access to revolving loans ranging from $2,000,000 up to $85,000,000. Interest is variable and determined using LIBOR or the Wall Street Journal Prime Rate. The Loan Agreements are due to expire ranging from December 31, 2015 through July 31, 2016. The Health System has outstanding balances under the lines of credits in the amount of $36,550,000 and $1,200,000 at

June 30, 2016 and 2015, respectively. Interest expense was approximately $551,000 and $193,000, respectively, and is included in the consolidated statements of operations and changes in net assets.

14. Functional Expenses

Operating expenses of the Health System by function are as follows for the years ended June 30, 2016 and 2015:

(in thousands of dollars)	2016	2015
Program services	$ 1,553,377	$ 1,335,316
Management and general	271,409	225,983
Fundraising	5,901	8,037
	$ 1,830,687	$ 1,569,336

15. Subsequent Events

The Health System has assessed the impact of subsequent events through November 26, 2016, the date the audited consolidated financial statements were issued, and has concluded that there were no such events that require adjustment to the audited consolidated financial statements or disclosure in the notes to the audited consolidated financial statements other than as noted below.

The Visiting Nurse and Hospice for VT and NH (VNH) became an affiliate of D-HH effective July 1, 2016. The affiliation is designed to improve healthcare for the communities served by VNH and D-H by facilitating collaboration, innovation and cost efficiencies between D-H and VNH. The VNH is a non-profit organization that has provided home health and hospice care services in VT and NH since 1907. The agency is dedicated to delivering outstanding home and community based health and hospice services that enrich the lives of the people they serve. The VNH makes home visits to people of all ages and all states of life regardless of the ability to pay.

Effective October 1, 2016, NLH and MAHHC will be provided professional and general liability insurance through the Hamden Assurance Risk Retention Group, Inc. (RRG) under a modified claims made policy. NLH and MAHHC will join RRG along with existing insureds D-H, Cheshire Medical Center and Dartmouth College.

During the year ended June 30, 2016, Dartmouth College restructured a number of activities at the Geisel School of Medicine (Geisel) to address increasing financial constraints, to improve Geisel's education and research programs, and to align resources and support for these activities. These changes included migration of the operations and fiscal responsibility for clinical academic activities from Dartmouth College to D-H, which included responsibility for the employment, finances, and operational support for clinical research programs. D-H agreed to assume responsibility for the clinical practice of psychiatry and employment of approximately 250 staff (which are either part of the psychiatry practice or clinical research) effective July 1, 2016.

Effective July 1, 2016, NLH, MAHHC and Cheshire were admitted to the Dartmouth-Hitchcock Obligated Group. In connection with the admission of these three members, the Dartmouth-Hitchcock Obligated Group assumed new debt in the amount of $28,039,000 from Cheshire. In addition, $24,605,000 of NLH debt was refinanced in combination with new debt in the amount $10,970,000 to fund the new Williamson Building.

Consolidating Supplemental Information

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2016

(in thousands of dollars)	D-HH (Parent)	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	Eliminations	Health System Consolidated
Assets								
Current assets								
Cash and cash equivalents	$ 607	$ 2,066	$ 16,640	$ 6,699	$ 5,388	$ 9,192	$ -	$ 40,592
Patient accounts receivable, net	-	220,173	17,836	7,377	5,347	10,255	-	260,988
Prepaid expenses and other current assets	7,463	95,738	5,458	3,209	2,022	4,863	(22,933)	95,820
Total current assets	8,070	317,977	39,934	17,285	12,757	24,310	(22,933)	397,400
Assets limited as to use	-	551,724	17,525	10,345	8,260	4,614	-	592,468
Other investments for restricted activities	217	114,719	18,486	2,843	5,742	29	-	142,036
Property, plant, and equipment, net	76	457,570	75,591	43,204	19,659	16,464	-	612,564
Other assets	17,950	68,921	9,794	5,409	3,943	111	(14,929)	91,199
Total assets	$ 26,313	$ 1,510,911	$ 161,330	$ 79,086	$ 50,361	$ 45,528	$ (37,862)	$ 1,835,667
Liabilities and Net Assets								
Current liabilities								
Current portion of long-term debt	$ -	$ 15,638	$ 755	$ 941	$ 466	$ 507	$ -	$ 18,307
Line of credit	-	35,000	-	-	1,550	-	-	36,550
Current portion of liability for pension and other postretirement plan benefits	-	3,176	-	-	-	-	-	3,176
Accounts payable and accrued expenses	9,857	88,557	15,866	6,791	4,589	4,817	(22,933)	107,544
Accrued compensation and related benefits	-	86,997	7,728	2,052	3,128	3,649	-	103,554
Estimated third-party settlements	-	21,434	1,569	5,206	917	1,424	-	30,550
Total current liabilities	9,857	250,802	25,918	14,990	10,650	10,397	(22,933)	299,681
Long-term debt, excluding current portion	-	553,229	27,283	21,148	11,159	16,455	-	629,274
Insurance deposits and related liabilities	-	56,887	-	-	-	-	-	56,887
Interest rate swaps	-	24,148	-	4,646	123	-	-	28,917
Liability for pension and other postretirement plan benefits, excluding current portion	-	246,816	18,662	-	7,015	-	-	272,493
Other liabilities	-	54,218	3,522	1,135	-	36	-	58,911
Total liabilities	9,857	1,186,100	75,385	41,919	28,947	26,888	(22,933)	1,346,163
Commitments and contingencies								
Net assets								
Unrestricted	16,456	234,609	58,978	32,706	14,099	18,264	(14,929)	360,183
Temporarily restricted	-	57,091	16,454	345	1,496	345	-	75,731
Permanently restricted	-	33,111	10,513	4,116	5,819	31	-	53,590
Total net assets	16,456	324,811	85,945	37,167	21,414	18,640	(14,929)	489,504
Total liabilities and net assets	$ 26,313	$ 1,510,911	$ 161,330	$ 79,086	$ 50,361	$ 45,528	$ (37,862)	$ 1,835,667

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2016

(in thousands of dollars)	D-H Obligated Group	THF	DHMC	Eliminations	D-H and Subsidiaries
Assets					
Current assets					
Cash and cash equivalents	$ 1,535	$ 176	$ 355	$ -	$ 2,066
Patient accounts receivable, net	220,173	-	-	-	220,173
Prepaid expenses and other current assets	95,158	487	93	-	95,738
Total current assets	316,866	663	448	-	317,977
Assets limited as to use	551,724	-	-	-	551,724
Other investments for restricted activities	91,879	22,840	-	-	114,719
Property, plant, and equipment, net	454,894	1	2,675	-	457,570
Other assets	68,752	4	165	-	68,921
Total assets	$ 1,484,115	$ 23,508	$ 3,288	$ -	$ 1,510,911
Liabilities and Net Assets					
Current liabilities					
Current portion of long-term debt	$ 15,638	$ -	$ -	$ -	$ 15,638
Line of Credit	35,000	-	-	-	35,000
Current portion of liability for pension and other postretirement plan benefits	3,176	-	-	-	3,176
Accounts payable and accrued expenses	87,373	1,181	3	-	88,557
Accrued compensation and related benefits	86,997	-	-	-	86,997
Estimated third-party settlements	21,434	-	-	-	21,434
Total current liabilities	249,618	1,181	3	-	250,802
Long-term debt, excluding current portion	553,229	-	-	-	553,229
Insurance deposits and related liabilities	56,887	-	-	-	56,887
Interest rate swaps	24,148	-	-	-	24,148
Liability for pension and other postretirement plan benefits, excluding current portion	246,816	-	-	-	246,816
Other liabilities	54,218	-	-	-	54,218
Total liabilities	1,184,916	1,181	3	-	1,186,100
Commitments and contingencies					
Net assets					
Unrestricted	217,033	14,456	3,120	-	234,609
Temporarily restricted	51,173	5,753	165	-	57,091
Permanently restricted	30,993	2,118	-	-	33,111
Total net assets	299,199	22,327	3,285	-	324,811
Total liabilities and net assets	$ 1,484,115	$ 23,508	$ 3,288	$ -	$ 1,510,911

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2015

(in thousands of dollars)	D-HH (Parent)	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	Eliminations	Health System Consolidated
Assets							
Current assets							
Cash and cash equivalents	$ 388	$ 9,279	$ 16,525	$ 7,612	$ 5,105	$ -	$ 38,909
Patient accounts receivable, net	-	177,287	14,053	7,388	5,544	-	204,272
Prepaid expenses and other current assets	11,574	102,954	7,921	3,632	2,616	(28,111)	100,586
Total current assets	11,962	289,520	38,499	18,632	13,265	(28,111)	343,767
Assets limited as to use	-	570,057	23,302	13,412	13,654	-	620,425
Other investments for restricted activities	-	113,117	18,899	-	-	-	132,016
Property, plant, and equipment, net	618	461,044	82,793	37,597	19,303	-	601,355
Other assets	4,263	66,837	10,130	5,451	3,903	(2,134)	88,450
Total assets	$ 16,843	$ 1,500,575	$ 173,623	$ 75,092	$ 50,125	$ (30,245)	$ 1,786,013
Liabilities and Net Assets							
Current liabilities							
Current portion of long-term debt	$ -	$ 15,196	$ 952	$ 661	$ 370	$ -	$ 17,179
Line of credit	-	-	-	-	1,200	-	1,200
Current portion of liability for pension and other postretirement plan benefits	-	3,249	-	-	-	-	3,249
Accounts payable and accrued expenses	15,708	104,697	20,024	3,843	4,059	(28,110)	120,221
Accrued compensation and related benefits	-	85,064	4,936	2,373	2,491	-	94,864
Estimated third-party settlements	-	26,961	-	6,755	2,883	-	36,599
Total current liabilities	15,708	235,167	25,912	13,632	11,003	(28,110)	273,312
Long-term debt, excluding current portion	-	518,799	28,083	18,020	10,582	-	575,484
Insurance deposits and related liabilities	-	62,356	-	-	-	-	62,356
Interest rate swaps	-	20,937	-	3,531	272	-	24,740
Liability for pension and other postretirement plan benefits, excluding current portion	-	175,948	8,374	-	5,958	-	190,280
Other liabilities	-	51,303	3,671	1,135	-	-	56,109
Total liabilities	15,708	1,064,510	66,040	36,318	27,815	(28,110)	1,182,281
Commitments and contingencies							
Net assets							
Unrestricted	1,135	346,900	79,700	34,227	14,367	(2,135)	474,194
Temporarily restricted	-	56,751	17,330	326	2,050	-	76,457
Permanently restricted	-	32,414	10,553	4,221	5,893	-	53,081
Total net assets	1,135	436,065	107,583	38,774	22,310	(2,135)	603,732
Total liabilities and net assets	$ 16,843	$ 1,500,575	$ 173,623	$ 75,092	$ 50,125	$ (30,245)	$ 1,786,013

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2015

(in thousands of dollars)	D-H Obligated Group	THF	DHMC	Eliminations	D-H and Subsidiaries
Assets					
Current assets					
Cash and cash equivalents	$ 8,252	$ 182	$ 845	$ -	$ 9,279
Patient accounts receivable, net	177,287	-	-	-	177,287
Prepaid expenses and other current assets	102,425	338	438	(247)	102,954
Total current assets	287,964	520	1,283	(247)	289,520
Assets limited as to use	570,057	-	-	-	570,057
Other investments for restricted activities	89,176	23,941	-	-	113,117
Property, plant, and equipment, net	458,368	1	2,675	-	461,044
Other assets	66,675	3	159	-	66,837
Total assets	$ 1,472,240	$ 24,465	$ 4,117	$ (247)	$ 1,500,575
Liabilities and Net Assets					
Current liabilities					
Current portion of long-term debt	$ 15,196	$ -	$ -	$ -	$ 15,196
Current portion of liability for pension and other postretirement plan benefits	3,249	-	-	-	3,249
Accounts payable and accrued expenses	102,666	1,536	742	(247)	104,697
Accrued compensation and related benefits	85,064	-	-	-	85,064
Estimated third-party settlements	26,961	-	-	-	26,961
Total current liabilities	233,136	1,536	742	(247)	235,167
Long-term debt, excluding current portion	518,799	-	-	-	518,799
Insurance deposits and related liabilities	62,356	-	-	-	62,356
Interest rate swaps	20,937	-	-	-	20,937
Liability for pension and other postretirement plan benefits, excluding current portion	175,948	-	-	-	175,948
Other liabilities	51,303	-	-	-	51,303
Total liabilities	1,062,479	1,536	742	(247)	1,064,510
Commitments and contingencies					
Net assets					
Unrestricted	329,168	14,517	3,215	-	346,900
Temporarily restricted	50,297	6,294	160	-	56,751
Permanently restricted	30,296	2,118	-	-	32,414
Total net assets	409,761	22,929	3,375	-	436,065
Total liabilities and net assets	$ 1,472,240	$ 24,465	$ 4,117	$ (247)	$ 1,500,575

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Unrestricted Net Assets
Year Ended June 30, 2016

(in thousands of dollars)	D-HH (Parent)	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	Eliminations	Health System Consolidated
Unrestricted revenue and other support								
Net patient service revenue	$ -	$ 1,346,605	$ 161,787	$ 59,789	$ 46,431	$ 20,103	$ (561)	$ 1,634,154
Contracted revenue	1,696	64,286	-	-	-	-	-	65,982
Other operating revenue	3,300	71,475	3,187	3,509	4,555	870	(4,544)	82,352
Net assets released from restrictions	-	8,713	322	65	119	-	-	9,219
Total unrestricted revenue and other support	4,996	1,491,079	165,296	63,363	51,105	20,973	(5,105)	1,791,707
Operating expenses								
Salaries	730	732,393	60,406	29,873	24,019	10,408	14,636	872,465
Employee benefits	219	197,165	19,276	6,824	6,260	2,130	2,533	234,407
Medical supplies and medications	-	236,918	59,121	6,597	4,246	2,932	-	309,814
Purchased services and other	22,506	211,611	14,020	12,876	11,955	4,377	(22,204)	255,141
Medicaid enhancement tax	-	46,078	7,132	2,808	1,707	840	-	58,565
Depreciation and amortization	15	62,348	11,069	4,674	2,345	543	-	80,994
Interest	-	16,821	1,046	823	467	144	-	19,301
Total operating expenses	23,470	1,503,334	172,070	64,475	50,999	21,374	(5,035)	1,830,687
Operating (loss) margin	(18,474)	(12,255)	(6,774)	(1,112)	106	(401)	(70)	(38,980)
Nonoperating gains (losses)								
Investment (losses) gains	(1,027)	(18,848)	(1,075)	627	(15)	235	-	(20,103)
Other, net	(529)	(3,647)	-	57	205	-	69	(3,845)
Contribution revenue from acquisition	18,083	-	-	-	-	-	-	18,083
Total nonoperating gains (losses), net	16,527	(22,495)	(1,075)	684	190	235	69	(5,865)
(Deficiency) excess of revenue over expenses	(1,947)	(34,750)	(7,849)	(428)	296	(166)	(1)	(44,845)
Unrestricted net assets								
Net assets released from restrictions (Note 8)	-	2,185	107	23	586	347	-	3,248
Change in funded status of pension and other postretirement benefits	-	(52,262)	(12,982)	-	(1,297)	-	-	(66,541)
Net assets transferred to (from) affiliates	4,475	(22,558)	-	-	-	18,083	-	-
Additional paid in capital	12,793	-	-	-	-	-	(12,793)	-
Change in fair value on interest rate swaps	-	(4,907)	-	(1,115)	149	-	-	(5,873)
Increase (decrease) in unrestricted net assets	$ 15,321	$ (112,292)	$ (20,724)	$ (1,520)	$ (266)	$ 18,264	$ (12,794)	$ (114,011)

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Unrestricted Net Assets
Year Ended June 30, 2016

(in thousands of dollars)	D-H Obligated Group	THF	DHMC	Eliminations	D-H and Subsidiaries
Unrestricted revenue and other support					
Net patient service revenue	$ 1,346,605	$ -	$ -	$ -	$ 1,346,605
Contracted revenue	63,188	1,578	-	(480)	64,286
Other operating revenue	69,902	1,957	550	(934)	71,475
Net assets released from restrictions	7,928	785	-	-	8,713
Total unrestricted revenue and other support	1,487,623	4,320	550	(1,414)	1,491,079
Operating expenses					
Salaries	731,721	-	-	672	732,393
Employee benefits	197,050	-	-	115	197,165
Medical supplies and medications	236,918	-	-	-	236,918
Purchased services and other	208,763	4,261	646	(2,059)	211,611
Medicaid enhancement tax	46,078	-	-	-	46,078
Depreciation and amortization	62,348	-	-	-	62,348
Interest	16,821	-	-	-	16,821
Total operating expenses	1,499,699	4,261	646	(1,272)	1,503,334
Operating (loss) margin	(12,076)	59	(96)	(142)	(12,255)
Nonoperating gains (losses)					
Investment losses	(18,537)	(311)	-	-	(18,848)
Other, net	(3,789)	-	-	142	(3,647)
Total nonoperating (losses) gains, net	(22,326)	(311)	-	142	(22,495)
Deficiency of revenue over expenses	(34,402)	(252)	(96)	-	(34,750)
Unrestricted net assets					
Net assets released from restrictions (Note 8)	1,994	191	-	-	2,185
Change in funded status of pension and other postretirement benefits	(52,262)	-	-	-	(52,262)
Net assets transferred from affiliates	(22,558)	-	-	-	(22,558)
Change in fair value on interest rate swaps	(4,907)	-	-	-	(4,907)
Decrease in unrestricted net assets	$ (112,135)	$ (61)	$ (96)	$ -	$ (112,292)

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Unrestricted Net Assets
Year Ended June 30, 2015

(in thousands of dollars)	D-HH (Parent)	D-H and Subsidiaries	NLH and Subsidiaries	Cheshire and Subsidiaries	MAHHC and Subsidiaries	Eliminations	Health System Consolidated
Unrestricted revenue and other support							
Net patient service revenue	$ -	$ 1,225,872	$ 56,356	$ 52,536	$ 46,102	$ (307)	$ 1,380,559
Contracted revenue	-	82,091	-	-	-	(1,256)	80,835
Other operating revenue	12,203	69,663	3,063	1,076	3,526	(6,538)	82,993
Net assets released from restrictions	-	15,314	111	212	-	-	15,637
Total unrestricted revenue and other support	12,203	1,392,940	59,530	53,824	49,628	(8,101)	1,560,024
Operating expenses							
Salaries	960	696,358	27,562	20,949	24,076	8,482	778,387
Employee benefits	263	195,271	5,764	5,724	6,112	1,493	214,627
Medical supplies and medications	139	201,451	5,910	8,712	3,736	19	219,967
Purchased services and other	17,448	180,706	13,317	13,747	11,888	(18,402)	218,704
Medicaid enhancement tax	-	45,839	1,941	2,363	1,853	-	51,996
Depreciation and amortization	75	56,649	4,075	3,436	2,978	-	67,213
Interest	-	16,781	849	357	455	-	18,442
Total operating expenses	18,885	1,393,055	59,418	55,288	51,098	(8,408)	1,569,336
Operating (loss) margin	(6,682)	(115)	112	(1,464)	(1,470)	307	(9,312)
Nonoperating gains (losses)							
Investment (losses) gains	-	(12,011)	625	311	60	-	(11,015)
Other, net	339	(2,880)	1,409	141	57	(307)	(1,241)
Contribution revenue from acquisition	92,499	-	-	-	-	-	92,499
Total nonoperating gains (losses), net	92,838	(14,891)	2,034	452	117	(307)	80,243
Excess (deficiency) of revenue over expenses	86,156	(15,006)	2,146	(1,012)	(1,353)	-	70,931
Unrestricted net assets							
Net assets released from restrictions (Note 8)	-	717	5	1,010	679	-	2,411
Change in funded status of pension and other postretirement benefits	-	(62,977)	-	2,875	(790)	-	(60,892)
Net assets transferred (from) to affiliates	(84,626)	(7,873)	-	76,827	15,672	-	-
Additional paid in capital	600	-	-	-	-	(600)	-
Change in fair value on interest rate swaps	-	(869)	(221)	-	159	-	(931)
Increase (decrease) in unrestricted net assets	$ 2,130	$ (86,008)	$ 1,930	$ 79,700	$ 14,367	$ (600)	$ 11,519

Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Unrestricted Net Assets
Year Ended June 30, 2015

(in thousands of dollars)	D-H Obligated Group	THF	DHMC	Eliminations	D-H and Subsidiaries
Unrestricted revenue and other support					
Net patient service revenue	$ 1,225,874	$ -	$ -	$ (2)	$ 1,225,872
Contracted revenue	81,474	847	-	(230)	82,091
Other operating revenue	64,928	2,356	6,482	(4,103)	69,663
Net assets released from restrictions	14,610	704	-	-	15,314
Total unrestricted revenue and other support	1,386,886	3,907	6,482	(4,335)	1,392,940
Operating expenses					
Salaries	695,392	-	-	966	696,358
Employee benefits	195,119	-	-	152	195,271
Medical supplies and medications	201,458	-	-	(7)	201,451
Purchased services and other	172,061	4,079	6,484	(1,918)	180,706
Medicaid enhancement tax	45,839	-	-	-	45,839
Depreciation and amortization	56,649	-	-	-	56,649
Interest	16,781	-	-	-	16,781
Total operating expenses	1,383,299	4,079	6,484	(807)	1,393,055
Operating margin (loss)	3,587	(172)	(2)	(3,528)	(115)
Nonoperating gains (losses)					
Investment (losses) gains	(12,079)	68	-	-	(12,011)
Other, net	(6,408)	-	-	3,528	(2,880)
Total nonoperating (losses) gains, net	(18,487)	68	-	3,528	(14,891)
Deficiency of revenue over expenses	(14,900)	(104)	(2)	-	(15,006)
Unrestricted net assets					
Net assets released from restrictions (Note 8)	454	263	-	-	717
Change in funded status of pension and other postretirement benefits	(62,977)	-	-	-	(62,977)
Net assets transferred from affiliates	(7,873)	-	-	-	(7,873)
Change in fair value on interest rate swaps	(869)	-	-	-	(869)
(Decrease) increase in unrestricted net assets	$ (86,165)	$ 159	$ (2)	$ -	$ (86,008)

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Supplemental Consolidating Information
June 30, 2016 and 2015

1. Basis of Presentation

The accompanying supplemental consolidating information includes the consolidating balance sheet and the consolidating statement of operations and changes in unrestricted net assets of D-HH and subsidiaries. All intercompany accounts and transactions between the D-HH and subsidiaries have been eliminated. The consolidating information presented is prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America consistent with the consolidated financial statements. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements and is not required as part of the basic financial statements.

THE NEW LONDON HOSPITAL ASSOCIATION, INC.
BOARD OF TRUSTEES
Effective June 16, 2016
Revised: 10/27/16

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D-H Rep

Douglas W. Lyon

Carol Majewski, RN
D-H Rep

David E. Marshall

Mark Pitkin

Jane Rastallis

Susan A. Reeves, EdD,

Robert M. Rex (Bob)

Lawrence Schissel, MD
(ex-Officio)

Karen Chase R.N.

Career Objective: To secure a professional role that utilizes my extensive nursing experience.

Summary: Self-directed, organized and able to meet the challenges of daily changes in healthcare. Proactive about meeting goals to support the continuous improvement of care and program development. Infection Prevention & Control, Quality CMS chart audits, Utilization Review, Case Management, Emergency care, Medical Surgical and teaching experience.

Professional Experience:

Transitional care nurse – Newport Health center August – 2015 - to present

- Coordinates multidisciplinary care of patient at time of discharge
- Provides patient education regarding medical condition, equipment, medication etc. to ensure safe transition to home with the goal of preventing readmission.
- Works collaboratively with case management team, VNA , patient and family

Manager Employee Health / Infection Prevention & Control - New London Hospital Sept 04 – August 2015

- Coordinate and implement the Infection Control Program to assure licensure standards are met
- Develop and implement policies and procedures
- Conduct continuous record review and environmental surveillance
- Develop and maintain a system to identify, investigate , report and prevent the development of Healthcare Associated Infections
- Conduct outbreak investigations, review reports., evaluate aspects of patient care that relate to infection control to optimize patient safety
- Pharmacy Therapeutics & Infection control committee
- Create and maintain health files on all employees, maintaining confidentiality
- Provide immunizations including Hepatitis B, Varicella, MMR and TB testing
- Coordinate and implement annual influenza clinic
- Counsel employees after potential blood borne pathogen exposures
- Workman Compensation case management and consultation
- Provide educational opportunities for staff including inservices and Employee Orientation

Other duties

- Complete CMS chart audits for the quality department

Pre- Admission coordinator for Surgical Services New London Hospital July 02 - 04

- Coordinate Patient Scheduling with Surgical Offices
- Conduct Patient Interviews
- Maintain surgical schedule for department
- Prepare charts with all required paperwork
- Develop database as directed of physician utilization and physician schedule

Utilization Review Manager - Valley Regional Hospital April 01 - July 02

- Responsible to oversee Nurse case manager and Social Work case manager
- Monitor length of stay, utilization of services and level of care
- Develop tools to analyze hospital utilization statistics
- Redesign utilization management plan conduct employee evaluations and maintain budget

Employee Health / Infection Control Coordinator - New London Hospital Sept 98 - April 01

Emergency Services Nurse & Assistant Coordinator - New London Hospital 1986 - 1998

- Provide emergency nursing care
- Preceptor to new employees
- Develop and implement policies and procedures
- Maintain supplies within defined budget
- Participate in TQI programming
- Provide education programs

Nursing Coordinator Medical Surgical Department - New London Hospital 1981 -1986

Registered Nurse Medical Surgical Unit - New London Hospital 1978 -1981

Education: Associates Degree in Nursing New Hampshire Technical College 1978

Licensure / Certifications

- Registered Nurse State of New Hampshire
- CPR

References upon request

Erin N. Angley, MSW, LICSW

Objective To work in a therapeutic medical setting providing support, advocacy, crisis intervention, and community outreach for at risk individuals, children and families.

Qualifications

Excellent with children with special needs, specifically Autism and Pervasive Developmental Disorders
Solid background working with children and families
Effective verbal and written communication skills
Excellent computer and analytical skills
Familiar with Applied Behavioral Analysis and Total Communication

Special Interests/Achievements

Licensed Clinical Social Worker-VT
Foster Care Training in both New Hampshire and Vermont
Completion of Positive Approaches to Solving Behavior Challenges (3 Day Seminar offered by the Institute of Applied Behavioral Analysis)
Child abuse And Exploitation Investigative Techniques, September 2000
Habitat for Humanity, John's Island, SC 2001
Completed Covered Bridges Half Marathon 2008; 2009; 2011; 2012
Upper Valley Community Band Board Member 2007-2009
Volunteer Coach for Girls on the Run VT since 2009

Professional Experience Highlights

Clinical Social Worker, Birthing Pavilion/Intensive Care Nursery; Pediatric Cystic Fibrosis Program, Dartmouth Hitchcock Medical Center, Lebanon, NH
June 2011-Present
• Meet with at-risk mothers after delivery to assess for safety and post partum depression
• Help families cope with long term stays in the intensive care nursery
• Provide information and support to families with babies who are experiencing Neonatal Abstinence Syndrome
• Assist families with children diagnosed with Cystic Fibrosis with coping and navigating the system in order to provide for their children
• Assist with discharge planning of patients
• Provide emotional support and guidance for patients in an in-patient hospital setting

School-Based Clinician, Heath Care and Rehabilitation Services of Southeastern Vermont, Hartford, VT, April 2007-June 2011
• Provide individual therapy to high school students
• Attend IEP and team meetings as necessary
• Create individual treatment plans and psychosocial assessments

Clinical Case Manager/Behavioral Specialist, Easter Seals of New Hampshire, Manchester NH, November 2001 – June 2005; November 2005-April 2007
• Manage a caseload of 10-12 children with Pervasive Developmental Disorders in a therapeutic residential treatment facility

• Develop treatment plans and complete psychosocial assessments with a team approach based on each individuals strengths
• Handle on-call crisis intervention
• Supervise unit staff
• Ensure treatment goals are carried out by entire treatment team
• Maintain training in Therapeutic Crisis Intervention
• Provided in-home early intervention therapy to a child under three with Autism
•

Intern, Dartmouth-Hitchcock Concord, Concord, NH, November 2005-May 2006
• Provide crisis intervention as necessary to patients
• Assist patients in locating services in the community
• Provide patients assistance in applying for community services

Developmental Specialist, Cape Cod Child Development Program, Hyannis, MA, June 2005-October 2005
• Provide support and instruction to families of young children with developmental delays or who are at-risk for delays
• Conduct treatment in the natural setting, generally at home or in the community

Intern, Nashua Children's Home, Nashua NH, September 2004 – May 2005
• Provide family and individual therapy to court ordered youth in a residential treatment setting
• Complete case notes and court reports

Acting Director, Cradle & Crayon Child Development Center, Hanover, NH, April 2001 – October 2001
• Manage the duties of a Child Development Center
• Supervise a staff of 25 teachers
• Ensure curriculum planning is implemented in all classrooms

Child Protective Service Worker, State of New Hampshire Division of Children, Youth and Families, Claremont, NH, September 1999 – April 2001
• Investigate and assess reports of child abuse and/or neglect
• Court involvement as necessary
• Strengthened partnerships with community agencies and police departments

Agro-Forestry Extension Agent, Peace Corps, Mauritania, West Africa, July 1998 – April 1999
• Follow the Mission of the Peace Corps
• Explore and implement the environmental needs of a West African Village

Education

Masters of Social Work, University of New Hampshire-Manchester, 2006
Bachelor of Arts in Psychology, Centenary College, 1993

References furnished upon request

REFERENCES

Cover Letter

Resume
Christopher R. Lopez, PharmD, CDE

Education: B.S. Pharmacy: May 1999
University of Connecticut, School of Pharmacy
Storrs, CT

Doctor of Pharmacy (PharmD): May 2001
University of Connecticut, School of Pharmacy
Storrs, CT

Licenses: Registered Pharmacist (RPh.): State of Connecticut
License #9588
Date Licensed: July 2001

Registered Pharmacist (RPh): State of Maryland
License #17019
Date Licensed: December 2003

Registered Pharmacist (RPh.): State of New Hampshire
License #R2281
Date Licensed: May 2011

Employment:
Clinical Pharmacy Specialist: Population Health
Dartmouth Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756
(603) 650-4141
April 2013-present

Clinical Pharmacy Specialist (2011- November 2013)
Assistant Chief of Pharmacy (2008-2011)
Pharmacy Supervisor (June 2007-2008)
Veterans' Administration Medical Center (VAMC)
White River Junction, VT
(802) 295-9363
June 2007- November 2013

Employment (cont.):

Pharmacy/ Medical Equipment Manager
Northern Pharmacy at Overlea
Baltimore, MD
(410) 661-1655
September 2004- May 2007

Point of Care Pharmacist
The Johns Hopkins Hospital
Baltimore, MD
(410) 955-6505
November 2003- May 2007

Patient Care Pharmacist/ Coordinator: Diabetes Education Program
Peltons Drug Store & Home Health Care Center
100 Main St.
Middletown, CT 06457
(860) 347-2558
January 2001- November 2003

Professional Activities:

American Society of Health-System Pharmacists (ASHP)
Section of Ambulatory Care Practitioners' Advisory Group on Compensation and Practice Sustainability:
2014-present

New Hampshire Pharmacists' Association (NHPA)
President: 2016-2017
President-elect: 2015
Board of Directors: 2013-present

National Certification Board for Diabetes Educators (NCBDE)
Examination Committee Appointment
January 2014-December 2015

Medical Reserve Corps Volunteer
2004-present

Instructor: The Connecticut Pharmacists Association's
Online Pharmacist Refresher Course

Administered through Charter Oak State College
Hartford, CT
2003-present
Duties: Instructor: Module One

Professional Activities (cont.):

Connecticut Pharmacists Association (CPA)
Executive Committee member: 1999- 2000, 2003
Membership Committee member: 1999- 2004
Co-Chair: 2001- 2002
Pharmacist- Student Liaison Committee member: 1999- 2004
Co-Chair: 2003
Connecticut Pharmacist Board of Editors: 1999- 2003

Adjunct Professor: Pharmacy Practice
University of Connecticut, School of Pharmacy
Storrs, CT
2002- 2003
Duties: Adjunct Professor: PHRM 206, "Interpersonal Skills Development", Adjunct Instructor: PHRM 201, "Pharmaceutical Care I"

Instructor
Middlesex Community College
Middletown, CT
2002- 2003
Duties: Instructor: Pharmacy Technician Certification Course

Certifications:

Dartmouth-Hitchcock Value Institute
Greenbelt/Yellowbelt Quality Improvement Certifications
2015

Approved Collaborative Practice Application:
Hypertension and Diabetes
New Hampshire Board of Pharmacy
Approved: 11/13, 3/14

Certified Pharmacist-Immunizer
2013-present
New Hampshire Board of Pharmacy

Certified Diabetes Educator (CDE)
Certificate #20120568
Certification Date: 12/28/10

Certifications (cont.):

Delivering Medication Therapy Management Services
American Pharmacists Association (APhA)
May 2014

Pharmacy Based Diabetes Care and Education
University of Maryland/ American Pharmacists Association (APhA)

December 2006

Pharmacy Based Immunization Delivery
University of Maryland/ American Pharmacists Association (APhA)
September 2005

Pharmacy Partners in Diabetes Care (PPDC) Graduate: May 2002
Lifescan? Corp.
Miltpitas, CA

Disetronic? Certified D-Tron Plus? Insulin Pump Trainer

Basic Life Support (BLS) Provider
April 1998- current

Advanced Cardiac Life Support (ACLS) Provider
May 2004- current

Professional Organizations:

Member: American Society of Health-Systems Pharmacists (ASHP)

Member: New Hampshire Pharmacists' Association (NHPA)

Member: Granite State Diabetes Educators (GSDE)

Member: American Association of Diabetes Educators (AADE)

Alumni: Alpha Zeta Omega (AZO), National Pharmacy Fraternity

Contributions/ Publications:

Developer
Module One
The Connecticut Pharmacists Association's Online Pharmacists Refresher Course
Administered through Charter Oak State College

Contributor
"Treating Dyslipidemia in Diabetes Patients", Drug Topics Supplement: Targeting Diabetes. October 2003: pp. 24s-26s

Author/Presenter
AMGA Performance Improvement Series:
Expanding the Care Coordination Portfolio at Dartmouth Hitchcock
Webinar; 9/12/14

Author/Developer
ASHP Ambulatory Care Practice Resources
Medication Therapy Management (MTM)
http://www.ashp.org/menu/PracticePolicy/ResourceCenters/Ambulatory -Care/Patient-Care-and-Management

10/14/14

Member
Review, Localization, and Adoption Committee
Dartmouth-Hitchcock/ Knowledge Map
Hypertension Management Adult, Ambulatory Clinical Practice Guideline
Release Date: 1/22/15

Member
Review and Adoption Committee
Dartmouth-Hitchcock/ Knowledge Map
COPD Management Adult, Ambulatory Clinical Practice Guideline
Release Date:

Member
Review and Adoption Committee
Dartmouth-Hitchcock/ Knowledge Map
Diabetes Management Adult, Ambulatory Clinical Practice Guideline
Release Date:

Awards:

-Henry A. Palmer Scholarship Recipient: 2000
-AphA Senior Achievement Award: 2001
-APhA Mortar & Pestle Professionalism Award: 2001
-Connecticut Pharmacists Association/ Pharmacists Mutual Distinguished Young Pharmacist Award: 2004

Lori Manor Underwood, OTR, MBA, CPHQ

Professional Experience

New London Hospital, New London, NH

Vice President, Quality Improvement and Patient Safety ***July 2013 - present***
Senior Director, Quality Improvement and Projects ***August 2010 – June 2013***

Design, coordinate, and implement quality improvement programs and initiatives in the hospital and physician practices with collaboration and guidance of Senior Management and the strategic direction of the organization. Lead/consult on hospital-wide projects as needed.

- Provide expertise and oversee preparation for review by regulatory agencies
- Oversee quality reporting processes to CMS, State of New Hampshire, Insurance Companies and others
- Provide consultation to physicians and staff to continue improvement and innovation of clinical processes within the organization, as well as to assure that data is being used in quality improvement and risk management activities
- Lead and participate in facility and system-wide quality and patient safety initiatives and programs

Senior Director, Projects and Planning ***August 2005 – August 2010***

Collaborated with New London Hospital Strategic Planning Committee of the Board of Trustees and Senior Leadership in the coordination and leadership of special projects and planning. Collected, analyzed and presented supporting data for strategic initiatives. Served as an internal consultant to management and staff for project planning and implementation. Maintained awareness of political and legislative issues and assessed their impact on the business of healthcare. Major projects completed include:

- Participated as member of the Health Information System Implementation Steering Committee. Transition to McKesson Paragon information system initial phase completed November 2006.
- Coordinated the addition of outpatient clinical space in Grantham and New London, including leasing, local regulatory approvals, physical build outs and moves.
- Served as project manager for $21 million *"Building Towards the Future"* addition and renovation project completed October 2009. Coordinated architectural design process, completion of Certificate of Need application, approval and reporting processes, local regulatory review and approval processes, evaluation of construction management and other professional partners, and served as owner's representative during the construction process.
- In conjunction with the Strategic Planning Committee of the Board of Trustees, coordinated the ongoing evaluation of opportunities for potential future development of a continuing care retirement community on New London Hospital property.

***HEALTHSOUTH* Rehabilitation Hospital, Concord, NH**

Administrator / CEO ***June 1998 – July 2005***

Responsible for leadership of a 50 bed freestanding acute rehabilitation hospital, including both Inpatient and Outpatient operations. Accountable for all day–to–day operations, financial operations, medical staff activities and business development activities of the hospital. Responsible to ensure hospital compliance with all policies and procedures set forth by the Governing Board and Medical Staff, as well as those required by JCAHO and State Licensing Standards. Also responsible for oversight of Inpatient Division Management Contracts and relationships throughout New Hampshire and Vermont.

Whittier Rehabilitation Hospital, Haverhill, MA

Administrator — *November 1996 – May 1998*

Responsible for management of a 60 bed freestanding acute rehabilitation hospital including both Inpatient and Outpatient operations. Responsible for initiating systems to improve structure and delivery of effective, cost-efficient rehabilitation services and for development and implementation of business plans designed to improve operational systems, physician development, marketing, referral relations and volume management. In coordination and cooperation with Whittier Health Network Leadership, responsible for expanding the services provided by the hospital and for positioning the hospital as one component of the company's post-acute care network.

HEALTHSOUTH* CORPORATION** — ***July 1984 – October 1996

(Formerly AdvantageHEALTH Corporation), Birmingham, Alabama and Woburn, Massachusetts

Fletcher Allen Health Care, Burlington, VT

Administrative Director, Rehabilitation — ***July 1994 – October 1996***

New England Rehabilitation Hospital of Portland, Portland, ME

Senior Vice President, Administration — ***June 1993 – June 1994***

Vice President, Rehabilitation Services — ***June 1989 – June 1993***

The Farnum Rehabilitation Center, The Cheshire Medical Center, Keene, NH — ***July 1986 – June 1989***

Unit Administrator

New England Rehabilitation Hospital, Woburn, MA

Staff and Senior Staff Occupational Therapist — ***July 1984 – June 1986***

EDUCATION

***Southern New Hampshire University (formerly New Hampshire College)*, Graduate School of Business**

Master of Business Administration, March 1994

University of New Hampshire

Bachelor of Science, Occupational Therapy, Magna Cum Laude, May 1983

CERTIFICATION / LICENSURE

National Board of Certification in Occupational Therapy, Certification # AA472217
Massachusetts Occupational Therapy License # 1229
Massachusetts Nursing Home Administrator License #3142 – inactive
Certified Professional in Healthcare Quality, Certification # 00176391
Lean Six Sigma Greenbelt Certification

PROFESSIONAL ORGANIZATIONS

State of New Hampshire, Health Services Planning and Review Board member October, 2009 to August, 2013
American College of Healthcare Executives, Member
Governing Board Member, New England Rehabilitation Hospital of Portland, Portland, ME, 1998 – 2004
New Hampshire Hospital Association, Board of Trustees, 2002 - 2005

COMMUNITY ORGANIZATIONS

United Way of Merrimack County, Board of Governors, 2005-2010
Community Provider Network of Central New Hampshire, Member, 1998-2005, Treasurer and Executive Board Member, 2001-2005

New London Hospital Association, Inc.

Key Personnel

Name	Job Title	Salary*	% Paid from this Contract*	Amount Paid from this Contract*
Erin Angley	Medical Social Worker	$39,936	100%	$39,936
Karen Chase	Registered Nurse	$52,884	10%	$ 5,288
Christopher Lopez	Ambulatory Pharmacist	$87,360	33%	$29,232
Lori Underwood	VP QI & Patient Safety	$86,471	9%	$ 7,760

- For contract period July 1, 2017 – March 31, 2018

State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Primary Care Services Contract

This 3rd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #3") dated this, 20th day of October, 2016 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and The New London Hospital Association, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 273 County Road, New London, New Hampshire 03257.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #129), and amended on May 8, 2014 (Item #34A), and on June 24, 2015 (Item #58) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Exhibit B Amendment #2, paragraph 10, notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2, and within the Price Limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council, and

WHEREAS, the State and the Department agree to adjust budget amounts between State Fiscal Years 2016 and 2017, within the Price Limitation and within the Completion Date.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Except as specifically amended and modified by the terms and conditions in this Amendment #3, the obligations of the parties shall remain in full force and effect in accordance with the terms and conditions set forth in the Contract as referenced above.

2. Delete in its entirety Exhibit B-3 Amendment #2, and replace with Exhibit B-3 Amendment #3.

3. Delete in its entirety Exhibit B-6 Amendment #2, and replace with Exhibit B-6 Amendment #3.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/2/16
Date

NAME: LISA MORRIS
TITLE: DIRECTOR

The New London Hospital Association, Inc.

Dec 15, 2016
Date

NAME
TITLE President & CEO

Acknowledgement:

State of New Hampshire County of Merrimack on 12/15/16, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Coua L. Early
Name and Title of Notary or Justice of the Peace

My Commission Expires:

Coua L. Early
Notary Public - New Hampshire
My Commission Expires
January 27, 2021

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date	Name: Title:

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date	Name: Title:

EXHIBIT B-3 AMENDMENT #3

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: New London Hospital Association, Inc.

Budget Request for: Primary Care - SBIRT (Name of RFP)

Budget Period: July 1, 2015- June 30, 2016 (SFY 16)

Line Item	Total Program Cost: Direct Incremental	Total Program Cost: Indirect Fixed	Total Program Cost: Total	Contractor Share / Match: Direct Incremental	Contractor Share / Match: Indirect Fixed	Contractor Share / Match: Total	Funded by DHHS contract share: Direct Incremental	Funded by DHHS contract share: Indirect Fixed	Funded by DHHS contract share: Total
1. Total Salary/Wages	$ 44,871	$ -	$ 44,871	$ -	$ -	$ -	$ 44,871	$ -	$ 44,871
2. Employee Benefits	$ 11,079	$ -	$ 11,079	$ -	$ -	$ -	$ 11,079	$ -	$ 11,079
3. Consultants	$ 9,025	$ -	$ 9,025	$ -	$ -	$ -	$ 9,025	$ -	$ 9,025
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 6,525	$ -	$ 6,525	$ -	$ -	$ -	$ 6,525	$ -	$ 6,525
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 8,000	$ -	$ 8,000	$ -	$ -	$ -	$ 8,000	$ -	$ 8,000
SFY 2016 Carry Forward Amount	$ (8,000)	$ -	$ (8,000)	$ -	$ -	$ -	$ (8,000)	$ -	$ (8,000)
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 71,500	$ -	$ 71,500	$ -	$ -	$ -	$ 71,500	$ -	$ 71,500
Indirect As A Percent of Direct		0.0%							

Initials RpK
Date 6/5/15

EXHIBIT B-3 AMENDMENT #3

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: New London Hospital Association, Inc.

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016- June 30, 2017 (SFY 17)

Line Item	Total Program Cost: Direct Incremental	Total Program Cost: Indirect Fixed	Total Program Cost: Total	Contractor Share / Match: Direct Incremental	Contractor Share / Match: Indirect Fixed	Contractor Share / Match: Total	Funded by DHHS contract share: Direct Incremental	Funded by DHHS contract share: Indirect Fixed	Funded by DHHS contract share: Total
1 Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2 Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3 Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4 Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5 Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6 Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7 Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8 Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9 Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10 Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11 Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12 Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13 Other (specific details mandatory)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 125	$ -	$ 125	$ -	$ -	$ -	$ 125	$ -	$ 125
SFY 2016 Carry Forward Amount	$ 8,000	$ -	$ 8,000	$ -	$ -	$ -	$ 8,000	$ -	$ 8,000
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 8,125	$ -	$ 8,125	$ -	$ -	$ -	$ 8,125	$ -	$ 8,125
Indirect As A Percent of Direct		0.0%							

Initials BeK

Date 12/31/15

Item# 2 58
G+C Approved 6/24/15

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

Marcella Jordan Bobinsky
Acting Director

June 1, 2015

Her Excellency, Governor Margaret Wood Hassen
And the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **sole source** amendments with the vendors listed in the table below for the provision of primary care services, breast and cervical cancer screening services and screening, brief intervention and referral to treatment for alcohol and drug misuse by increasing the total price limitation by $8,986,056 from $10,143,156 to $19,129,212 and extending the completion date from June 30, 2015 to June 30, 2017 upon Governor and Executive Council approval. 75.2% General Funds / 24.8% Federal Funds

The original contract, approved in 2012, included a two (2) year renewal option. The Department exercised a one (1) year renewal in 2014. The Department is now seeking to extend the contracts for two (2) two additional years through these sole source amendments. The Governor and Executive Council approved the original contracts and subsequent amendments as follows:

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Ammonoosuc Community Health Services, Inc. (177755-R001)	North Grafton/ South Coos	6/20/12 (Item #128)	5/8/14 (Item #34A)	$667,687	$540,879	$1,208,566
Concord Hospital, Inc. (177653-B011)	Merrimack/ Hillsborough	6/20/12 (Item #133)	5/8/14 (Item #34A)	$992,198	$788,937	$1,781,135
Coos County Family Health Services (155327-B001)	Eastern Coos	6/20/12 (Item #130)	5/8/14 (Item #34A)	$427,142	$371,229	$798,371
Families First of the Greater Seacoast (166629-B001)	Seacoast Area	6/20/12 (Item #134)	5/8/14 (Item #34A)	$624,540	$506,291	$1,130,831

Families First of the Greater Seacoast (166629-B001)	Seacoast Area - Homeless	6/6/12 (Item #69)	5/8/14 (Item #34B)	$218,537	$240,101	$458,638
Goodwin Community Health Center (154703-B001)	Strafford County	6/20/12 (Item #135)	5/8/14 (Item #34A)	$1,095,268	$825,647	$1,920,915
Harbor Homes (155358-B001)	Southern Hillsborough County - Homeless	6/6/12 (Item #68)	5/8/14 (Item #34B)	$225,045	$209,393	$434,438
Health First Family Care Center (158221-B001)	Central/Eastern Belknap	6/20/12 (#131)	5/8/14 (Item #34)	$748,658	$586,113	$1,334,771
Indian Stream Health Center (165274-B001)	Northern Coos	6/20/12 (Item #125)	5/8/14 (Item #34A)	$259,157	$239,237	$498,394
Lamprey Health Care (177677-B001)	Central Southern/ Eastern NH	6/20/12 (Item #136)	5/8/14 (Item #34A)	$1,696,513	$1,299,195	$2,995,708
Manchester Community Health Center (157274-B001)	Greater Manchester	6/20/12 (Item #132)	5/8/14 (Item #34A)	$1,051,425	$1,435.139	$2,486,564
Manchester Health Department (177433-B009)	Greater Manchester - Homeless	6/20/12 (Item #124)	5/8/14 (Item #34B)	$232,205	$250,169	$482,374
Mid-State Health Center (158055-B001)	Central Northern Belknap	6/20/12 (Item #126)	5/8/14 (Item #34A)	$444,862	$406,811	$851,673
New London Hospital Association, Inc. (177167-R005)	Sullivan County	6/20/12 (Item #129)	5/8/14 (Item #34A)	$587,923	$487,419	$1,075,342
Weeks Medical Center (177171-R001)	Western Coos	7/11/12 (Item #31)	5/8/14 (Item #34A)	$292,483	$306,707	$599,190
White Mountain Community Health Center (174170-R001)	Northern Carroll	6/20/12 (Item #127)	5/8/14 (Item #34A)	$579,513	$492,789	$1,072,302
			Total:	**$10,143,156**	**$8,986,056**	**$19,129.212**

Funds are anticipated to be available in the following accounts for State Fiscal Years 2016 and in State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budgets with the ability to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified without further approval from the Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

Please see attachment for fiscal details.

EXPLANATION

These amendments are **sole source** because the Department is renewing the contracts for two (2) additional years after exercising a one (1) year renewal option in 2014 as allowable in Exhibit C, Special Provisions, paragraph 17 of the contracts, and adding to the scope of services for community health centers that provide primary care services, statewide.

This package includes sixteen (16) of sixteen (16) contracts being amended.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

Breast and cervical cancer screening services are provided as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap smears and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or

diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will add infrastructure to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will use funding to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. This request includes three (3) vendors who provide primary care and universal screening services to homeless individuals, who otherwise would have no access to health care. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, low-income individuals statewide may not have adequate access to primary care services. Some women may not receive recommended breast and cervical cancer screenings, which would increase their risk of having an untreatable stage of cancer. Additionally, undetected alcohol and drug misuse could result in increases of alcohol and drug related accidents and deaths, which would negatively impact NH citizens.

Area Served: Statewide.

Source of Funds: 75.2% General Funds

24.8% Federal Funds (CFDA #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse. FAIN #T1010035-14; CFDA #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds. FAIN # U58DP003930; CFDA #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States. FAIN #B04MC28113.)

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

Marcella Bobinsky
Acting Director
Division of Public Health Services

for Diane Langley
Acting Director
Division of Community Based Care Services

Approved by: Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services Contract

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") dated this, 30th day of April, 2015 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and The New London Hospital Association, Inc. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 273 County Road, New London, NH 03257.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #129) and amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34A), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, and Exhibit C, Special Provisions, Paragraph 17, the State may amend the contract terms and conditions and renew the contract for two (2) additional years by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for two additional years, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   June 30, 2017
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $1,075,342
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read:
   Eric D. Borrin
4. Form P-37, General Provisions, Item 1.10, State Agency Telephone Number, to read:
   (603) 271-9558
5. Delete Exhibit A, Scope of Services and Exhibit A-1 Amendment 1, Scope of Services and replace with Exhibit A – Amendment #2.
6. Delete Exhibit A-1 Amendment #1 - Performance Measures and replace with Exhibit A-1 Amendment #2 – Performance Measures.

7. Delete Exhibit B, Purchase of Services Contract Price and replace with Exhibit B – Amendment #2, Method and Conditions Precedent to Payment.
8. Add Exhibit B-1, Budget Form Primary Care through Exhibit B-6, Budget Form SBIRT.
9. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Period Covered by this Certification, to read:

   From 7/1/2012 to 6/30/2017
10. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read:

    July 1, 2012 through June 30, 2017
11. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

6/9/15
Date

NAME: Brook Dupee
TITLE: Bureau Chief Acting Director

The New London Hospital Association, Inc.

5/28/15
Date

NAME
TITLE President & CEO

Acknowledgement:
State of New Hampshire, County of Merrimack on May 28, 2015 before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Name and Title of Notary or Justice of the Peace

COUA L. EARLY
Notary Public - New Hampshire
My Commission Expires December 8, 2016

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/10/15
Date

Name: Megan A. Lynch
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. **Provisions Applicable to All Services**

   1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

   1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

   1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

   1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

      1.4.1. Uninsured.

      1.4.2. Underinsured.

      1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

   1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

      1.5.1. Uninsured.

      1.5.2. Underinsured.

      1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

   1.6. **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services shall be provided to all individuals who seek services described in Section 1.4 and Section 1.5, above.

   1.7. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

      1.7.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.7.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.7.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than a one month period.

2.2. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

2.2.1. Family income.

2.2.2. Family size.

2.2.3. Income in relation to the Federal Poverty Guidelines.

2.3. The Contractor shall assist individuals with completing a Medicaid application when income calculations indicate possible Medicaid eligibility.

2.4. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.5. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.5.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.5.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.3. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.4. Assessment of need for:

3.1.4.1. Tobacco cessation, including referral to NH Quitworks, as appropriate.

3.1.4.2. Social services.

3.1.4.3. Nutrition services, including WIC, as appropriate.

3.1.4.4. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.2.2. Care facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health.

3.2.3.2. Oral health.

3.2.3.3. Use of navigators and case management.

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

3.3. The Contractor can choose to provide enabling services, if the budget allows, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor can facilitate enabling services that include, but are not limited to:

3.3.1. Case management.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

3.4. The Contractor must elect to do at least one (1) quality improvement project which consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall facilitate a minimum of one (1) quality improvement project that includes, but is not limited to:

3.4.1. Enhancing clinical workflow/improve patient outcomes by methods that may include, but are not limited to:

3.4.1.1. Alerts.

3.4.1.2. Guidelines.

3.4.1.3. Diagnostic support.

3.4.1.4. Patient registries.

3.4.1.5. Collaborative learning sessions, etc.)

3.4.2. Implementing projects that lead to measurable improvements on any of the performance measures and indicators identified in Exhibit A-1 Amendment #2

3.4.3. Utilizing defined improvement processes to coordinate quality improvement activities.

3.4.4. Identifying and defining specific goals and objectives to be achieved in the project period.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

5.1. The Contractor shall develop the infrastructure necessary to provide and record Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance use for all eligible individuals ages nineteen (19) to sixty-five (65) years and for all pregnant women, regardless of age, receiving services in Section 3 and/or Section 4. The Contractor shall:

5.1.1. Provide training to integrated primary care and behavioral health teams to ensure SBIRT activities are conducted with fidelity to the model in Section 5.1.

5.1.2. Modify and/or adapt current Electronic Health Records (EHR) systems in order to track SBIRT:

5.1.2.1. Activities

5.1.2.2. Completions.

5.1.2.3. Recommendations and referrals.

5.1.2.4. Follow-ups.

5.1.3. Utilize Substance Use Disorder (SUD) codes in the EHR for billing that shall:

5.1.3.1. Enable submission for payment through NH Managed Care/Medicaid and other insurance companies.

5.1.3.2. Allow the generation of reports.

5.2. The Contractor shall implement SBIRT services by ensuring sufficient qualified staff are available to conduct SBIRT services according to the SBIRT model described by the Centers for Disease Control (CDC), available on-line at http/www.dcd.gov/ncddd/fasd/documents/aloholsbiimplementationguide.pdf. The Contractor shall:

5.2.1. Implement SBIRT services by including SBIRT activities in daily operations.

5.2.2. Use one or more of the screening instruments listed in Appendix E of "Systems-Level Implementation of Screening, Brief Intervention and Referral to Treatment. TAP 33" (2013 edition) (http://www.integration.samhsa.gov/sbirt/TAP33.pdf) and document screening in the electronic health record (EHR).

5.2.3. Conduct brief interventions with patients who screen positive for potential substance use concerns and document activities in the EHR.

5.2.4. Refer patients to Substance Use Disorder (SUD) treatment services as necessary, and ensure each patient has connected with the specific service

provider by documenting in the EHR, which is audited to ensure appropriate follow up.

5.2.5. Conduct SBIRT with covered populations that include all adults on an annual basis and pregnant women on a trimester basis.

5.3. Coordinate care between community health center (CHC) services and external treatment providers by collaborating with entities that provide SUD treatment services not available at the CHC. The Contractor shall:

5.3.1. Obtain client consents to contact service providers in order to resolve any barriers to accessing services.

5.3.2. Refer patients for SUD services, as needed.

5.3.3. Follow up with patient and/or SUD service provider to ensure appropriate services are provided.

5.3.4. Work with Regional Public Health Networks (RPHNs) to identify new SUD referral resources as they become available.

5.4. The Contractor shall test SBIRT fidelity with a subset of the target population prior to full implementation for all adults ages nineteen (19) to sixty-five (65) annually and pregnant women at each trimester.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall ensure staff delivering SBIRT services have, at minimum, one of the following:

6.3.1. Masters prepared behavioral health practitioners. This includes individuals licensed under the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board.

6.3.2. Masters prepared and in the process of obtaining a license from the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board, while under the supervision of a licensed practitioner of the same profession.

6.3.3. Physicians or Advanced Practice Registered Nurses licensed to practice in NH.

6.3.4. Physician Assistants or other practitioners under the supervision of a Physician licensed to practice in NH.

6.4. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.4.1. A registered nurse who:

6.4.1.1. Is licensed with the NH Board of nursing; or

6.4.1.2. Has attained bachelor's degree from a recognized college or university.

6.4.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.4.1.

6.5. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within one month of hired.

6.6. The Contractor shall notify the MCHS, in writing, when:

6.6.1. Any critical position is vacant for more than one month.

6.6.2. There is not adequate staffing to perform all required services for more than one month.

7. Coordination of Services

7.1. The Contractor shall coordinate referrals for continued care of treatment, or breast or cervical healthcare, with other service providers within the community, where possible.

7.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.2.1. Community needs assessments.

7.2.2. Public health performance assessments.

7.2.3. The development of regional health improvement plans.

7.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit an annual Workplan and Workplan Outcome Report for the quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.4. If utilizing any portion of this contract for enabling services, the Contractor shall submit an annual Workplan and Workplan Outcome Report that includes at least one (1) performance measure for each type of enabling service provided. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st.

9.6. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.7. The Contractor shall submit monthly Outcome Reports for SBIRT services according to the schedule and instructions provided by the MCHS. The Contractor shall:

9.7.1. Collect information that includes, but is not limited to:

9.7.1.1. Description of the training provided, including but not limited to:

9.7.1.1.1. The content of the training provided.

9.7.1.1.2. The number of staff who received training.

9.7.1.2. The number of:

9.7.1.2.1. Qualified staff conducting SBIRT

9.7.1.2.2. SBIRT billing codes developed.

9.7.1.2.3. SBIRT services billed to insurance.

9.7.1.3. Updates on any changes, enhancements or adaptations to SBIRT procedures in:

9.7.1.3.1. Technology based systems.

9.7.1.3.2. Staffing.

9.7.1.3.3. Coding and billing.

9.7.1.4. The total number of clients receiving SBIRT delineated by:

9.7.1.4.1. Percentage of clients receiving only screening.

9.7.1.4.2. Percentage of clients receiving brief interventions.

9.7.1.4.3. Percentage of clients referred for more intensive services who initiated services.

9.7.1.4.4. Percentage of clients referred for more intensive services who had problems connecting to services.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.2.3. SBIRT documentation, which includes but is not limited to:

10.2.3.1. SBIRT policies and procedures.

10.2.3.2. Staff credentials for all staff delivering SBIRT services

10.2.3.3. SBIRT procedures utilized and documented in patient records.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Exhibit A-1 – Amendment #2

1. PRIMARY CARE PERFORMANCE MEASURES

1.1. Breastfeeding

1.1.1. Percent of infants who are ever breastfed (Title V PM #10).

1.1.1.1. Numerator: Infants who were ever breastfed or received breast milk

1.1.1.2. Denominator: All infants born in a state fiscal year

1.2. Preventive Health: Lead Screening

1.2.1. Percent of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday. (CMS, Hedis).

1.2.1.1. Numerator: At least one capillary or venous blood test on or before the child's second birthday.

1.2.1.2. Denominator: Children who turn 2 years old during the state fiscal year.

1.3. Preventive Health: Adolescent Well-Care Visit

1.3.1. Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year (Hedis, Title V PM #7).

1.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

1.3.1.2. Denominator: Number of adolescents, ages 12 through 21 years of age.

1.4. Preventive Health: Depression Screening

1.4.1. Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen (ACO 18, NQF 0418).

1.4.1.1. Numerator: Patients who are screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan documented.

1.4.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.1.3. Denominator: All patients 12 years and older.

1.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

Contractor Initials: BQL
Date: 5/28/15

1.4.2. **Maternal Depression Screening** (Developmental: not required for FY 16)

1.4.2.1. **Percentage of women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.**

1.4.2.1.1. Numerator: Women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool and screen negative.

AND

Women who are screened for depression during the post-partum visit using an appropriate standardized depression screening tool, screen positive, AND have a follow-up plan documented.

1.4.2.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.2.1.3. Denominator: All women who are at least 6 weeks post-partum in a state fiscal year.

1.4.2.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

1.5. **Preventive Health: Obesity Screening**

1.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (ACO 16, NQF 0421, HRSA UDS).

1.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

1.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters.

1.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist,

occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

1.5.1.4. Denominator: All patients aged 18 years and older who had at least one medical visit during the state fiscal year.

1.5.2. Percent of patients aged 2 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (HRSA UDS).

1.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

1.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

1.6. **Preventive Health: Tobacco Screening**

1.6.1. Percent of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user (ACO 17, NQF 0028, HRSA UDS).

1.6.1.1. Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.1.2. Definitions:

1.6.1.2.1. Tobacco Use: Includes any type of tobacco

1.6.1.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.1.3. Denominator: All patients aged 18 years and older seen for at least two visits ever

1.6.2. Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user (Title V, PM #15).

1.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.2.2. Definitions:

1.6.2.2.1. Tobacco Use: Includes any type of tobacco

1.6.2.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.2.3. Denominator: All women who delivered a live birth in a state fiscal year

1.7. **At Risk Population: Hypertension**

1.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year** (ACO 28, NQF 0018).

1.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm Hg at the time of their last measurement.

1.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)

1.8. **Patient Safety: Falls Screening**

1.8.1. **Percent of patients aged 65 years and older who were screened for future fall risk at least once within 12 months** (ACO 13, NQF0101).

1.8.1.1. Numerator: Patients who were screened for future fall risk at least once within 12 months.

1.8.1.2. Definition of Fall: a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force.

1.8.1.3. Numerator note: Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year.

1.8.1.4. Denominator: All patients aged 65 years and older

1.8.1.5. Excluded from denominator population: (Exclusion only applied if patient was not screened for future fall risk) Documentation of medical reason(s) for not screening for future fall risk (e.g. patient is not ambulatory)

2. BCCP PERFORMANCE MEASURES

2.1. BCCP Performance Measure #1

2.1.1. **Measure:*** 78% of female patients age 24 through 64 years of age screened for cervical cancer per USPSTF guidelines.

2.1.2. **Numerator** – Number of female patients 24 through 29 years of age who have had a documented pap in the past 3 years AND female patients 30-64 who have either had a pap in the past 3 years OR an HPV test and a pap in the past 5 years

2.1.3. **Denominator** – Number of female patients 24 through 64 years of age who have had a visit in the past year and do not have evidence of having had a total hysterectomy.

2.1.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.1.5. *Measure based on the UDS measure

2.1.6. **Healthy People 2020 National Target is 93%

2.2. BCCP Performance Measure #2

2.2.1. **Measure:*** 75% of female patients age 52 through 74 years of age screened for breast cancer per USPSTF guidelines.

2.2.2. **Numerator** – Number of female patients 52 through 74 years of age who have had a documented mammogram in the past 24 months.

2.2.3. **Denominator** – Number of female patients 52 through 74 years of age who have had a visit in the past year and do not have evidence of having had a bilateral mastectomy.

2.2.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.2.5. *Measure based on the USPSTF Guidelines

2.2.6. ** Healthy People 2020 National Target is 81.1%

Contractor Initials: BPK

Date: 5/20/15

3. SBIRT PERFORMANCE MEASURES

3.1. **Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services**

3.1.1. **Numerator:** Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention or referral to services.

3.1.2. Definitions

3.1.2.1. Substance Use: Includes any type of alcohol or drug.

3.1.2.2. Brief Intervention: Includes guidance or counseling.

3.1.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.1.3. Denominator: Number of patients aged 18 years and older seen for annual visit within 12 months.

3.2. **Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services**

3.2.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

3.2.2. Definitions:

3.2.2.1. Substance Use: Includes any type of alcohol or drug.

3.2.2.2. Brief Intervention: Includes guidance or counseling.

3.2.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the state fiscal year.

Contractor Initials: BDK

Date: 5/23/16

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   - 2.1. #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse.
   - 2.2. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   - 2.3. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #2, Scope of Services, in accordance with Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2.
4. The Contractor shall use and apply the amount in the SBIRT line item in Exhibit B-3 and Exhibit B-6 on actual SBIRT services provided.
5. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
6. Payment for said services shall be made as follows:
   - 6.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for:
     - 6.1.1. Authorized expenses incurred in the prior month.
     - 6.1.2. The units of SBIRT services provided, in accordance with Exhibit A – Amendment #2, Section 5.2.2 through Section 5.2.5 and Section 5.3.1 through Section 5.3.3, which shall be paid on a fee-for-service basis at the following rates:
       - 6.1.2.1. $29.86 for each unit of service that is 15-30 minutes.
       - 6.1.2.2. $57.31 for each unit of service that is more than 30 minutes.
   - 6.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   - 6.3. The invoice must be submitted by mail or e-mail to:

     Financial Manager
     Department of Health and Human Services
     129 Pleasant Street
     Concord, NH 03301

     E-mail: dphscontractbilling@dhhs.state.nh.us

Contractor Initials: BPK
Date: 5/15/15

7. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
8. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
9. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
10. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: BQL

Date: 5/28/15

EXHIBIT B-3 AMENDMENT #2

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services										
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD										
Bidder/Program Name:	New London Hospital Association									
Budget Request for:	Primary Care - SBIRT									
Budget Period:	July 1, 2015- June 30, 2016 (SFY 16)									
	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share			
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	
1. Total Salary/Wages	$ 44,871	$ -	$ 44,871	$ -	$ -	$ -	$ 44,871	$ -	$ 44,871	
2. Employee Benefits	$ 11,079	$ -	$ 11,079	$ -	$ -	$ -	$ 11,079	$ -	$ 11,079	
3. Consultants	$ 9,025	$ -	$ 9,025	$ -	$ -	$ -	$ 9,025	$ -	$ 9,025	
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
11. Staff Education and Training	$ 8,525	$ -	$ 8,525	$ -	$ -	$ -	$ 8,525	$ -	$ 8,525	
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
13. Other (specific details mandatory)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
SBIRT Services	$ 8,000	$ -	$ 8,000	$ -	$ -	$ -	$ 8,000	$ -	$ 8,000	
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
TOTAL	$ 79,500	$ -	$ 79,500	$ -	$ -	$ -	$ 79,500	$ -	$ 79,500	
Indirect As A Percent of Direct		0.0%								

Contractor Initials BPK

Date 3/26/15

EXHIBIT B-6 AMENDMENT #2

SBIRT BUDGET SHEETS

New Hampshire Department of Health and Human Services

COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name:	New London Hospital Association
Budget Request for:	Primary Care - SBIRT
Budget Period:	July 1, 2016- June 30, 2017 (SFY 17)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 125	$ -	$ 125	$ -	$ -	$ -	$ 125	$ -	$ 125
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 125	$ -	$ 125	$ -	$ -	$ -	$ 125	$ -	$ 125
Indirect As A Percent of Direct		0.0%							

Contractor Initials BDK

Date 5/26/16

5/8/14
34A MJ

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

G & C Approved
Date 5/8/14
Item #34A

March 28, 2014

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Retroactive
Sole Source
13% Federal Funds
87% General funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend agreements with 13 vendors by increasing the total price limitation by $4,293,569 from $5,173,800 to $9,467,369 to provide primary care services. This amount includes a request to **retroactively** enter into **sole-source** amendments in an amount of $648,347, effective **retroactive** to July, 1, 2013 through June 30, 2014 and to exercise a one-year renewal option with the same 13 vendors in an amount of $3,645,222, extending the completion date from June 30, 2014 to June 30, 2015, effective upon Governor and Council approval. Twelve of these agreements were originally approved by Governor and Council on June 20, 2012, Item numbers 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, and one agreement was originally approved by Governor and Council on July 11, 2012, Item number 31.

Summary of contracted amounts by vendor:

Vendor	Location	SFY 2014 Amount	SFY 2015 Amount	Total Increase
Ammonoosuc Community Health	North Grafton/ South Coos	$42,661	$254,172	$296,833
Concord Hospital, Inc.	Merrimack/ Hillsborough	$64,413	$376,377	$440,790
Coos County Family Health	Eastern Coos	$24,351	$159,685	$184,036
Families First of the Greater Seacoast	Seacoast Area	$41,892	$242,094	$283,986
Goodwin Community Health	Strafford County	$74,293	$420,579	$494,872
Health First Family Care Center	Central/Eastern Belknap	$55,968	$292,214	$348,182
Indian Stream Health Center	Northern Coos & Colebrook	$18,030	$100,409	$118,439
Lamprey Health Care, Inc.	Central Southern/Eastern NH	$119,828	$654,249	$774,077
Manchester Community Health Center	Greater Manchester Area	$71,392	$407,637	$479,029
Mid-State Health Center	Central Northern Belknap	$35,001	$175,511	$210,512
The New London Hospital, Inc.	Sullivan County	$39,566	$225,093	$264,659
Weeks Medical Center	Western Coos	$20,652	$113,557	$134,209
White Mountain Community Health	Northern Carroll	$40,300	$223,645	$263,945
TOTAL		**$648,347**	**$3,645,222**	**$4,293,569**

Funds to support this request are available in the following accounts for SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

See attachment for financial details

EXPLANATION

Approval is requested **retroactive** to July 1, 2013. The services provided by these contracts are consistent with prior contracts and were included in the operating budget for SFY 2014 and SFY 2015. Contracts were delayed, however, since the exact amount of funding available was only recently determined. The SFY 2014 amendments are **sole source** because they exceed more than 10% of the original contract amount.

This requested action seeks approval of 13 amendments that represents $4,293,569 total anticipated to be spent statewide to continue breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services, and because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program

provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, low-income individuals statewide may not have adequate access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Contracts were awarded to Primary Care agencies through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by teams of three professionals. All reviewers have between three to 20 years' experience managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, these competitively procured Agreements have the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Department is exercising one year of this renewal option.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. All Primary Care vendors are making adequate progress in meeting clinical performance measures and the Departments wishes to continue working with the vendors for another year.

The performance measures as described in the contract amendment Exhibit A – Amendment 1 – Performance Measures, will be used to continue to measure the effectiveness of the agreement.

Area to be served is statewide.

Source of Funds: 13.09% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau; Centers for Disease Control and Prevention and 86.91% 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,

Brook Dupee for

José Thier Montero, MD, MHCDS
Director

Approved by:

Nicholas A. Toumpas
Commissioner

5/8/14
34A

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
The New London Hospital Association, Inc.

This 1st Amendment to The New London Hospital Association, Inc., contract (hereinafter referred to as "Amendment One") dated this 25th day of March, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and The New London Hospital Association, Inc., (hereinafter referred to as "the Contractor"), a corporation with a place of business at 273 County Road, New London, New Hampshire 03257.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the Department desires to provide additional primary health care services for preventive and episodic health care for acute and chronic health conditions for people of all ages.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $587,923

- Exhibit A, Scope of Services to add:
  Exhibit A – Amendment 1

- Exhibit B, Purchase of Services, Contract Price, to add:

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $39,566 for SFY 2014 and $225,093 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $39,566 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $198,401 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

Contractor Initials: ASK
Date: 3/25/14

- $26,692 from 05-95-90-902010-5659-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.283;

  Add Paragraph 8
  8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

- Budget, to add:
  Exhibit B-1 (2014) - Amendment 1,
  Exhibit B-1 (2015) - Amendment 1

This amendment shall be in effect July 1, 2013, effective upon the date of Governor and Executive Council approval.

Contractor Initials: BPK
Date: 3/25/14

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

3/28/14
Date

Brook Dupee
Bureau Chief

The New London Hospital Association, Inc.

3/25/14
Date

Name: Bruce P. King
Title: President & CEO

Acknowledgement:

State of New Hampshire, County of Merrimack on March 25, 2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

ERICA M. BELISLE, Notary Public
My Commission Expires March 30, 2016

Name and Title of Notary or Justice of the Peace

Contractor Initials: BPK
Date: 3/25/14

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4-3-14
Date

Name: Rosemary Wiant
Title: Asst Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: RPK
Date: 3/25/14

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

May 15, 2012

APPROVED
DATE
APPROVED G&C # 129
DATE 6/20/12
NOT APPROVED

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with The New London Hospital Association, Inc. (Vendor #177167-R005), 273 County Road, New London, New Hampshire 03257, in an amount not to exceed $323,264.00, to provide primary care services and breast and cervical cancer screening, to be effective July 1, 2012 or date of Governor and Executive Council approval, whichever is later, through June 30, 2014. Funds are available in the following accounts for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budgets.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080000	$132,457
SFY 2014	102-500731	Contracts for Program Services	90080000	$132,457
			Sub-Total	$264,914

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080081	$29,175
SFY 2014	102-500731	Contracts for Program Services	90080081	$29,175
			Sub-Total	$58,350
			Total	$323,264

EXPLANATION

Funds in this agreement will be used to provide breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. This agreement provides funds for services as a last resort; contractor is required to make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. For example, in State Fiscal Year 2011:

- 88% of eligible children served were enrolled in Medicaid/Healthy Kids Gold.
- 86% of children 24-35 months, served received the appropriate schedule of immunizations.
- 82% of infants born to women served received prenatal care beginning in the first trimester of pregnancy.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, a minimum of 500 low-income individuals in Sullivan County may not have access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late-diagnosis of breast and cervical cancers.

The New London Hospital Association, Inc. was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by three professionals, who work internal and external to the Department of Health and Human Services. All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services, and managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. In those instances where scores were less than ideal, agency specific remedial actions were recommended and completed. Some primary care agencies are being funded at levels higher than they requested. Agencies were instructed to develop budgets based on previous allocations. While some proposed budgets higher than what was available for funding, others proposed budgets lower than what was available. There was an increase in breast and cervical cancer screening funds that bidders were unaware of when they drafted budgets. Adjustments were made accordingly for those agencies that proposed budgets at levels lower than available funds. This is a contract where that situation occurred. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. These services were contracted previously with this agency in SFY 2011 and SFY 2012 in the amount of $547,604. This represents a decrease of $224,340. The decrease is due to budget reductions.

The performance measures used to measure the effectiveness of the agreement are attached.

Area served: Sullivan County.

Source of Funds: 34.40% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 65.60% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

José Thier Montero, MD
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/PMT/sc

Program Name DPHS, Maternal and Child Health
Contract Purpose Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Ammonoosuc Community Health Services, Inc., 25 Mount Eustis Rd., Littleton, NH 03561	Coos County Family Health Services, Inc., 54 Willow St., Berlin, NH 03570	Concord Hospital, Inc., 250 Pleasant St., Concord, NH 03301	Families First of the Greater Seacoast, 100 Campus Drive, Portsmouth, NH 03801	Goodwin Community Health, 311 Route 108, Somersworth, NH 03878	Health First Family Care Center, 841 Central St., Franklin, NH 03235	Manchester Community Health Center, 145 Hollis St., Manchester, NH 03101	Mid-State Health Center, 101 Boulder Point Dr., Plymouth, NH 03764
Agy Capacity	30	29.00	28.00	28.00	29.00	29.00	25.00	29.00	28.00
Program Structure	50	46.00	45.00	47.00	48.00	48.00	39.00	46.00	45.00
Budget & Justification	15	14.00	15.00	15.00	15.00	12.00	13.00	15.00	12.00
Format	5	4.00	5.00	5.00	5.00	4.00	4.00	5.00	5.00
Total	100	93.00	93.00	95.00	97.00	93.00	81.00	95.00	90.00

BUDGET REQUEST								
Year 01	$339,156.25	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 02	$347,976.97	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 03	$0.00	-	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET REQUEST	$687,133.22	237,918.00	$551,408.00	$327,586.00	$584,604.00	$398,254.00	$556,404.00	$234,350.00
BUDGET AWARDED								
Year 01	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 02	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 03	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET AWARDED	$370,854.00	$243,106.00	$551,408.00	$340,554.00	$600,396.00	$400,476.00	$572,396.00	$234,350.00

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	to twenty years experience
3	Lia Biroody	Program Coordinator	NH DHHS, DPHS, BCCP	either in clinical settings,
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	providing community-based
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	family support services and or
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	managing agreements with
7	Terry Ohlson-Martin	Co-Director	Family Voices	vendors for various public
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	health programs. Areas of
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	specific expertise include
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm	maternal & child health,
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	quality assurance & performance
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	improvement, chronic and
				communicable diseases and
				public health infrastructure

Program Name: DPHS, Maternal and Child Health
Contract Purpose: Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	The New London Hospital, Inc., 273 County Rd., New London, NH 03257	Weeks Medical Center, 170 Middle St., Lancaster, NH 03584	White Mountain Community Health Center, 298 White Mountain Hwy., Conway, NH 03818	Lamprey Health Care, Inc., 207 South Main St., Newmarket, NH 03857	Indian Stream Health Center, 141 Corliss Lane, Colebrook, NH 03576	0	0	0
Agy Capacity	30	27.00	28.00	21.00	29.00	23.00	0.00	0.00	0.00
Program Structure	50	40.00	43.00	38.00	45.00	35.00	0.00	0.00	0.00
Budget & Justification	15	9.00	15.00	15.00	13.00	9.00	0.00	0.00	0.00
Format	5	4.00	5.00	3.00	5.00	5.00	0.00	0.00	0.00
Total	100	80.00	91.00	77.00	92.00	72.00	0.00	0.00	0.00

BUDGET REQUEST									
Year 01		$156,450.00	$79,137.00	$136,673.00	$456,331.00	$136,356.00	-	-	-
Year 02		$156,450.00	$79,137.00	$136,673.00	$456,331.00	$136,356.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET REQUEST		$312,900.00	$158,274.00	$313,346.00	$912,662.00	$272,712.00	-	-	-
BUDGET AWARDED									
Year 01		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 02		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET AWARDED		$323,264.00	$158,274.00	$315,568.00	$922,436.00	$140,718.00	-	-	-

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	to twenty years experience
3	Lin Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	either in clinical settings
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	providing community-based
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	family support services and or
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	managing agreements with
7	Terry Ohlson-Martin	Co-Director	Family Voices	vendors for various public
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	health programs. Areas of
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	specific expertise include
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm.	maternal & child health,
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	quality assurance & performance
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	improvement, chronic and
				communicable diseases and
				public health infrastructure

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Prenatal (PN) Performance Measure #1

Measure: Percent of infants born to women receiving prenatal care beginning in the first trimester of pregnancy.

Primary Care Prenatal (PN) Performance Measure #2

Measure: Percent of pregnant women identified as cigarette smokers that are referred to QuitWorks-New Hampshire.

Primary Care Prenatal (PN) Performance Measure #3

Measure: Percent of pregnant women who were screened, using a formal valid screening tool, for alcohol and other drug use during every trimester the patient was enrolled.

Primary Care Child Health Direct (CH – D) Performance Measure #1

Measure: Percent of eligible children enrolled in Medicaid

Primary Care Child Health Direct (CH – D) Performance Measure #2

Measure: Percent of at-risk children who were screened for blood lead between 18 and 30 months of age

Primary Care Child Health Direct (CH – D) Performance Measure #3

Measure: Percent of children age two to nineteen years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85th percentile with documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Primary Care Child Health Direct (CH – D) Performance Measure #4

Measure: Percent of eligible infants and children with client record documentation of enrollment in Women Infant Children Program.

Primary Care Child Health Direct (CH – D) Performance Measure #5

Measure: Percent of infants who were exclusively breastfed for the first three months, at their four month well baby visit.

Primary Care Financial (PC) Performance Measure #1

Measure: Patient Payor Mix

Primary Care Financial (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Primary Care Financial (PC) Performance Measure #3

Measure: Current Ratio

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: Percent of adolescents aged 10-21 years who received annual health maintenance visits in the past 12 months.

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure: Percent of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid.

Subject: Primary Care Services

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name The New London Hospital Association, Inc.		1.4 Contractor Address 273 County Road New London, New Hampshire 03257	
1.5 Contractor Phone Number 603-526-5512	1.6 Account Number 010-090-5190-102-500731 010-090-5659-102-500731	1.7 Completion Date June 30, 2014	1.8 Price Limitation $323,264
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature Bruce P. King		1.12 Name and Title of Contractor Signatory Bruce P. King, President & CEO	

1.13 Acknowledgement: State of NH, County of Merrimack

On 4/5/12, before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

[Seal] Coua Early

COUA L. EARLY
Notary Public - New Hampshire
My Commission Expires December 8, 2016

1.13.2 Name and Title of Notary or Justice of the Peace

Coua Early, Notary

1.14 State Agency Signature	1.15 Name and Title of State Agency Signatory Joan H. Ascheim, Bureau Chief
1.16 Approval by the N.H. Department of Administration, Division of Personnel *(If applicable)* By:	Director, On:
1.17 Approval by the Attorney General (Form, Substance and Execution) By: Jeanne P. Herrick, Attorney	On: 29 May 2012
1.18 Approval by the Governor and Executive Council By:	On:

NH Department of Health and Human Services

Exhibit C

SPECIAL PROVISIONS

1. **Contractors Obligations:** The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

2. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

3. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

4. **Documentation:** In addition to the determination forms, required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

5. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

6. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

7. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

8. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party fundors for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party fundors, the Department may elect to:

    8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

Contractor Initials: RPK

Date: 4/5/12

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

9. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

9.1 **Fiscal Records:** Books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

9.2 **Statistical Records:** Statistical, enrollment, attendance, or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

10.1 **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

10.2 **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directed connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

Contractor Initials: BAK

Date: 7/5/12

Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

12. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department

    12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

    12.2 Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

13. **Completion of Services: Disallowance of Costs:** Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14. **Credits:** All documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

    14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. **Operation of Facilities:** Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the Contractor with respect to the operation of the facility or the provision of the services at such facility. If any government license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

BPK

Contractor Initials: 4/5/12

Date: _____

16. **Insurance:** Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed $500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed $500,000, is comprehensive general liability insurance in amounts of not less than $1,000,000 per claim or occurrence and $2,000,000 in the aggregate. *These amounts may NOT be modified.*

X (1) The contractor certifies that it IS a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does not exceed $500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $250,000 per claim and $2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

☐ (2) The contractor certifies it does NOT qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

18. **Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:**

4. CONDITIONAL NATURE OF AGREEMENT.
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

Contractor Initials: BPK

Date 4/5/12

19. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

Contractor Initials: ASPK

Date: 4/5/12

State of New Hampshire
Department of Health and Human Services
Amendment #4 to the Primary Care Services Contract

This 4th Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #4") dated this, 1st day of May, 2017 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Weeks Medical Center. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 170 Middle Street, Lancaster, New Hampshire 03584.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 11, 2012 (Item #31) as amended by an agreement (Amendment #1 to the Contract) approved by the Governor and Executive Council on May 8, 2014 (Item #34A); as amended by an agreement (Amendment #2 to the Contract) approved by the Governor and Executive Council on June 24, 2015 (Item #58); as amended by an agreement (Amendment #3) approved by the Department on December 21, 2016; the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement the State may amend the contract terms and conditions by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for nine (9) months, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   March 31, 2018
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $670,508
3. Add Exhibit A- Amendment #4, Scope of Services.
4. Add Exhibit A-1 – Amendment #4, Performance Measures
5. Add Exhibit B – Amendment #4, Method and Conditions Precedent to Payment.
6. Add Exhibit B-1 – Amendment #4 MCHS Budget.
7. Add Exhibit B-2 – Amendment #4, BCCP Budget.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

5/25/17
Date

NAME: LISA MORRIS
TITLE: Director, DPHS

Weeks Medical Center

05/09/2017
Date

NAME Michael Lee
TITLE President

Acknowledgement:
State of New Hampshire, County of Coos on 05/09/2017, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Kathy St. Onge
Name and Title of Notary or Justice of the Peace

KATHY ST. ONGE, Notary Public
State of New Hampshire
My Commission Expires June 1, 2021

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/5/2017
Date

Name: Nancy J. Smith
Title: Sr. Asst. Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

_____
Date

_____
Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.6.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.6.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.6.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than thirty (30) consecutive days or any sixty (60) non-consecutive days.

2.2. The Contractor shall assist individuals with completing a Medicaid/Expanded Medicaid or other health insurance application when income calculations indicate possible eligibility.

2.3. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.4. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.4.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.4.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Perinatal services, including but not limited to access to obstetrical services either on-site or by referral.

3.1.3. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.4. Integrated Behavioral Health Services.

3.1.5. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.6. Assessment of need and follow-up/referral as indicated for:

3.1.6.1. Tobacco cessation, including referral to QuitWorks-NH, www.QuitWorksNH.org.

3.1.6.2. Social services.

3.1.6.3. Chronic Disease management, including disease specific referral and self-management education, which may include, but is not limited to referral to Diabetes Self-

Management Education (DSME), as recommended by the American Diabetes Association.

3.1.6.4. Nutrition services, including WIC, as appropriate.

3.1.6.5. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.1.6.6. Screening, Brief Intervention and Referral to Treatment (SBIRT) services, including but not limited to contact with the Regional Public Health Network Continuum of Care Development Initiative.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which includes but is not limited to access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.3. The Contractor shall provide enabling services, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor shall facilitate enabling services that include, but are not limited to:

3.3.1. Case management, which may include but is not limited to, care facilitated by registries; information technology; health information exchanged; and other services that ensure patients receive necessary care when and where it is needed and wanted 8in a culturally and linguistically appropriate manner.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach, which may include but is not limited to the use of community health workers.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 – Amendment #3 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Quality Improvement

5.1. The Contractor shall conduct a minimum of two (2) quality improvement projects which consist of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall ensure:

5.1.1. One (1) quality improvement project focuses on the performance measure as designated by the Department.

5.1.2. One (1) quality improvement project is based on previous performance outcomes needing improvement, as selected by the Contractor.

5.2. The Contractor shall utilize Quality Improvement (QI) science to develop and implement a QI Workplan for each QI project, which shall include but not be limited to:

5.2.1. Specific goals and objectives for the project period.

5.2.2. Evaluation methods to demonstrate improvements in the quality, efficiency, and effectiveness of patient care.

5.3. The Contractor may utilize activities in QI projects that enhance clinical workflow and improve patient outcomes, which may include but are not limited to:

5.3.1. EMR prompts/alerts.

5.3.2. Protocols/Guidelines.

5.3.3. Diagnostic support.

5.3.4. Patient registries.

5.3.5. Collaborative learning sessions.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care services who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within thirty (30) days of hire.

6.4. The Contractor shall notify the MCHS, in writing, when:

6.4.1. Any critical position is vacant for more than thirty (30) days.

6.4.2. There is not adequate staffing to perform all required services for more than thirty (30) consecutive days or any sixty (60) nonconsecutive days.

6.5. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.5.1. A registered nurse who:

6.5.1.1. Is licensed with the NH Board of nursing; or

6.5.1.2. Has attained bachelor's degree from a recognized college or university.

6.5.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.5.1.

7. Coordination of Services

7.1. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.1.1. Community needs assessments.

7.1.2. Public health performance assessments.

7.1.3. The development of regional health improvement plans.

7.2. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit a Performance Measure Outcome Report, which details the plan for improvement when a performance measure targeted goal is not met.

9.4. The Contractor shall submit an annual Workplan for the two (2) quality improvement projects that demonstrate improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall submit at least one (1) annual Workplan that includes a detailed description of the enabling services funded by this contract. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.6. The Contractor shall collect and submit the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st of each contract year.

9.7. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Contractor's Initials: [signature]

Date 5/9/17

Exhibit A-1 – Amendment #4

1. MATERNAL AND CHILD HEALTH SECTION (MCHS) PRIMARY CARE PERFORMANCE MEASURES

1.1. Definitions

1.1.1. **Measurement Year** – Measurement Year consists of 365 days and is defined as either:

1.1.1.1. The calendar year (January 1st through December 31st); or

1.1.1.2. The state fiscal year (July 1st through June 30th).

1.1.2. **Medical Visit –** Medical visit is defined as any office visit including all well-care and acute-care visits.

1.1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.1.4. **NQF** – National Quality Forum

1.1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.1.6. **UDS** – Uniform Data System

1.1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. Breastfeeding

2.1.1. **Percent of infants who are ever breastfed** (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. Preventive Health: Lead Screening

2.2.1. **Percent of children 3 years of age who had two or more capillary or venous lead blood test for lead poisoning by their third birthday.** (NH MCHS).

2.2.1.1. Numerator: All patient children who received at least one capillary or venous lead screening test between nine (9) months to eighteen (18) months of age **AND** one (1) capillary or venous lead screening test between nineteen (19) to thirty (30) months of age.

2.2.1.2. Denominator: All patient children who turned three (3) years old during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. Preventive Health: Adolescent Well-Care Visit

Contractor Initials: MDK
Date: 5/9/17

2.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (HEDIS,).

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. **Maternal Depression Screening**

2.4.2.1. **Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative PLUS women who screened positive AND have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

2.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (NQF 0421, UDS).

2.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit OR within twenty-four (24) months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who delivered a live birth in the measurement year.

2.6.2.4. Definitions:

2.6.2.4.1. Tobacco Use: Includes any type of tobacco

2.6.2.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

2.7. **At Risk Population: Hypertension**

2.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHG) during the measurement year** (NQF 0018).

2.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm HG at the time of their last measurement.

2.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension (must have been diagnosed with hypertension 6 or more months before the measurement date) who had at least one (1) medical visit during the measurement year. (Excludes pregnant women and patients with End Stage Renal Disease.)

2.8. **Patient Safety: Falls Screening**

2.8.1. **Percent of patients aged 65 years and older who were screened for fall risk at least once within 12 months** (NH MCHS).

2.8.1.1. Numerator: Patients who were screened for fall risk at least once within the measurement year.

2.8.1.2. Denominator: All patients aged 65 years and older seen by a health care provider within the measurement year.

2.9. **SBIRT**

2.9.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services (NH MCHS).

2.9.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention and/or referral to services.

2.9.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.1.3. Denominator: Number of patients aged 18 years and older seen for annual/preventive visit within the measurement year.

2.9.1.4. Definitions:

2.9.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.9.1.4.2. Brief Intervention: Includes guidance or counseling.

2.9.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.9.2. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services (NH MCHS).

2.9.3. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

2.9.4. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.5. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.9.6. Definitions:

2.9.6.1. Substance Use: Includes any type of alcohol or drug.

2.9.6.2. Brief Intervention: Includes guidance or counseling.

2.9.6.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A – Amendment #4, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   2.1. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   2.2. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #4, Scope of Services, in accordance with Exhibit B-1 Amendment #4 through Exhibit B-2 Amendment #4.
4. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
5. Payment for said services shall be made as follows:
   5.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
   5.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   5.3. The invoice must be submitted by mail or e-mail to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

   E-mail: dphscontractbilling@dhhs.state.nh.us
6. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
8. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
9. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #4 through Exhibit B-2 Amendment #4 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: _____
Date: 5/9/17

Exhibit B-1 Budget Amendment #4

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Weeks Medical Center

Budget Request for: Primary Care

Budget Period: July 1, 2017 - March 31, 2018

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**
1. Total Salary/Wages	$ 170,129.51	$ -	$ 170,129.51	$ 104,150.51	$ -	$ 104,150.51	$ 65,979.00	$ -	$ 65,979.00
2. Employee Benefits	$ 42,532.38	$ -	$ 42,532.38	$ 42,532.38	$ -	$ 42,532.38	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ 63,798.57	$ -	$ 63,798.57	$ 63,798.57	$ -	$ 63,798.57	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 276,460.46**	**$ -**	**$ 276,460.46**	**$ 210,481.46**	**$ -**	**$ 210,481.46**	**$ 65,979.00**	**$ -**	**$ 65,979.00**
Indirect As A Percent of Direct		0.0%							

Contractor Initials: MDL

Date: 5/9/17

Exhibit B-2 Budget Amendment #4

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Weeks Medical Center

Budget Request for: BCCP

Budget Period: July 1, 2017 - March 31, 2018 (SFY 18)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 6,942.53	$ -	$ 6,942.53	$ 2,938.53	$ -	$ 2,938.53	$ 4,004.00	$ -	$ 4,004.00
2. Employee Benefits	$ 2,024.21	$ -	$ 2,024.21	$ 2,024.21	$ -	$ 2,024.21	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ 3,036.31	$ -	$ 3,036.31	$ 3,036.31	$ -	$ 3,036.31	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Clinical Services: 8 clients	$ 2,448.92	$ -	$ 2,448.92	$ 1,113.92	$ -	$ 1,113.92	$ 1,335.00	$ -	$ 1,335.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 14,451.97**	$ -	**$ 14,451.97**	**$ 9,112.97**	$ -	**$ 9,112.97**	**$ 5,339.00**	$ -	**$ 5,339.00**
Indirect As A Percent of Direct		0.0%							

Contractor Initials: MA

Date: 5/9/17

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 WEEKS MEDICAL CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on December 22, 1919. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **63681**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 12th day of May A.D. 2017.

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, _____Stanley Holz of Weeks Medical Center_____, do hereby certify that:
(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of __Board of Trustees of Weeks Medical Center_____.
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of

the Agency duly held on ___August 29, 2016_____:
(Date)

RESOLVED: That the ____President_____
(Title of Contract Signatory)

is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of

the __9th___ day of __May_____, 2017___.
(Date Contract Signed)

4. ___Michael Lee_____ is the duly elected ____President_____
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

_____
(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE

County of Coos_____

The forgoing instrument was acknowledged before me this ____9th_____ day of __May_____, 2017__,

By ___Stanley Holz_____.
(Name of Elected Officer of the Agency)

_____
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

KATHY ST. ONGE, Notary Public
State of New Hampshire
My Commission Expires June 1, 2021

Commission Expires: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/5/2017

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 have ADDITIONAL INSURED provisions or 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 Arthur J Gallagher Risk Management Services 470 Atlantic Avenue Boston MA 02210	CONTACT NAME: PHONE (A/C, No, Ext): 617-261-6700 FAX (A/C, No): 617-646-0400 E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : National Fire & Marine Insurance Co	20079
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED: NORTCOU-22
Weeks Medical Center
170 Middle Street
Lancaster NH 03584

COVERAGES **CERTIFICATE NUMBER:** 958997248 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			HN017659	11/1/2016	10/1/2017	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
							MED EXP (Any one person)	$1,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$3,000,000
	X POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A						E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
A	Medical Professional Liability			HN017659	11/1/2016	10/1/2017	$1,000,000 $3,000,000	Each Occurrence Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

State of NH DHHS
129 Pleasant Street
Concord NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Patrick J. Veale

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/5/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Tina Rothemich
Hays Companies 133 Federal Street, 2nd Floor Boston MA 02110	PHONE (A/C, No, Ext): (617) 723-7775 FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: New Hampshire Employers — 23841
INSURED Weeks Medical Center 173 Middle Street Lancaster NH 03584	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 2017-18 Workers Comp REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A		ECC60048001732017A	1/1/2017	1/1/2018	X PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)						E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

The Director Division of
Public Health Services, NH DHH
29 Hazen Drive
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

James Hays/FTHOMA

Mission Statement

Weeks Medical Center's compassionate staff is committed to providing high quality and efficient health care services to ensure the well-being of our patients, families and communities.

In partnership with our communities, Weeks promotes health by;

- acknowledging that health is physical, spiritual and emotional
- emphasizing personal prevention, education and health information
- working closely with human services providers and local governments
- being closely involved with schools, businesses and churches
- actively participating in community organizations and activities
- learning about local health care needs through listening to all of our communities

Weeks strives to meet those health care needs by;

- matching our services to the needs of the individuals in our communities
- insuring timely access to health care
- providing as many services as possible locally
- delivering those services throughout our communities—in schools, businesses, homes, clinics—as well as in our modern, well-equipped Lancaster facility
- providing smoothly coordinated access to services which cannot be provided locally
- managing health care costs so that local access to health care is protected
- attracting and retaining highly trained, enthusiastic staff members
- satisfying the individuals we serve

BerryDunn

[redacted]

Weeks Medical Center

FINANCIAL STATEMENTS

September 30, 2016 and 2015

With Independent Auditor's Report

[redacted]

WEEKS MEDICAL CENTER

September 30, 2016 and 2015

Table of Contents

Berry Dunn

INDEPENDENT AUDITOR'S REPORT

The Board of Trustees
Weeks Medical Center

We have audited the accompanying financial statements of Weeks Medical Center (Hospital), which comprise the balance sheets as of September 30, 2016 and 2015, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Weeks Medical Center as of September 30, 2016 and 2015, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
December 16, 2016

WEEKS MEDICAL CENTER

Balance Sheets

September 30, 2016 and 2015

ASSETS

	2016	2015
Current assets		
Cash and cash equivalents	**$ 12,219,712**	$ 10,765,471
Patient accounts receivable, net of allowances of $4,372,432 and $4,484,642 in 2016 and 2015, respectively	**3,816,299**	4,607,111
Other accounts receivable	**548,922**	649,279
Supplies	**766,680**	767,631
Other current assets	**3,857,844**	699,017
Total current assets	**21,209,457**	17,488,509
Investments	**17,782,601**	16,295,300
Property and equipment, net	**15,285,478**	14,966,437
Related party note receivable, net	**-**	560,616
Total assets	**$ 54,277,536**	$ 49,310,862

The accompanying notes are an integral part of these financial statements.

LIABILITIES AND NET ASSETS

	2016	2015
Current liabilities		
Current portion of long-term debt and capital leases	**$ 390,000**	$ 397,815
Accounts payable and accrued expenses	**4,540,732**	1,593,536
Accrued salaries, wages and related accounts	**2,191,364**	2,131,991
Deferred revenue	**741,627**	801,241
Estimated third-party payor settlements	**9,640,546**	8,182,385
Total current liabilities	**17,504,269**	13,106,968
Long-term debt and capital leases, less current portion	**7,523,678**	7,906,577
Interest rate swap	**-**	384,848
Total liabilities	**25,027,947**	21,398,393
Net assets		
Unrestricted	**27,861,256**	26,512,276
Temporarily restricted	**476,419**	488,279
Permanently restricted	**911,914**	911,914
Total net assets	**29,249,589**	27,912,469
Total liabilities and net assets	**$ 54,277,536**	$ 49,310,862

WEEKS MEDICAL CENTER

Statements of Operations

Years Ended September 30, 2016 and 2015

	2016	2015
Unrestricted revenues, gains, and other support		
Patient service revenue (net of contractual allowances and discounts)	**$ 42,104,898**	$ 40,935,114
Provision for bad debts	**1,634,914**	1,679,489
Net patient service revenue	**40,469,984**	39,255,625
Net assets released from restrictions used for operations	**42,331**	47,861
Other operating revenue	**3,324,225**	3,375,048
Total unrestricted revenues, gains and other support	**43,836,540**	42,678,534
Expenses		
Salaries and wages	**16,347,206**	14,570,662
Employee benefits	**4,444,767**	4,365,033
Physician salaries and fees	**6,189,911**	7,493,827
Medicaid enhancement tax	**1,504,684**	1,394,257
Contract labor	**1,091,495**	755,064
Medical supplies	**5,101,700**	4,810,867
Other supplies and services	**5,297,151**	4,776,802
Utilities	**598,958**	668,562
Insurance	**491,824**	375,772
Depreciation and amortization	**2,201,513**	2,435,619
Interest	**315,190**	415,406
Total expenses	**43,584,399**	42,061,871
Operating gain	**252,141**	616,663
Nonoperating gains (losses)		
Contributions	**5,892**	1,042
Investment income, net	**1,545,991**	87,776
Provision for related party uncollectible note receivable	**(546,745)**	(167,118)
Realized and unrealized gain on interest rate swaps	**47,148**	57,858
Total nonoperating gains (losses)	**1,052,286**	(20,442)
Excess of revenues, gains, and other support over expenses and nonoperating gains (losses)	**1,304,427**	596,221
Net assets released from restrictions for capital acquisitions	**44,553**	44,038
Increase in unrestricted net assets	**1,348,980**	640,259
Unrestricted net assets, beginning of year	**26,512,276**	25,872,017
Unrestricted net assets, end of year	**$ 27,861,256**	$ 26,512,276

The accompanying notes are an integral part of these financial statements.

WEEKS MEDICAL CENTER

Statements of Changes in Net Assets

Years Ended September 30, 2016 and 2015

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balances, October 1, 2014	$ 25,872,017	$ 630,500	$ 988,014	$ 27,490,531
Excess of revenues, gains and other support over expenses and nonoperating gains	596,221	-	-	596,221
Change in net unrealized gains on investments		(63,924)	-	(63,924)
Transfer of assets to NNHHC	-	(66,340)	(76,100)	(142,440)
Restricted investment income	-	20,007	-	20,007
Restricted contributions	-	59,935	-	59,935
Net assets released from restrictions used for operations		(47,861)	-	(47,861)
Net assets released from restrictions for capital acquisitions	44,038	(44,038)	-	-
Change in net assets	640,259	(142,221)	(76,100)	421,938
Balances, September 30, 2015	26,512,276	488,279	911,914	27,912,469
Excess of revenues, gains and other support over expenses and nonoperating gains	**1,304,427**	-	-	**1,304,427**
Change in net unrealized gains on investments	-	**8,141**	-	**8,141**
Restricted investment gain	-	**11,178**	-	**11,178**
Restricted contributions	-	**55,705**	-	**55,705**
Net assets released from restrictions used for operations	-	**(42,331)**	-	**(42,331)**
Net assets released from restrictions for capital acquisitions	**44,553**	**(44,553)**	-	-
Change in net assets	**1,348,980**	**(11,860)**	-	**1,337,120**
Balances, September 30, 2016	**$ 27,861,256**	**$ 476,419**	**$ 911,914**	**$ 29,249,589**

The accompanying notes are an integral part of these financial statements.

WEEKS MEDICAL CENTER

Statements of Cash Flows

Years Ended September 30, 2016 and 2015

	2016	2015
Cash flows from operating activities		
Change in net assets	**$ 1,337,120**	$ 421,938
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	**2,201,513**	2,435,619
Loss on disposal of equipment	**14,765**	28,244
Provision for bad debts	**1,634,914**	1,679,489
Provision for related party uncollectible note receivable	**546,745**	167,118
Transfer of assets to NNHHC	**-**	142,440
Realized and unrealized (gains) losses on investments	**(1,166,067)**	325,928
Realized and unrealized gains on interest rate swaps	**(47,148)**	(57,858)
(Increase) decrease in		
Patient accounts receivable	**(844,102)**	(2,056,015)
Other accounts receivable	**100,357**	78,249
Supplies	**951**	(20,583)
Other current assets	**(3,158,827)**	(35,659)
Related party note receivable	**13,871**	77,711
Increase (decrease) in		
Accounts payable and accrued expenses	**3,354,941**	147,771
Accrued salaries, wages and related accounts	**59,373**	11,097
Deferred revenue	**(59,614)**	(17,835)
Estimated third-party settlements	**1,458,161**	2,459,707
Net cash provided by operating activities	**5,446,953**	5,787,361
Cash flows from investing activities		
Proceeds from sale of equipment	**-**	6,500
Purchases of property and equipment	**(2,935,963)**	(1,668,264)
Proceeds from sales of investments	**1,997,563**	3,078,798
Purchase of investments	**(2,318,797)**	(3,405,028)
Net cash used by investing activities	**(3,257,197)**	(1,987,994)
Cash flows from financing activities		
Repayments of long-term debt	**(397,815)**	(350,616)
Payment made to terminate interest rate swap	**(337,700)**	-
Net cash used by financing activities	**(735,515)**	(350,616)
Net increase in cash and cash equivalents	**1,454,241**	3,448,751
Cash and cash equivalents, beginning of year	**10,765,471**	7,316,720
Cash and cash equivalents, end of year	**$12,219,712**	$10,765,471
Supplemental disclosure of cash flow information		
Cash paid for interest	**$ 315,190**	$ 415,407

Supplemental disclosure of noncash transactions

Purchases of property and equipment of $407,745 are included in accounts payable and accrued expenses at September 30, 2015.

The accompanying notes are an integral part of these financial statements.

Nature of Operations

Weeks Medical Center (Hospital), a New Hampshire not-for-profit corporation, provides medical services on an inpatient and outpatient basis in Northern New Hampshire. New England Alliance for Health (NEAH) was formed, effective January 1, 2009, which is a limited liability company owned and managed by Mary Hitchcock Memorial Hospital. NEAH is an alliance of healthcare providers that provides services to its members. NEAH is not a parent organization of the Hospital and, as such, does not have powers reserved to it. The accompanying financial statements represent only the accounts of the Hospital and not those of NEAH.

On June 30, 2015, Weeks Medical Center, along with three other hospitals in the North Country (Androscoggin Valley Hospital (AVH), Upper Connecticut Valley Hospital (UCVH), and Littleton Regional Healthcare), signed an Affiliation Agreement. During that same week, the Boards of each of the hospitals approved the Affiliation documents which consist of an Affiliation Agreement, a Management Services Agreement, and Bylaw changes. The application to the New Hampshire Attorney General's office and Charitable Trust Unit was approved in December 2015. On April 1, 2016, the hospitals closed on the formation of the new parent organization, North Country Healthcare. North Country Healthcare is being established to coordinate activities of the four hospitals and a home health operating company. The Affiliation Agreement and related documents provide that North Country Healthcare becomes the new parent of the Hospital.

1. Summary of Significant Accounting Policies

Basis of Financial Statement Presentation

Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions in accordance with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958, *Not-for-Profit Entities*. Under FASB ASC 958, all not-for-profit organizations are required to provide a balance sheet, statements of operations and changes in net assets and a statement of cash flows.

ASC 958 also requires that the amounts for each of the three classes of net assets - permanently restricted, temporarily restricted, and unrestricted - be displayed in a balance sheet and that the change in those classes of net assets be displayed in a statement of changes in net assets.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include all cash in banks and certificates of deposit with an original maturity of twelve months or less, excluding amounts whose use is limited by Board designation or amounts included in investments for temporarily and permanently restricted net assets.

Patient Accounts Receivable

Patient accounts receivable are carried at the amount management expects to collect from outstanding balances.

Patient receivables are periodically evaluated for collectibility based on credit history and current financial condition. Provisions for losses on receivables are determined on the basis of loss experience, known and inherent risks, estimated value of collateral and current economic conditions. The Hospital uses the allowance method to account for uncollectible accounts receivable.

In evaluating the collectibility of accounts receivable, the Hospital analyzes past results and identifies trends for each major payor source of revenue for the purpose of estimating the appropriate amounts of the allowance for doubtful accounts and the provision for bad debts. Data in each major payor source are regularly reviewed to evaluate the adequacy of the allowance for doubtful accounts. Specifically, for receivables relating to services provided to patients having third-party coverage, an allowance for doubtful accounts and a corresponding provision for bad debts are established at varying levels based on the age of the receivables and the payor source. For receivables relating to self-pay patients, a provision for bad debts is made in the period services are rendered based on experience indicating the inability or unwillingness of patients to pay amounts for which they are financially responsible. Actual write-offs are charged against the allowance for doubtful accounts.

Investments and Investment Income

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the balance sheet. Management has adopted FASB ASC 825-10-35-4, *Financial Instruments-Overall-Subsequent Measurement*, and has elected the fair value option relative to its investments which consolidates all investment performance activity within the nonoperating gains section of the statements of operations.

Temporarily donor-restricted investment income and gains on investments on donor-restricted investments are recorded within temporarily restricted net assets until expended in accordance with the donor's restrictions.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the conditions on which they depend are substantially met. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When donor restrictions expire, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations as net assets released from restrictions. Donor restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements.

Supplies

Supplies are carried at the lower of cost (determined by the first-in, first-out method) or market.

Property and Equipment

Property and equipment acquisitions are recorded at cost, or if contributed, at fair market value determined at the date of donation. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the asset's estimated useful life. Such amortization is included in depreciation and amortization in the financial statements. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets, such as land, buildings or equipment, are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Interest Rate Swap

The Hospital used an interest rate swap contract to eliminate the cash flow exposure of interest rate movements on variable-rate debt. The Hospital had adopted FASB ASC 815, *Derivatives and Hedging*, to account for its interest rate swap contracts. The interest rate swap contracts are not designated as cash flow hedges, and thus are included within nonoperating gain. The Hospital used three interest rate swap contracts through June 30, 2015, when two expired. During 2016, both parties mutually agreed to terminate the remaining swap for $337,700 and a realized gain of $47,148 was recorded.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Hospital have been limited by donors to a specific time period or purpose. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations as either net assets released from restrictions for operations or net assets released from restrictions used for capital acquisition.

Nonoperating Gains (Losses)

Activities, other than in connection with providing health care services, are considered nonoperating. Nonoperating gains and losses consist primarily of income on invested funds, unrestricted gifts, adjustments to notes receivable of related party, and realized and unrealized gains on interest rate swap.

Contributions

Contributions, including unconditional promises to give, are recognized as revenues in the period received. Contributions of assets other than cash are recorded at their estimated fair value. Contributions to be received after one year are discounted at an appropriate discount rate commensurate with the risks involved. Amortization of the discount is recorded as additional contribution revenue in accordance with donor-imposed restrictions, if any, on the contribution. An allowance for uncollectible contributions receivable is provided based upon management's judgment of potential defaults. The determination includes such factors as prior collection history, type of contribution and nature of fundraising activity.

Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges and per diem rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined. Management believes that adequate provision has been made for adjustments that may result from final determination of amounts earned under these programs.

Excess of Revenues, Gains and Other Support Over Expenses and Nonoperating Gains (Losses)

The statements of operations include excess of revenues, gains, and other support over expenses and nonoperating gains (losses). Changes in unrestricted net assets which are excluded from this measure, consistent with industry practice, are assets released from restrictions for capital acquisitions.

Charity Care

The Hospital provides care, without charge or at amounts less than its established rates, to patients who meet certain criteria under its charity care policy. The criteria for charity care consider such factors as family income and net worth. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported in net revenue.

Income Taxes

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code, and is exempt from federal income taxes on related income.

Subsequent Events

Management has considered transactions or events through December 16, 2016, which was the date the financial statements were issued. Management has not considered transactions or events subsequent to this date for inclusion in the financial statements.

New Accounting Pronouncement

Deferred financing costs represent costs incurred in connection with the issuance of long-term debt. Such costs are amortized over the term of the respective debt using the straight-line method. Effective in the year ended September 30, 2016, the Hospital adopted and retrospectively applied the provisions of FASB Accounting Standards Update (ASU) No. 2015-03, *Simplifying the Presentation of Debt Issuance Costs*. The ASU is limited to simplifying the presentation of debt issuance costs, and the recognition and measurement guidance for debt issuance costs is not affected by the ASU. As a result of the adoption, the Hospital has reclassified unamortized bond issuance costs in the amount of $105,923 from deferred financing costs in the accompanying balance sheet for the year ended September 30, 2015, and presented the amount as a reduction of long-term debt, as required by the ASU. The adoption had no effect on the Hospital's net assets, statement of operations or statement of cash flows for the year ended September 30, 2015.

2. Net Patient Service Revenue and Patient Accounts Receivable

Net Patient Service Revenue

Patient service revenue is reported net of contractual allowances and other discounts as follows for the years ended September 30:

	2016	2015
Gross patient service revenue	**$ 75,964,133**	$ 76,087,370
Less contractual allowances	**(33,031,763)**	(33,402,294)
Less charity care	**(827,472)**	(1,749,962)
Patient service revenue (net of contractual allowances and discounts)	**42,104,898**	40,935,114
Less provision for bad debts	**1,634,914**	1,679,489
Net patient service revenue	**$ 40,469,984**	$ 39,255,625

Patient Accounts Receivable

Patient accounts receivable is stated net of estimated contractual allowances and allowances for doubtful accounts as of September 30:

	2016	2015
Gross patient accounts receivable	**$ 8,188,731**	$ 9,091,753
Less: Estimated contractual allowances	**3,057,564**	3,344,770
Estimated allowance for doubtful accounts	**1,314,868**	1,139,872
Net patient accounts receivable	**$ 3,816,299**	$ 4,607,111

The portion representing the estimated allowance for doubtful accounts at September 30 is as follows:

	2016	2015
Self-pay patients	**$ 936,452**	$ 835,307
All other payors	**378,416**	304,566
	$ 1,314,868	$ 1,139,873

Self-pay write-offs increased from $2,076,935 to $2,577,829 during 2016 and decreased from $2,850,708 to $2,076,935 during 2015. Such changes resulted from trends experienced in the collection of amounts from self-pay patients and third-party payors.

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare

The Hospital is a Critical Access Hospital (CAH). Under the CAH program, the Hospital is reimbursed at 101% of allowable costs for its inpatients and most outpatient services provided to Medicare patients. The Hospital is reimbursed at tentative rates with final determination after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. The Hospital's Medicare cost reports have been audited by the fiscal intermediary through September 30, 2011.

Medicaid

Inpatient services rendered to Medicaid program beneficiaries are reimbursed under prospectively determined per-diem rates. The prospectively determined per-diem rates are not subject to retroactive adjustment. Outpatient services rendered to Medicaid beneficiaries are reimbursed on a cost reimbursement methodology and a national fee schedule for certain services. The Hospital is reimbursed for outpatient services at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the fiscal intermediary. The Hospital's Medicaid cost reports have been audited by the fiscal intermediary through September 30, 2011.

Anthem

Inpatient and outpatient services rendered to Anthem subscribers are reimbursed based on standard charges less a negotiated discount, except for lab, radiology, and physician services which are reimbursed on fee schedules.

The Hospital has also entered into payment agreements with certain commercial insurance carriers and health maintenance organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates, discount from charges and prospectively determined daily rates.

Revenue from the Medicare and Medicaid programs accounted for approximately 58% and 12%, respectively, of the Hospital's net patient service revenue for the year ended 2016, and 56% and 10%, respectively, of the Hospital's net patient service revenue for the year ended 2015. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Net patient service revenue increased approximately $71,000 and $199,000 in 2016 and 2015, respectively, due to differences in settlements from amounts previously estimated.

The Hospital recognizes patient service revenue relating to services rendered to patients having third-party payor coverage on the basis of contractual rates for such services. For services rendered to self-pay or uninsured patients, revenue is recognized on the basis of standard or negotiated discounted rates. At the time services are rendered to self-pay patients, a provision for bad debts is recorded based on experience and the effects of newly-identified circumstances and trends in pay rates. Patient service revenue, net of contractual allowances and discounts, but before the provision for bad debts, recognized during 2016 totaled $42,104,898, of which $40,042,396 was revenue from third-party payors and $2,062,502 was revenue from self-pay patients. Patient service revenue, net of contractual allowances and discounts, but before the provision for bad debts, recognized during 2015 totaled $40,935,114, of which $39,220,459 was revenue from third-party payors and $1,714,655 was revenue from self-pay patients.

3. Community Benefit

The Hospital provides services without charge or at amounts less than the established rates, to parties who meet the criteria of its charity care policy. The criteria for charity care measures family income against the income poverty guidelines established by the U.S. Department of Health and Human Services (DHHS).

Discounts are provided on a sliding scale based on the relationship of family size and income level against the income poverty guidelines established by DHHS and as set forth in the charity care policy.

The net cost of charity care provided was approximately $506,000 and $1,006,000 for the years ended September 30, 2016 and 2015, respectively. The total cost estimate is based on an overall cost to charge ratio applied against gross charity care charges. In 2016 and 2015, 1.1% and 2.3%, respectively, of all services as defined by percentage of gross revenue was provided on a charity care basis.

In 2016, of a total of 546 inpatients, 18 received their entire episode of service on a charity care basis. In 2015, of a total of 832 inpatients, 47 received their entire episode of service on a charity care basis.

In 2016, of a total of 87,268 outpatients, 3,159 received their entire episode of service on a charity care basis. In 2015, of a total of 84,877 outpatients, 2,953 received their entire episode of service on a charity care basis.

4. Property and Equipment

The major categories of property and equipment are as follows:

	2016	2015
Land and improvements	$ 2,277,857	$ 848,683
Buildings	14,043,395	13,310,575
Fixed equipment - buildings and improvements	13,617,691	13,107,891
Fixed equipment - departmental	428,652	439,368
Major movable equipment	12,978,537	12,408,919
Construction in progress	251,931	1,322,762
	43,598,063	41,438,198
Less: accumulated depreciation	28,312,585	26,471,761
	$ 15,285,478	$ 14,966,437

5. Investments and Investment Income

Investments consisted of the following as of September 30:

	2016	2015
Internally designated investments		
Cash and cash equivalents	$ 2,683,006	$ 1,775,451
Marketable equity securities	8,606,697	7,829,260
Corporate bonds	2,077,924	2,397,380
U.S. Treasury obligations and government securities	3,094,172	2,978,223
	16,461,799	14,980,314
Restricted investments		
Cash and cash equivalents	236,942	184,361
Certificates of deposit	281,075	279,632
Marketable equity securities	254,053	259,011
Corporate bonds	266,593	288,067
U.S. Treasury obligations and government securities	282,139	303,915
	1,320,802	1,314,986
	$ 17,782,601	$ 16,295,300

Total investment return is comprised of the following for the years ended September 30:

	2016	2015
Interest and dividend income		
Unrestricted	$ 388,065	$ 352,065
Temporarily restricted	11,178	20,007
Unrealized gains (losses)		
Unrestricted	939,550	(489,929)
Temporarily restricted	8,141	(63,924)
Realized gains		
Unrestricted	218,376	227,925
	$ 1,565,310	$ 46,144

Endowment

Return Objectives and Risk Parameters

The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Hospital must hold in perpetuity or for a donor-specified period(s). Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results of the S&P 500 index while assuming a moderate level of investment risk. The Hospital expects its endowment funds, over time, to provide an average rate of return of approximately nine percent annually. Actual returns in any given year may vary from this amount.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Hospital relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Hospital targets a diversified asset allocation that places a weighted ratio on equity-based and fixed income investments to achieve its long-term return objectives within prudent risk constraints.

Uniform Prudent Management of Institutional Funds Act

Effective July 1, 2008, the State of New Hampshire adopted the Uniform Prudent Management of Institutional Funds Act enacted as Revised Statutes Annotated (RSA) Chapter 292-B. This RSA provides guidance and special rules for the management of endowment funds. Unexpended investment income on permanently restricted net assets is required to be reported as temporarily restricted net assets until appropriated.

Endowment (donor-restricted) net asset composition by type of fund as of September 30:

	Temporarily Restricted	Permanently Restricted	Total
Balances, October 1, 2014	$ 186,254	$ 988,014	$1,174,268
Investment loss			
Investment income, net	4,171	-	4,171
Transfer of assets	-	(76,100)	(76,100)
Net depreciation (realized and unrealized)	(66,987)	-	(66,987)
Total investment loss	(62,816)	(76,100)	(138,916)
Balances, October 1, 2015	123,438	911,914	1,035,352
Investment return			
Investment income, net	**2,237**	**-**	**2,237**
Net appreciation (realized and unrealized)	**2,138**	**-**	**2,138**
Total investment return	**4,375**	**-**	**4,375**
Balances, September 30, 2016	**$ 127,813**	**$ 911,914**	**$1,039,727**

6. Borrowings

Long-term debt consisted of the following as of September 30:

	2016	2015
Business Finance Authority of the State of New Hampshire variable rate (2.76% at September 30, 2016) Hospital Revenue Series 2010 Bonds due September 2030. Principal payments are due in annual installments, ranging from $390,000 in 2017 to $760,000 in 2030; collateralized by substantially all of the property and equipment of the Hospital.	**$ 8,012,500**	$ 8,402,500
Capital lease obligation, at 7.58%, repaid in 2016.	**-**	7,815
	8,012,500	8,410,315
Unamortized debt issuance costs	**(98,822)**	(105,923)
Less current maturities	**390,000**	397,815
	$ 7,523,678	$ 7,906,577

The bond agreements require that the Hospital meet certain covenants. As of September 30, 2016 and 2015, the Hospital was in compliance with these covenants.

Estimated maturities for long-term debt in subsequent fiscal years from September 30, 2016 are as follows:

2017	$ 390,000
2018	417,000
2019	444,000
2020	444,000
2021	510,000
Thereafter	5,807,500
	$ 8,012,500

7. Commitments and Contingencies

Liability Insurance Coverage

The Hospital insures its comprehensive general liability and professional liability exposures on a claims-made basis, including prior acts coverage, with a commercial carrier. The coverage is provided by primary and excess insurance policies subject to shared policy limits with other selected NEAH entities located in Massachusetts, New Hampshire and Vermont. The policies are renewable on an annual basis and have been renewed through September 30, 2016. The Hospital is subject to a claim which is in the discovery stage and for which no accrual for loss has been made as the potential for any liability is not reaonably estimable. Management believes it has meritorious defenses and will defend itself vigorously. All known significant asserted and unasserted claims alleging malpractice have been communicated to the insurer who is responsible for resolving the claim and the related costs of litigation.

GAAP requires the Hospital to accrue the ultimate cost of liability claims when the incident that gives rise to the claim occurs, without consideration of insurance recoveries. Expected recoveries are presented as a separate asset. The Hospital has evaluated its exposure to losses arising from potential claims and has accrued a liability and corresponding asset for the year ended September 30, 2016. The liability and asset are included in the balance sheet within accounts payable and accrued expenses and other current assets, respectively.

Health Insurance

In January 2008, the Hospital established a health maintenance organization (HMO) medical plan and a high deductible health savings account (HSA) plan for its employees. The HSA is funded by the employees, and a deduction is available pre-tax through payroll. In order to assist employees with meeting this higher deductible, the Hospital also established a Health Reimbursement Account (HRA) which will reimburse employees for medical expenses incurred over their portion of the deductible, until the full deductible is met. If expenses over their portion of the deductible are not met by the employee, the HRA funds remain the property of the Hospital. All HSA funds contributed by the employee remain their property.

The HSA plan has a single person deductible of $5,000, of which the Hospital would reimburse up to the last $3,700 and a two person or family plan total deductible of $10,000, of which the Hospital would reimburse up to the last $7,400.

As of September 30, 2016 and 2015, a reserve was established in the amount of $58,458 and $62,475, respectively, to fund potential claims by employees who are eligible for reimbursement for their incurred deductible expenses through the HRA.

Medicaid Enhancement Tax and Disproportionate Share Payments

In New Hampshire, hospitals are subject to a 5.45% tax, the Medicaid Enhancement Tax (MET), on net taxable revenues.

Medicaid disproportionate share hospital (DSH) payments provide financial assistance to hospitals that serve a large number of low-income patients. The federal government distributes federal DSH funds to each state based on a statutory formula. The states, in turn, distribute their portion of the DSH funding among qualifying hospitals. The states are to use their federal DSH allotments to help cover costs of hospitals that provide care to low-income patients when those costs are not covered by other payors. The State of New Hampshire's distribution of DSH monies to the hospitals is subject to audit by the Centers for Medicare & Medicaid Services (CMS). A number of hospitals in New Hampshire filed a lawsuit relative to the results of the 2011 audit of these DSH payments and the court ruled in favor of the hospitals in March 2016. CMS has an opportunity to appeal the ruling and, until such time, the Hospital has not changed its position with respect to the amounts recorded in its financial statements. Should the court's ruling stand, the Hospital will adjust the amounts held in contingency in the year the ruling is upheld.

8. Retirement Plan

The Hospital has a 403(b) tax sheltered annuity plan that covers substantially all full-time employees and part-time employees who work over 1,000 hours. Contributions are computed as a percentage of earnings and are funded as accrued. The pension plan expense for the years ended September 30, 2016 and 2015 was $480,481 and $464,715, respectively.

9. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes or periods at September 30:

	2016	2015
Indigent care	**$ 218,362**	$ 231,449
Health education	**130,244**	133,392
Endowment accumulated earnings	**127,813**	123,438
	$ 476,419	$ 488,279

Permanently restricted net assets are restricted to the following at September 30:

	2016	2015
Investments to be held in perpetuity, the income from which is expendable to support health care services (reported as non-operating income)	$ 911,914	$ 911,914

During 2016 and 2015, net assets were released from donor restrictions by incurring expenditures satisfying the restricted purposes of capital acquisitions, indigent care and health care education in the amounts of $86,884 and $91,899, respectively.

10. Concentration of Credit Risk

The Hospital maintains cash balances at several financial institutions. Accounts at each institution are insured by the Federal Deposit Insurance Corporation up to $250,000. At times during the year, the Hospital's cash in bank exceeded insured limits. The Hospital has not incurred any losses from uninsured cash in bank as of September 30, 2016.

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at September 30, 2016 and 2015 was as follows:

	2016	2015
Medicare	43 %	45 %
Medicaid	10	13
Blue Cross/HMO	9	5
Other third-party payors	14	17
Patients	24	20
	100 %	100 %

11. Functional Expenses

The Hospital provides general health care services to residents within its geographic location. Expenses related to providing these services are as follows:

	2016	2015
Health care services	$37,036,452	$35,783,305
General and administrative	6,547,947	6,278,566
	$43,584,399	$42,061,871

12. Fair Value of Financial Instruments

Fair Value Measurement

FASB ASC 820, *Fair Value Measurement*, defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. FASB ASC 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1 - Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2 - Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3 - Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

Assets and liabilities measured at fair value on a recurring basis are summarized below.

	Fair Value Measurements at September 30, 2016		
	Total	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Assets			
Cash and cash equivalents	$ 2,919,948	$ 2,919,948	$ -
Certificates of deposit	281,075	281,075	-
Marketable equity securities			
Materials	593,242	593,242	-
Industrials	1,415,901	1,415,901	-
Telecommunications	277,770	277,770	-
Consumer	2,569,613	2,569,613	-
Energy	529,736	529,736	-
Financial services	1,125,544	1,125,544	-
Health care	1,027,279	1,027,279	-
Information technology	1,054,938	1,054,938	-
Equity funds	200,059	200,059	-
Other	66,668	66,668	-
Total marketable equity securities	8,860,750	8,860,750	-
Corporate bonds	2,344,517	-	2,344,517
U.S. Treasury obligations and government securities	3,376,311	3,376,311	-
Total assets at fair value	$ 17,782,601	$ 15,438,084	$ 2,344,517

	Fair Value Measurements at September 30, 2015		
	Total	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Assets			
Cash and cash equivalents	$ 1,959,812	$ 1,959,812	$ -
Certificates of deposit	279,632	279,632	-
Marketable equity securities			
Materials	761,804	761,804	-
Industrials	1,228,501	1,228,501	-
Telecommunications	228,270	228,270	-
Consumer	2,372,589	2,372,589	-
Energy	469,929	469,929	-
Financial services	965,806	965,806	-
Health care	872,422	872,422	-
Information technology	939,553	939,553	-
Equity funds	185,126	185,126	-
Other	64,271	64,271	-
Total marketable equity securities	8,088,271	8,088,271	-
Corporate bonds	2,685,447	-	2,685,447
U.S. Treasury obligations and government securities	3,282,138	3,282,138	-
Total assets at fair value	$ 16,295,300	$ 13,609,853	$ 2,685,447
Liabilities			
Interest rate swap	$ 384,848	$ -	$ 384,848

The fair value for Level 2 assets is primarily based on market prices of comparable securities, interest rates, and credit risk. Those techniques are significantly affected by the assumptions used, including the discount rate and estimates of future cash flows. Accordingly, the fair value estimates may not be realized in an immediate settlement of the instrument.

13. Meaningful Use Revenues

The Medicare and Medicaid electronic health record (EHR) incentive programs provide a financial incentive for achieving "meaningful use" of certified EHR technology. The criteria for meaningful use will be staged in three steps from fiscal year 2012 through 2016. The meaningful use attestation is subject to audit by the Centers for Medicare & Medicaid Services in future years. As part of this process, a final settlement amount for the incentive payments could be established that differs from the initial calculation, and could result in return of a portion or all of the incentive payments received by the Hospital.

The Medicaid program will provide incentive payments to hospitals and eligible professionals as they adopt, implement, upgrade or demonstrate meaningful use in the first year of participation and demonstrate meaningful use for up to five remaining participation years.

During 2016 and 2015, the Hospital demonstrated meaningful use related to its certified EHR system, allowing the Hospital to be eligible to receive EHR incentive payments from Medicare and Medicaid. During 2016, the Hospital recorded meaningful use revenues of $442,752 related to Medicare and $35,339 related to Medicaid. During 2015, the Hospital recorded meaningful use revenues of $854,382 related to Medicare and $37,382 related to Medicaid.

As of September 30, 2016 and 2015, the Hospital has recorded approximately $529,000 and $534,000, respectively, in deferred revenue as the Hospital will recognize the Medicare incentive income over the useful lives of the assets.

14. Related Party

As of July 1, 2012, the Hospital formed a limited liability company, Northern New Hampshire Healthcare Management (NNHHM), with UCVH and AVH to provide a vehicle for shared saving arrangements within Coos County. NNHHM provides management services for UCVH which consist of the Chief Administrative Officer and Chief Financial Officer (CFO). The CFO position is shared with the Hospital, which is being compensated for these services based on the allocated salary and benefits of the personnel performing these services.

The Hospital, along with UCVH and AVH, are corporators of Northern New Hampshire Healthcare Collaborative, Inc. (NNHHC). NNHHC was formed as a tax-exempt corporation to provide a vehicle for shared ownership arrangements among three organizations.

Effective July 19, 2013, AVH Home Health merged with Weeks Home Health & Hospice, d/b/a Northwoods Home Health & Hospice. As of January 1, 2014, ownership of Northwoods Home Health & Hospice was transferred to NNHHC. Upon commencement of operations of NNHHC, the Hospital advanced approximately $1 million of assets. At September 30, 2015, there was a remaining balance of $560,616 and at September 30, 2016, the remaining balance of $692,745 was fully reserved.

NNHHC held various investments within the Hospital's investment portfolio which were transferred to NNHHC during 2015. Total amounts transferred were $142,440.

Weeks Medical Center
Board of Trustees and Officers – 2016

Name	Office	Date of Nomination	Term Expires
David Atkinson		1994	December 2017
Ruby Berryman		12/16/15	December 2018
Scott Burns		1996	December 2016
George Cook		2008	Resigned October 2016
Dennis Couture	Member-at-Large	11/2012	December 2018
Donald Crane	Vice Chair	2008	December 2017
Sarah Desrochers	Treasurer	2006	December 2016
William Everleth		12/2013	December 2016
Stanley Holz	Chair	2006	December 2016
Patrick Kelly		1990	December 2016
Dana Muzzey		1/2015	December 2018
Cindy Normandeau		12/16/15	December 2018
Lisa Tetreault		1996	December 2016
Keith Young	Secretary	11/2012	December 2018

Hospital Representatives

Michael Lee	President
Celeste Pitts	CFO
Lars Nielson	Chief Medical Officer
Mark Morgan, MD	Medical Staff President
Donna Walker	CNE

Honorary Members

Rebecca More	Honorary Trustee
Patsy Pilgrim	Honorary Trustee

Kathy St. Onge, Administrative Assistant 788-5026
Kathy.St.Onge@weeksmedical.org

Michael D. Lee Named New President of Weeks Medical Center

June 29th, 2016

New President Will Join the Hospital in September

Lancaster, NH: Weeks Medical Center and North Country Healthcare are pleased to announce the appointment of Michael D. Lee as the new president of Weeks Medical Center. Lee will assume leadership of the 25-bed critical access hospital and its four physicians office locations in September 2016. Lee will replace CEO Scott Howe, who is retiring.

Lee comes to Weeks with experience in healthcare strategic planning and management, budget creation, financial analysis, teambuilding, customer service, and quality assurance. Since 2012 he has served as chief human resource officer and other interim roles for Adirondack Health in Saranac Lake, NY.

As president, Lee will manage the day-to-day operations of Weeks Medical Center and its more than 300 employees based at five locations in Lancaster, Groveton, North Stratford, and Whitefield, New Hampshire. He will be responsible for ensuring patient care and maintaining the financial integrity of

the hospital. Lee will report to the Weeks board of directors as well as to Warren West, CEO of North Country Healthcare.

"Michael's wealth of experience in the healthcare industry, with physician recruitment, and in operational management will make him a great addition to Weeks Medical Center and to the new North Country Healthcare affiliation of hospitals," said West. "Michael will play a key leadership role in maintaining high-quality healthcare in the North Country and help us build a new clinically integrated health system. We are very fortunate to find someone of Michael's caliber to continue and expand Week's legacy of quality healthcare and commitment to community."

Lee has a bachelor's degree in business economics from the State University of New York at Oneonta and a master's of business administration degree from Clarkson University in Potsdam, New York. He also has held positions as executive director of and administrator of St. Andrews Village retirement community, interim chief executive officer of Sebasticook Family Doctors, and director of human resources and administration and interim executive director at Mid-Coast Mental Health Center (Pen Bay Healthcare), all in Maine.

"I have spent nearly 30 years dedicated to community health and am very excited to work with the Weeks and North Country Healthcare teams to coordinate services and care delivery in the North Country," said Lee. "The unique model will strengthen healthcare delivery that currently exists in the region. I am very impressed with the expertise, compassion, enthusiasm, and commitment of the Weeks staff and board of directors and I look forward to joining them. I also look forward to representing Weeks on the North Country Healthcare president's counsel and working closely with Warren West."

Stan Holz, chairman of the Weeks board of directors said in a statement to staff announcing Lee's appointment: "We are confident that Michael will provide the leadership for Weeks Medical Center to meet the future challenges in healthcare and continue the exceptional leadership provided by Scott Howe during his 21-year tenure. The input of the Weeks medical and support staff was invaluable in selecting Michael as our new president and we all welcome him to our community."

MICHAEL D. LEE, MBA, MLA, SPHR, SHRM-SCP
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Spruce Head, ME 04859
Home (207) 594-0065 Work (518) 897-2617 Cell: (518) 354-0076

EXECUTIVE HIGHLIGHTS

Executive Servant Leadership
Physician Recruitment, Contracting & Practice Management
Budget Creation, Financial Analysis & Administration
Payroll Processing, Cost Accounting & Salary Administration
Grievance & Incident Investigation and Resolution
Strategic & Management Action Planning & Consulting
Quality Assurance & Performance Improvement
System & Staffing Analysis & Redesign
Team Building & Exceptional Customer Service
Certified in Labor Relations & Negotiations

EXPERIENCE

Adirondack Medical Center

Chief Human Resources Officer, Interim COO & Administrator, December 2012 – Present

-Developed per diem provider pool to reduce locum utilization
-Contributed to strategic plan creation with specific responsibility in staffing transitions & population health
-Assisted with organizational cost reductions, including programming &staffing analysis, that saved the organization over $ Million
-Implemented self insured health & prescription drug, short and long term disability, long term care and college savings plans
-Re-opened collective bargaining agreement with UFCW and re-negotiated a three year contract with NYSNA
-Re-organized human resources department and functions to assist with organizational cost reduction and eliminated three FTEs

Vice President of Human Resource, Physician Practices & Rehabilitation & Laboratory Services, March 2007 - August 2008

-Designed in-house physician recruitment & retention, contracted with providers & co-administered five health centers
-Provided leadership and fiscal guidance for operating three laboratories, four outpatient rehab centers & five physician practices
-Negotiated three year contract with New York State Nurses' Association, below budgetary constraints
-Developed a monthly labor management meeting with newly acquired nursing homes
-Developed and administered a consumer driven employee health insurance plan

St. Andrews Hospital and Healthcare: St. Andrews Village

***Executive Director & Administrator for the Gregory Wing, Save Havens & Assisted Living*, June 2009 – December 2012**

-Interim Vice President of Senior Living over two senior living communities & home health and hospice
-Integrated long term care nursing, billing, facilities and security with LCHC Senior Services
-Co-developed clinical documentation quality control processes & financial turn-around
-Forecasted increased future bed demand needs for nursing facility & completed multi-year pro-formas
-Improved St. Andrews Association customer satisfaction exceeds rating from 25% to 95%

***Vice President of Human Resources*, March 2006 - March 2007**

-Conducted wage and salary review and created salary grids and formalized compensation practices
-Automated human resources reports utilizing Medi-tech and Excel

Sebasticook Family Doctors

***Interim Chief Executive Officer*, September 2008 - June 2009**

-Doubled the medical staff size in ten months and expanded clinic services by adding two additional sites
-Created short term financial strategy turn-around from a 15% loss to a 2.5% positive operating margin
-Renegotiated employee benefits and saved approximately $80 thousand annually
-Drafted and was awarded Increased Demand for Service BPHC grant

Mid-Coast Mental Health Center, March 2001 to March 2006 (Acquired by Penobscot Health)

Director of Human Resources, & Administration March 2001 to March 2006
Interim Executive Director & Chief Financial Officer, June 2005 to March 2006

-Facilitated merger and work teams including Clinical Models, Compliance, Accounting and Human Resources
-Negotiated thirteen contracts with Maine DOH
-Designed and administered employee satisfaction survey and facilitated action plan that improved satisfaction
-Negotiated employee benefits annually, implemented a PPO & HMO, changed retirement plan broker and TPA

Inland Hospital,

Vice President of Human Resources and Administrative Operations, March 2000 to April 2001

-Completed Human Resources' Facilities, Engineering, Housekeeping & Dietary Services Strategic Plan
-Oversaw the planning, financing and operating of a $14 million, co-owned medical office building
-Revised compensation grids, Human Resources & Administrative Policies and Employee Handbook
-Developed and administered Rabbi Trust for Corporate Executives
-Served as HR, Compensation & Benefits Manager and facilitator for all Inland/MMC Mergers

Clark Sports Center & Learning Institute
Interim Executive Director, June 1999 to March 2000
Director of Administration; Controller & Director of Human Resources, October 1994 to June 1997
-Provided operational leadership and directly managed Human Resources, Accounting, Human Resources & Facilities
-Developed and Administered operating budgets
-Continued Strategic Planning Process and facilitated program development and customer service training
-Upgraded all hardware to be Y2K compliant & installed accounting & membership software
-Computerized accounting functions and automated accounting general ledger and payroll processing
-Created salary classification system, job descriptions, employee handbook and bid and administered benefits

Sun Yacht Charters, Incorporated (Acquired by Star Dust Marine)
Chief Financial & Human Resources Officer, September 1998 to March 1999
-Completed general ledger installation and conversion
-Created and administered international budgets
-Projected cash flow, generated cost analysis, consolidated financial reports & processed payroll
-Designed and managed employee benefits, job descriptions, evaluations and salary grids

Pathfinder Village, Incorporated
Director of Operations, June 1997 to September 1998
-Directed Personnel & Accounting, oversaw School, Programs, Staff Education, Food Service and Facilities
-Created salary grids and updated benefit package, job descriptions and employee handbook
-Revised administrative, program, and residential policies and procedures
-Participated in Comprehensive Agency Reviews and Private Residential School Certification
-Directly managed corporate compliance, risk management & state contract negotiations and administration
Responsible for 3 Senior Staff, 7 Supervisors and 130 Staff

The Bassett Research Institute
***Grants Administration Officer,* June 1993 to October 1994**
-Drafted budget and administrative portion of grants
-Petitioned sponsoring agencies for funds disbursements
-Created and maintained databases for research studies and grant tracking
-Facilitated project meetings and presented interim statistics

Electronic Data Systems, Financial Analyst and Accountant
Invoice Reconciliation, Dallas, Texas, February 1990 to September 1990
Mexico Operations, Mexico City, Mexico, September 1990 to September 1991
Border Operations, Juarez, Chihuahua Mexico, September 1991 to January 1993

COMPUTER
Excel, Word, Access, Lawson, LAN Administrator, Lotus, Q&A, Gem, Word Perfect, Harvard Graphics, Basic, Visio and QuickBooks, Peachtree, JD Edwards and McCormick & Dodge General Ledger Packages, ADP and Paydesks payroll processing and software, Report Writer and Preview HRIS, and PsychConsult

EDUCATION
Clarkson University, Potsdam, New York
GPA: 3.7/4.0
MBA, Concentration Finance and Personnel Management, May 1989
Merit Scholarship and Teaching Assistantship in Economics
Vice President of Graduate Management Association

State University of New York, Oneonta, New York
GPA: 3.7/4.0
BA, Business Economics, December 1987
Honors, Dean's List
Graduated Cum Laude

ADDITIONAL TRAINING

Multi-Level nursing home administrator licensed in NY and ME, certified Senior Professional Human Resources (SPHR), certified in Labor Relations - Collective Bargaining through Cornell University's ILR Woodstock Institute, Collaborating and Leading in Today's World, Accounting and Finance Development Program (EDS), Human Resources and the Law, Year End Reporting Requirements, LAN Administrator, Grant Preparation (PHS 398), Participated in Center for Creative Leadership Forum, OSHA Certification, Incident Investigation, Rights and Responsibilities of Recipients, Attended Access, Internet, PC Troubleshooting, Training, Healthcare Systems in the United States and sundry other seminars.

COMMUNITY SERVICE

Volunteered with Island Institute and previously with the SPCA, and Children's Triathlon Club, Ran the Boston Marathon for Dana Farber Cancer Research, and assisted in grant writing and preparation for community health and education endeavors. Prior Supervisory Committee Chair of Bassett Federal Credit Union & Treasurer of LEAL.

REFERENCES

Judy McGuire, MBA
Sr. Vice President Home Health and Sr. Services
MaineHealth Board Member
Work: (207) 563-4603
E-mail: judy.mcguire@lchcare.org

Wendy Roberts, MPH
Executive Director, St. Andrews Village
Work: (207) 633-0920
E-mail: wendy.roberts@lchcare.org

Margaret Pinkham, MBA
Prior: President and CFO of St. Andrews Healthcare
Home: (207) 633-5257
E-mail: mgpinkham@gmail.com

Dan Bennett, MBA
Prior: Executive Director Mid-Coast Mental Health
Work: (207) 930-6741
E-mail: dbennett@wchn.com

Linda S. Dening, MBA
Assistant Professor of Accounting
Jefferson Community College
Cell: (315) 771-3830
E-mail: ldening@sunyjefferson.edu

Celeste K. Pitts
Weeks Medical Center
8 Clover Lane
Whitefield, NH 03598
(603) 788-5321
E-mail: celeste.pitts@weeksmedical.org

EXPERIENCE

CFO — **July 2009 - Present**
Weeks Medical Center — **Lancaster, NH**

Same responsibilities as Controller position, with added responsibility for Patient Accounting Department and Senior management duties.

Controller — **Jan. 2007 – July 2009**
Weeks Medical Center — **Lancaster, NH**

Responsible for all general accounting functions, including monthly closings and annual audit. Monthly reporting to Board of Directors Finance Committee. Responsible for preparation of Medicare Cost Report, and working with auditors from NGS. Annual budget preparation, 5 year plan preparation and annual chargemaster price increase. Work closely with other managers on chargemaster maintenance, budgeting and have developed an internal dashboard that is currently being used by all managers for quarterly budget meetings. Supervise Accounts Payable & Payroll functions and Financial Analyst position.

Senior Accountant/Financial Analyst — **Jan. 2006 – Dec. 2006**
Weeks Medical Center — **Lancaster, NH**

Responsible for Financial Statement preparation and analysis using the McKesson Paragon Software System. Reporting to various agencies, such as New Hampshire Data Bank. Miscellaneous financial reporting as needed for Dartmouth-Hitchcock Alliance. Worked closely with the CFO to prepare the Medicare Cost Report. Assisted with the budgeting process for the hospital. Responsible for all Bank Reconciliations and other account reconciliations, in particular the endowment and investment funds.

Business Manager — **Feb. 2005-Jan. 2006**
Morrison Nursing Home — **Whitefield, NH**

Responsible for all Accounting functions, in particular Financial Statement preparation and analysis. General Ledger Account Reconciliations, preparation of audit workpapers, Bank Reconciliations and Resident Trust Reconciliation. Responsible for all billing functions, including Medicare and Medicaid. Supervised Human Resources, Accounts Payable personnel and Receptionist. Worked directly with Administrator to report to the Board. Established correct billing procedures for Medicare Consolidated Billing for Skilled Nursing Facilities to include proper charges and cleaned up the outstanding Accounts Receivable from about 90 days to 30 days.

EXPERIENCE (Continued)

Bookkeeper — **July 2001-February 2005**
Cherry Pond Designs — **Jefferson, NH**

Responsible for all Payroll, Accounts Payable & Receivable and Invoicing functions using QuickBooks. This was a part-time position.

Bookkeeper/Accountant — **Dec. 1993 – July 1996**
Fairfield Mall Management Office — **Chicopee, Mass.**

Responsible for all Accounts Receivable and Payable functions using the J.D. Edwards computer accounting system. Prepared audit work papers for outside auditors. Brought monthly sales report on-line and was used as the test case for all the properties. Compiled annual budget, which consisted of a Microsoft Excel file, composed of over 150 linked worksheets. This was a part time position. Periodically responsible for all accounting functions, which included all of the above plus general journal entries and monthly financial statement preparation.

Controller — **Aug. 1982–June 1984**
Hendrix Wire and Cable — **Milford, NH**

Responsible for preparation and analysis of monthly financial statements, preparing schedules and assisting outside auditors on year-end audit, compilation of yearly budgets and supervision of Accounts Receivable and Payables, General Ledger and Payroll functions. Managed a staff of five employees. Responsible for all data processing functions, which included installation of computer applications, supervision of data conversion and training of personnel.

Assistant Controller — **Sept. 1980–Aug. 1982**
Hendrix Wire and Cable — **Milford, NH**

Prepared monthly financial statements for Controller to analyze. Maintained FIFO records and costed monthly inventories. Maintained fixed asset records. IBM System/34 Operator. Responsible for installing application software, software maintenance and security.

EDUCATION

New Hampshire College — **May 1985**
Masters in Business Administration

Bentley College — **May 1980**
Bachelor of Science in Accounting

Weeks Medical Center
170 Middle Street, Lancaster, NH
Telephone: 603-788-5098

Rona Glines

Objective

To obtain an administrative position within the health care field that will utilize my skills and experience.

Experience

1994-Present Weeks Medical Center Lancaster, NH

Director of Physician Services

- Responsible for Physician Services, Case Management, Health Information Management and Admitting/Communications.
- Integrated the functions of physician offices and other departments within the organization.
- Responsible for implementation of clinical and financial computer applications for the physician offices and Health Information Management.
- Responsible for implementing an enterprise-wide Department of Case Management.

1985–1994 Weeks Memorial Hospital Lancaster, NH

Patient Accounts Manager/Assistant Director of Fiscal Services

- Responsible for the day-to-day operation of the patient accounting department.
- Ensured adequate cash flow to meet organizational needs.
- Responsible for implementation and upgrade of computerized financial system.
- Assisted managers with completion of departmental budgets.

1980-1985 M&R Glines Auctions Lancaster, NH

Auctioneer/Appraiser

- Responsible for business management functions.
- Set-up and conducted auction sales.
- Performed estate and insurance appraisals for clients.

Education

1985 Plymouth State College Plymouth, NH

- B.S., Business Administration and Computer Science.
- Graduated Summa Cum Laude.

Interests

Antiques, Motorcycling, Skiing

References

Available upon request.

Lars E. Nielson, MD, FACOG

Experience:

October 2003 – Present	Weeks Medical Center	Lancaster, NH
June 2006 – Present	Chief Medical Officer Weeks Medical Center	Lancaster, NH
9/2006 – Present	N.H. Foundation for Healthy Communities Member of Medical Executive Committee	
1/2007 – Present	Chair DHA Quality and Planning Board	
6/2007 – Present	Chair DHA CMO Committee	
6/2006 - Present	Medical Director Family Planning Weeks Medical Center	
Staff Ob-GYN	Chief of Ob-GYN, Member of EMR Task Force	
July 1990 - Sept 2003	Littleton Regional Hospital	Littleton, NH

Solo Private Practice Ob-GYN

- Full range of reproductive health services including infertility and unrogynecology
- President of Medical Staff, Littleton Regional Hospital, 1999- 2000
- Member, Littleton Regional Hospital Board of Trustees, 2001-2003
- Chair, Medical Records, Utilization Review Committee, 1995-1999

Sept 1995 to Sept 2003 — Ammonusuc Community Health Service, Littleton, NH

Director of Reproductive Health

- **Supervised Family Practitioners, Midwives, and Nurse Practitioners**
- **Responsible for Establishing, Reviewing & Revising Clinical Protocols**

July 1986 – June 1990 — 812th Strategic Hospital — Ellsworth AFB, SD

Chief of Ob-GYN

- Provided full range of reproductive health services
- Supervised other Ob-GYNs, Midwives, Nurse Practitioners and other support staff
- Chief of Hospital Services 1985 – 86
- Awarded Meritorious Service Medal

Education

October 2004 – June 2004	Structural Acupuncture for Physicians, Harvard Medical School, Boston, MA
July 1982 – June 1986	Medical Center Hospital of Vermont, Burlington, VT Residency in Obstetrics & Gynecology
September 1978 – May 1982	Tufts University School of Medicine, Boston, MA Medical Doctor

September 1972 – May 1976	University of Vermont BA in Biochemistry	Burlington, VT

Board Certification American Board of Ob-GYN 1989, Recertified until 12/31/2009

Medical Licensure New Hampshire 1990 - Present

Community Service

Moderator/President First Congregational Church, Littleton, NH 2004 – 2008
Weathervane Theater Board of Trustees, 1994 – 1996
President, Grafton County Medical Society, 1996 - 2000
Moderator, Shaken Baby Syndrome Conference 1996

Public Speaking

What's the Point of Acupuncture? Weeks Medical Center/UCVH Women's Health Conference 2006

Your Sex Drive and How to Get it Back, Weeks Medical Center/UCVH Women's Health Conference 2005

Menopause 101, Weeks Medical Center/UCVH Women's Health Conference 2004

Emergency Childbirth, Northern New England EMT Conference 2001 & 2003

GLENN B. ADAMS, D.O.
Medical Director/Clinical Coordinator of Physician Services
CURRICULUM VITAE

Weeks Medical Center
170 Middle Street
Lancaster, NH 03584
603-788-2521

EMPLOYMENT EXPERIENCE

Weeks Medical Center, 173 Middle Street, Lancaster, New Hampshire. Multi-provider hospital-owned practice. Outpatient clinic located in Groveton, New Hampshire. Full medical and obstetrical admitting privileges to Weeks Medical Center, September 2001 to present.

Laboratory Technician, Washington State University, Pullman, Washington, 1993-1994

High School Science Teacher, Katahdin High School, Sherman Station, Maine, 1990-1991

U.S. Peace Corps Volunteer, High School Science Teacher, Kenya, 1987-1989

HOSPITAL APPOINTMENTS

Medical Director, Weeks Medical Center Physicians' Office Practice

Head of Service for Office Practice, October 2008

Medical Director Hospice of Lancaster, May 2003

Medical Director Weeks Home Health, April 2005

Medical Director Weeks Medical Center Rehabilitation Department, July 2002

EDUCATION

Family Practice Residency Program, Eastern Maine Medical Center,
Bangor, Maine, June 2001

Doctor of Osteopathy, University of New England College of Osteopathic Medicine (UNECOM), Biddeford, Maine, June 1998

Master of Science, Chemical Engineering, Washington State University, Pullman, Washington, August 1993

Bachelor of Chemical Engineering, University of Delaware, Newark, Delaware, June 1985

BOARD CERTIFICATION

Board Re-certified in Family Medicine, 2007

HONORS AND AWARDS

CIBA-GEIGY Award for Outstanding Community Service, UNECOM, fall 1996

Sewall Scholarship, UNECOM, for my desire to practice rural primary care medicine

Member of the University of Delaware Honors Program

Paul B. Weisz Award for undergraduate research, University of Delaware, 1985

VOLUNTEER/COMMUNITY SERVICE ACTIVITIES

President, Physicians For Social Responsibility, UNECOM, 1995-1996

Vice President and Class Officer, Student Government Association, UNECOM, 1994-1996

Updated 2/2009

CONTRACTOR NAME: Weeks Medical Center

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Michael Lee	President	$190,000.00	0%	$0.00
Celeste Pitts	Chief Financial Officer	$160,000.00	0%	$0.00
Rona Glines	Director of Physicians Services	$162,177.60	4%	$5,777.98
Lars Nielson	MD, Chief Medical Officer	$322,574.72	2%	$4,880.77
Glenn Adams	Medical Director/Clinical Coordinator of Physician Services	$244,514.82	5%	$11,336.82

State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Primary Care Services Contract

This 3rd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #3") dated this, 20th day of October, 2016 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Weeks Medical Center (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 170 Middle Street, Lancaster, New Hampshire 03584.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 11, 2012 (Item #31), and amended on May 8, 2014 (Item #34A), and on June 24, 2015 (Item #58) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Exhibit B Amendment #2, paragraph 10, notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2, and within the Price Limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council, and

WHEREAS, the State and the Department agree to adjust budget amounts between State Fiscal Years 2016 and 2017, within the Price Limitation and within the Completion Date.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Except as specifically amended and modified by the terms and conditions in this Amendment #3, the obligations of the parties shall remain in full force and effect in accordance with the terms and conditions set forth in the Contract as referenced above.

2. Delete in its entirety Exhibit B-3 Amendment #2, and replace with Exhibit B-3 Amendment #3.

3. Delete in its entirety Exhibit B-6 Amendment #2, and replace with Exhibit B-6 Amendment #3.

10/25/16

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/21/16
Date

NAME: LISA MORRIS
TITLE: Director

Weeks Medical Center

10/25/2016
Date

NAME Michael Lee
TITLE President

Acknowledgement:

State of New Hampshire, County of Coos on 10/25/2016, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Kathy St. Onge
Name and Title of Notary or Justice of the Peace

My Commission Expires: KATHY ST. ONGE, Notary Public
State of New Hampshire
My Commission Expires June 1, 2021

10/25/16

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date

Name:
Title:

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

10/25/16

EXHIBIT B-3 AMENDMENT #3

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Weeks Medical Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 119,338.34	$ -	$ 119,338.34	$ 48,338.34	$ -	$ 48,338.34	$ 71,000.00		$ 71,000.00
2. Employee Benefits	$ 29,834.58	$ -	$ 29,834.58	$ 29,834.58	$ -	$ 29,834.58	$ -	$ -	$ -
3. Consultants		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ 35,801.50	$ -	$ 35,801.50	$ 35,801.50	$ -	$ 35,801.50	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9 Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 2,500.00	$ -	$ 2,500.00	$ 2,500.00	$ -	$ 2,500.00	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 4,062.50	$ -	$ 4,062.50	$ -	$ -	$ -	$ 4,062.50	$ -	$ 4,062.50
SFY 2016 Carry Fwd Amount	$ (4,062.50)	$ -	$ (4,062.50)	$ -	$ -	$ -	$ (4,062.50)	$ -	$ (4,062.50)
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 187,474.42	$ -	$ 187,474.42	$ 116,474.42	$ -	$ 116,474.42	$ 71,000.00	$ -	$ 71,000.00

Indirect As A Percent of Direct 0.0%

Contractor Initials: _____

Date: 10/25/16

EXHIBIT B-6 AMENDMENT #3

SBIRT BUDGET SHEETS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Weeks Medical Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 87,507.61	$ -	$ 87,507.61	$ 87,507.61	$ -	$ 87,507.61	$ -	$ -	$ -
2. Employee Benefits	$ 21,876.90	$ -	$ 21,876.90	$ 21,876.90	$ -	$ 21,876.90	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4 Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5 Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7 Occupancy	$ 26,252.28	$ -	$ 26,252.28	$ 26,252.28	$ -	$ 26,252.28	$ -	$ -	$ -
8 Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9 Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 4,062.50	$ -	$ 4,062.50	$ -	$ -	$ -	$ 4,062.50	$ -	$ 4,062.50
SFY 2016 Carry Fwd Amount	$ 4,062.50	$ -	$ 4,062.50	$ -	$ -	$ -	$ 4,062.50	$ -	$ 4,062.50
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 143,761.79	$ -	$ 143,761.79	$ 135,636.79	$ -	$ 135,636.79	$ 8,125.00	$ -	$ 8,125.00

Indirect As A Percent of Direct 0.0%

Contractor Initials: _____

Date 10/25/16

Item #58
GC Approved 6/24/15

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

Marcella Jordan Bobinsky
Acting Director

June 1, 2015

Her Excellency, Governor Margaret Wood Hassen
And the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **sole source** amendments with the vendors listed in the table below for the provision of primary care services, breast and cervical cancer screening services and screening, brief intervention and referral to treatment for alcohol and drug misuse by increasing the total price limitation by $8,986,056 from $10,143,156 to $19,129,212 and extending the completion date from June 30, 2015 to June 30, 2017 upon Governor and Executive Council approval. 75.2% General Funds / 24.8% Federal Funds

The original contract, approved in 2012, included a two (2) year renewal option. The Department exercised a one (1) year renewal in 2014. The Department is now seeking to extend the contracts for two (2) two additional years through these sole source amendments. The Governor and Executive Council approved the original contracts and subsequent amendments as follows:

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Ammonoosuc Community Health Services, Inc. (177755-R001)	North Grafton/ South Coos	6/20/12 (Item #128)	5/8/14 (Item #34A)	$667,687	$540,879	$1,208,566
Concord Hospital, Inc. (177653-B011)	Merrimack/ Hillsborough	6/20/12 (Item #133)	5/8/14 (Item #34A)	$992,198	$788,937	$1,781,135
Coos County Family Health Services (155327-B001)	Eastern Coos	6/20/12 (Item #130)	5/8/14 (Item #34A)	$427,142	$371,229	$798,371
Families First of the Greater Seacoast (166629-B001)	Seacoast Area	6/20/12 (Item #134)	5/8/14 (Item #34A)	$624,540	$506,291	$1,130,831

Families First of the Greater Seacoast (166629-B001)	Seacoast Area - Homeless	6/6/12 (Item #69)	5/8/14 (Item #34B)	$218,537	$240,101	$458,638
Goodwin Community Health Center (154703-B001)	Strafford County	6/20/12 (Item #135)	5/8/14 (Item #34A)	$1,095,268	$825,647	$1,920,915
Harbor Homes (155358-B001)	Southern Hillsborough County - Homeless	6/6/12 (Item #68)	5/8/14 (Item #34B)	$225,045	$209,393	$434,438
Health First Family Care Center (158221-B001)	Central/East ern Belknap	6/20/12 (#131)	5/8/14 (Item #34)	$748,658	$586,113	$1,334,771
Indian Stream Health Center (165274-B001)	Northern Coos	6/20/12 (Item #125)	5/8/14 (Item #34A)	$259,157	$239,237	$498,394
Lamprey Health Care (177677-B001)	Central Southern/ Eastern NH	6/20/12 (Item #136)	5/8/14 (Item #34A)	$1,696,513	$1,299,195	$2,995,708
Manchester Community Health Center (157274-B001)	Greater Manchester	6/20/12 (Item #132)	5/8/14 (Item #34A)	$1,051,425	$1,435.139	$2,486,564
Manchester Health Department (177433-B009)	Greater Manchester - Homeless	6/20/12 (Item #124)	5/8/14 (Item #34B)	$232,205	$250,169	$482,374
Mid-State Health Center (158055-B001)	Central Northern Belknap	6/20/12 (Item #126)	5/8/14 (Item #34A)	$444,862	$406,811	$851,673
New London Hospital Association, Inc. (177167-R005)	Sullivan County	6/20/12 (Item #129)	5/8/14 (Item #34A)	$587,923	$487,419	$1,075,342
Weeks Medical Center (177171-R001)	Western Coos	7/11/12 (Item #31)	5/8/14 (Item #34A)	$292,483	$306,707	$599,190
White Mountain Community Health Center (174170-R001)	Northern Carroll	6/20/12 (Item #127)	5/8/14 (Item #34A)	$579,513	$492,789	$1,072,302
			Total:	**$10,143,156**	**$8,986,056**	**$19,129.212**

Funds are anticipated to be available in the following accounts for State Fiscal Years 2016 and in State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budgets with the ability to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified without further approval from the Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

Please see attachment for fiscal details.

EXPLANATION

These amendments are **sole source** because the Department is renewing the contracts for two (2) additional years after exercising a one (1) year renewal option in 2014 as allowable in Exhibit C, Special Provisions, paragraph 17 of the contracts, and adding to the scope of services for community health centers that provide primary care services, statewide.

This package includes sixteen (16) of sixteen (16) contracts being amended.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

Breast and cervical cancer screening services are provided as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap smears and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or

diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will add infrastructure to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will use funding to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. This request includes three (3) vendors who provide primary care and universal screening services to homeless individuals, who otherwise would have no access to health care. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, low-income individuals statewide may not have adequate access to primary care services. Some women may not receive recommended breast and cervical cancer screenings, which would increase their risk of having an untreatable stage of cancer. Additionally, undetected alcohol and drug misuse could result in increases of alcohol and drug related accidents and deaths, which would negatively impact NH citizens.

Area Served: Statewide.

Source of Funds: 75.2% General Funds

24.8% Federal Funds (CFDA #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse. FAIN #T1010035-14; CFDA #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds. FAIN # U58DP003930; CFDA #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States. FAIN #B04MC28113.)

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

Marcella Bobinsky
Acting Director
Division of Public Health Services

for Diane Langley
Acting Director
Division of Community Based Care Services

Approved by:
Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services Contract

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") dated this, 30th day of April, 2015 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Weeks Medical Center. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 170 Middle Street, Lancaster, New Hampshire 03584.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 11, 2012 (Item #31) and amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34A), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, and Exhibit C, Special Provisions, Paragraph 17, the State may amend the contract terms and conditions and renew the contract for two (2) additional years by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for two additional years, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   June 30, 2017
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $599,190
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read:
   Eric D. Borrin
4. Form P-37, General Provisions, Item 1.10, State Agency Telephone Number, to read:
   (603) 271-9558
5. Delete Exhibit A, Scope of Services and Exhibit A-1 Amendment 1, Scope of Services and replace with Exhibit A – Amendment #2.
6. Delete Exhibit A-1 Amendment #1 - Performance Measures and replace with Exhibit A-1 Amendment #2 – Performance Measures.

7. Delete Exhibit B, Purchase of Services Contract Price and replace with Exhibit B – Amendment #2, Method and Conditions Precedent to Payment.
8. Add Exhibit B-1, Budget Form Primary Care through Exhibit B-6, Budget Form SBIRT.
9. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Period Covered by this Certification, to read:

   From 7/1/2012 to 6/30/2017

10. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read:

    July 1, 2012 through June 30, 2017

11. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

6/12/15
Date

State of New Hampshire
Department of Health and Human Services

NAME: Brook Dupee
TITLE: Bureau Chief

Weeks Medical Center

5/13/15
Date

NAME Scott Howe
TITLE CFO

Acknowledgement:
State of New Hampshire, County of Coos on May 13 2015, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Kathy St. Onge
Name and Title of Notary or Justice of the Peace

KATHY ST. ONGE, Notary Public
My Commission Expires June 22, 2016

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4/6/15
Date

Name:
Title:

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. **Provisions Applicable to All Services**

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services shall be provided to all individuals who seek services described in Section 1.4 and Section 1.5, above.

1.7. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.7.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

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1.7.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.7.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than a one month period.

2.2. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

2.2.1. Family income.

2.2.2. Family size.

2.2.3. Income in relation to the Federal Poverty Guidelines.

2.3. The Contractor shall assist individuals with completing a Medicaid application when income calculations indicate possible Medicaid eligibility.

2.4. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.5. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.5.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.5.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.3. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.4. Assessment of need for:

3.1.4.1. Tobacco cessation, including referral to NH Quitworks, as appropriate.

3.1.4.2. Social services.

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3.1.4.3. Nutrition services, including WIC, as appropriate.

3.1.4.4. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.2.2. Care facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health.

3.2.3.2. Oral health.

3.2.3.3. Use of navigators and case management.

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

3.3. The Contractor can choose to provide enabling services, if the budget allows, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor can facilitate enabling services that include, but are not limited to:

3.3.1. Case management.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

3.4. The Contractor must elect to do at least one (1) quality improvement project which consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall facilitate a minimum of one (1) quality improvement project that includes, but is not limited to:

3.4.1. Enhancing clinical workflow/improve patient outcomes by methods that may include, but are not limited to:

3.4.1.1. Alerts.

3.4.1.2. Guidelines.

3.4.1.3. Diagnostic support.

3.4.1.4. Patient registries.

3.4.1.5. Collaborative learning sessions, etc.)

3.4.2. Implementing projects that lead to measurable improvements on any of the performance measures and indicators identified in Exhibit A-1 Amendment #2

3.4.3. Utilizing defined improvement processes to coordinate quality improvement activities.

3.4.4. Identifying and defining specific goals and objectives to be achieved in the project period.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

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4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

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4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

5.1. The Contractor shall develop the infrastructure necessary to provide and record Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance use for all eligible individuals ages nineteen (19) to sixty-five (65) years and for all pregnant women, regardless of age, receiving services in Section 3 and/or Section 4. The Contractor shall:

5.1.1. Provide training to integrated primary care and behavioral health teams to ensure SBIRT activities are conducted with fidelity to the model in Section 5.1.

5.1.2. Modify and/or adapt current Electronic Health Records (EHR) systems in order to track SBIRT:

5.1.2.1. Activities

5.1.2.2. Completions.

5.1.2.3. Recommendations and referrals.

5.1.2.4. Follow-ups.

5.1.3. Utilize Substance Use Disorder (SUD) codes in the EHR for billing that shall:

5.1.3.1. Enable submission for payment through NH Managed Care/Medicaid and other insurance companies.

5.1.3.2. Allow the generation of reports.

5.2. The Contractor shall implement SBIRT services by ensuring sufficient qualified staff are available to conduct SBIRT services according to the SBIRT model described by the Centers for Disease Control (CDC), available on-line at http/www.dcd.gov/ncddd/fasd/documents/alcoholsbiimplementationguide.pdf. The Contractor shall:

5.2.1. Implement SBIRT services by including SBIRT activities in daily operations.

5.2.2. Use one or more of the screening instruments listed in Appendix E of "Systems-Level Implementation of Screening, Brief Intervention and Referral to Treatment. TAP 33" (2013 edition) (http://www.integration.samhsa.gov/sbirt/TAP33.pdf) and document screening in the electronic health record (EHR).

5.2.3. Conduct brief interventions with patients who screen positive for potential substance use concerns and document activities in the EHR.

5.2.4. Refer patients to Substance Use Disorder (SUD) treatment services as necessary, and ensure each patient has connected with the specific service

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provider by documenting in the EHR, which is audited to ensure appropriate follow up.

5.2.5. Conduct SBIRT with covered populations that include all adults on an annual basis and pregnant women on a trimester basis.

5.3. Coordinate care between community health center (CHC) services and external treatment providers by collaborating with entities that provide SUD treatment services not available at the CHC. The Contractor shall:

5.3.1. Obtain client consents to contact service providers in order to resolve any barriers to accessing services.

5.3.2. Refer patients for SUD services, as needed.

5.3.3. Follow up with patient and/or SUD service provider to ensure appropriate services are provided.

5.3.4. Work with Regional Public Health Networks (RPHNs) to identify new SUD referral resources as they become available.

5.4. The Contractor shall test SBIRT fidelity with a subset of the target population prior to full implementation for all adults ages nineteen (19) to sixty-five (65) annually and pregnant women at each trimester.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall ensure staff delivering SBIRT services have, at minimum, one of the following:

6.3.1. Masters prepared behavioral health practitioners. This includes individuals licensed under the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board.

6.3.2. Masters prepared and in the process of obtaining a license from the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board, while under the supervision of a licensed practitioner of the same profession.

6.3.3. Physicians or Advanced Practice Registered Nurses licensed to practice in NH.

6.3.4. Physician Assistants or other practitioners under the supervision of a Physician licensed to practice in NH.

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6.4. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.4.1. A registered nurse who:

6.4.1.1. Is licensed with the NH Board of nursing; or

6.4.1.2. Has attained bachelor's degree from a recognized college or university.

6.4.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.4.1.

6.5. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within one month of hired.

6.6. The Contractor shall notify the MCHS, in writing, when:

6.6.1. Any critical position is vacant for more than one month.

6.6.2. There is not adequate staffing to perform all required services for more than one month.

7. Coordination of Services

7.1. The Contractor shall coordinate referrals for continued care of treatment, or breast or cervical healthcare, with other service providers within the community, where possible.

7.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.2.1. Community needs assessments.

7.2.2. Public health performance assessments.

7.2.3. The development of regional health improvement plans.

7.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

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8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit an annual Workplan and Workplan Outcome Report for the quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.4. If utilizing any portion of this contract for enabling services, the Contractor shall submit an annual Workplan and Workplan Outcome Report that includes at least one (1) performance measure for each type of enabling service provided. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st.

9.6. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.7. The Contractor shall submit monthly Outcome Reports for SBIRT services according to the schedule and instructions provided by the MCHS. The Contractor shall:

9.7.1. Collect information that includes, but is not limited to:

9.7.1.1. Description of the training provided, including but not limited to:

9.7.1.1.1. The content of the training provided.

9.7.1.1.2. The number of staff who received training.

9.7.1.2. The number of:

9.7.1.2.1. Qualified staff conducting SBIRT

Contractor's Initials: K

Date 5/13/15

9.7.1.2.2. SBIRT billing codes developed.

9.7.1.2.3. SBIRT services billed to insurance.

9.7.1.3. Updates on any changes, enhancements or adaptations to SBIRT procedures in:

9.7.1.3.1. Technology based systems.

9.7.1.3.2. Staffing.

9.7.1.3.3. Coding and billing.

9.7.1.4. The total number of clients receiving SBIRT delineated by:

9.7.1.4.1. Percentage of clients receiving only screening.

9.7.1.4.2. Percentage of clients receiving brief interventions.

9.7.1.4.3. Percentage of clients referred for more intensive services who initiated services.

9.7.1.4.4. Percentage of clients referred for more intensive services who had problems connecting to services.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

Contractor's Initials

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10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.2.3. SBIRT documentation, which includes but is not limited to:

10.2.3.1. SBIRT policies and procedures.

10.2.3.2. Staff credentials for all staff delivering SBIRT services

10.2.3.3. SBIRT procedures utilized and documented in patient records.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Contractor's Initials: [signature]

Date 5/13/15

Exhibit A-1 – Amendment #2

1. PRIMARY CARE PERFORMANCE MEASURES

1.1. Breastfeeding

1.1.1. **Percent of infants who are ever breastfed** (Title V PM #10).

1.1.1.1. Numerator: Infants who were ever breastfed or received breast milk

1.1.1.2. Denominator: All infants born in a state fiscal year

1.2. Preventive Health: Lead Screening

1.2.1. **Percent of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.** (CMS, Hedis).

1.2.1.1. Numerator: At least one capillary or venous blood test on or before the child's second birthday.

1.2.1.2. Denominator: Children who turn 2 years old during the state fiscal year.

1.3. Preventive Health: Adolescent Well-Care Visit

1.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (Hedis, Title V PM #7).

1.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

1.3.1.2. Denominator: Number of adolescents, ages 12 through 21 years of age.

1.4. Preventive Health: Depression Screening

1.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (ACO 18, NQF 0418).

1.4.1.1. Numerator: Patients who are screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan documented.

1.4.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.1.3. Denominator: All patients 12 years and older.

1.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

Contractor Initials: _____
Date: 6/13/15

1.4.2. **Maternal Depression Screening** (Developmental: not required for FY 16)

1.4.2.1. **Percentage of women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.**

1.4.2.1.1. Numerator: Women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool and screen negative.

AND

Women who are screened for depression during the post-partum visit using an appropriate standardized depression screening tool, screen positive, AND have a follow-up plan documented.

1.4.2.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.2.1.3. Denominator: All women who are at least 6 weeks post-partum in a state fiscal year.

1.4.2.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

1.5. **Preventive Health: Obesity Screening**

1.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (ACO 16, NQF 0421, HRSA UDS).

1.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

1.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters.

1.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist,

occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

1.5.1.4. Denominator: All patients aged 18 years and older who had at least one medical visit during the state fiscal year.

1.5.2. Percent of patients aged 2 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (HRSA UDS).

1.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

1.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

1.6. Preventive Health: Tobacco Screening

1.6.1. Percent of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user (ACO 17, NQF 0028, HRSA UDS).

1.6.1.1. Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.1.2. Definitions:

1.6.1.2.1. Tobacco Use: Includes any type of tobacco

1.6.1.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.1.3. Denominator: All patients aged 18 years and older seen for at least two visits ever

1.6.2. Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user (Title V, PM #15).

1.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

Contractor Initials: _____
Date: 5/13/15

1.6.2.2. Definitions:

1.6.2.2.1. Tobacco Use: Includes any type of tobacco

1.6.2.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.2.3. Denominator: All women who delivered a live birth in a state fiscal year

1.7. At Risk Population: Hypertension

1.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year** (ACO 28, NQF 0018).

1.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm Hg at the time of their last measurement.

1.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)

1.8. Patient Safety: Falls Screening

1.8.1. **Percent of patients aged 65 years and older who were screened for future fall risk at least once within 12 months** (ACO 13, NQF0101).

1.8.1.1. Numerator: Patients who were screened for future fall risk at least once within 12 months.

1.8.1.2. Definition of Fall: a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force.

1.8.1.3. Numerator note: Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year.

1.8.1.4. Denominator: All patients aged 65 years and older

1.8.1.5. Excluded from denominator population: (Exclusion only applied if patient was not screened for future fall risk) Documentation of medical reason(s) for not screening for future fall risk (e.g. patient is not ambulatory)

Contractor Initials: _____
Date: 5/13/15

2. BCCP PERFORMANCE MEASURES

2.1. BCCP Performance Measure #1

2.1.1. **Measure:*** 78% of female patients age 24 through 64 years of age screened for cervical cancer per USPSTF guidelines.

2.1.2. **Numerator** – Number of female patients 24 through 29 years of age who have had a documented pap in the past 3 years AND female patients 30-64 who have either had a pap in the past 3 years OR an HPV test and a pap in the past 5 years

2.1.3. **Denominator** – Number of female patients 24 through 64 years of age who have had a visit in the past year and do not have evidence of having had a total hysterectomy.

2.1.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.1.5. *Measure based on the UDS measure

2.1.6. **Healthy People 2020 National Target is 93%

2.2. BCCP Performance Measure #2

2.2.1. **Measure:*** 75% of female patients age 52 through 74 years of age screened for breast cancer per USPSTF guidelines.

2.2.2. **Numerator** – Number of female patients 52 through 74 years of age who have had a documented mammogram in the past 24 months.

2.2.3. **Denominator** – Number of female patients 52 through 74 years of age who have had a visit in the past year and do not have evidence of having had a bilateral mastectomy.

2.2.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.2.5. *Measure based on the USPSTF Guidelines

2.2.6. ** Healthy People 2020 National Target is 81.1%

Contractor Initials: _____
Date: 5/13/15

3. SBIRT PERFORMANCE MEASURES

3.1. **Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services**

3.1.1. **Numerator:** Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention or referral to services.

3.1.2. Definitions

3.1.2.1. Substance Use: Includes any type of alcohol or drug.

3.1.2.2. Brief Intervention: Includes guidance or counseling.

3.1.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.1.3. Denominator: Number of patients aged 18 years and older seen for annual visit within 12 months.

3.2. **Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services**

3.2.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

3.2.2. Definitions:

3.2.2.1. Substance Use: Includes any type of alcohol or drug.

3.2.2.2. Brief Intervention: Includes guidance or counseling.

3.2.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the state fiscal year.

Contractor Initials: _____
Date: 5/13/15

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   - 2.1. #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse.
   - 2.2. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   - 2.3. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #2, Scope of Services, in accordance with Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2.
4. The Contractor shall use and apply the amount in the SBIRT line item in Exhibit B-3 and Exhibit B-6 on actual SBIRT services provided.
5. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
6. Payment for said services shall be made as follows:
   - 6.1. The Contractor will submit an invoice by the tenth (10th) working day of each month, which identifies and requests reimbursement for:
     - 6.1.1. Authorized expenses incurred in the prior month.
     - 6.1.2. The units of SBIRT services provided, in accordance with Exhibit A – Amendment #2, Section 5.2.2 through Section 5.2.5 and Section 5.3.1 through Section 5.3.3, which shall be paid on a fee-for-service basis at the following rates:
       - 6.1.2.1. $29.86 for each unit of service that is 15-30 minutes.
       - 6.1.2.2. $57.31 for each unit of service that is more than 30 minutes.
   - 6.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   - 6.3. The invoice must be submitted by mail or e-mail to:

     Financial Manager
     Department of Health and Human Services
     129 Pleasant Street
     Concord, NH 03301

     E-mail: dphscontractbilling@dhhs.state.nh.us

Contractor Initials
Date: 5/13/15

7. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
8. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
9. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
10. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: _____
Date: 5/13/15

EXHIBIT B-3 AMENDMENT #2

SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Weeks Medical Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

1. Total Salary/Wages	$ 119,338.34	$ -	$ 119,338.34	$ 48,338.34	$ -	$ 48,338.34	$ 71,000.00	$ -	$ 71,000.00
2. Employee Benefits	$ 29,834.58	$ -	$ 29,834.58	$ 29,834.58	$ -	$ 29,834.58	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ 35,801.50	$ -	$ 35,801.50	$ 35,801.50	$ -	$ 35,801.50	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 2,500.00	$ -	$ 2,500.00	$ 2,500.00	$ -	$ 2,500.00	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 4,082.50	$ -	$ 4,082.50	$ -	$ -	$ -	$ 4,082.50	$ -	$ 4,082.50
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 191,556.92	$ -	$ 191,556.92	$ 116,474.42	$ -	$ 116,474.42	$ 75,082.50	$ -	$ 75,082.50

Indirect As A Percent of Direct 0.0%

Contractor Initials _____

Date 5/13/15

EXHIBIT B-6 AMENDMENT #2

SBIRT BUDGET SHEETS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Weeks Medical Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

1. Total Salary/Wages	$ 87,507.81	$ -	$ 87,507.81	$ 87,507.81	$ -	$ 87,507.81	$ -	$ -	$ -
2. Employee Benefits	$ 21,878.90	$ -	$ 21,878.90	$ 21,878.90	$ -	$ 21,878.90	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ 26,252.28	$ -	$ 26,252.28	$ 26,252.28	$ -	$ 26,252.28	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 4,062.50	$ -	$ 4,062.50	$ -	$ -	$ -	$ 4,062.50	$ -	$ 4,062.50
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 139,699.29	$ -	$ 139,699.29	$ 135,636.79	$ -	$ 135,636.79	$ 4,062.50	$ -	$ 4,062.50
Indirect As A Percent of Direct		0.0%							

Contractor Initials: _____

Date 5/13/15

5/8/14
34A MJ

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

G & C Approved
Date 5/8/14
Item #34A

March 28, 2014

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Retroactive
SOLE SOURCE
13% Federal Funds
87% General Funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend agreements with 13 vendors by increasing the total price limitation by $4,293,569 from $5,173,800 to $9,467,369 to provide primary care services. This amount includes a request to **retroactively** enter into **sole-source** amendments in an amount of $648,347, effective **retroactive** to July, 1, 2013 through June 30, 2014 and to exercise a one-year renewal option with the same 13 vendors in an amount of $3,645,222, extending the completion date from June 30, 2014 to June 30, 2015, effective upon Governor and Council approval. Twelve of these agreements were originally approved by Governor and Council on June 20, 2012, Item numbers 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, and one agreement was originally approved by Governor and Council on July 11, 2012, Item number 31.

Summary of contracted amounts by vendor.

Vendor	Location	SFY 2014 Amount	SFY 2015 Amount	Total Increase
Ammonoosuc Community Health	North Grafton/ South Coos	$42,661	$254,172	$296,833
Concord Hospital, Inc.	Merrimack/ Hillsborough	$64,413	$376,377	$440,790
Coos County Family Health	Eastern Coos	$24,351	$159,685	$184,036
Families First of the Greater Seacoast	Seacoast Area	$41,892	$242,094	$283,986
Goodwin Community Health	Strafford County	$74,293	$420,579	$494,872
Health First Family Care Center	Central/Eastern Belknap	$55,968	$292,214	$348,182
Indian Stream Health Center	Northern Coos & Colebrook	$18,030	$100,409	$118,439
Lamprey Health Care, Inc.	Central Southern/Eastern NH	$119,828	$654,249	$774,077
Manchester Community Health Center	Greater Manchester Area	$71,392	$407,637	$479,029
Mid-State Health Center	Central Northern Belknap	$35,001	$175,511	$210,512
The New London Hospital, Inc.	Sullivan County	$39,566	$225,093	$264,659
Weeks Medical Center	Western Coos	$20,652	$113,557	$134,209
White Mountain Community Health	Northern Carroll	$40,300	$223,645	$263,945
TOTAL		**$648,347**	**$3,645,222**	**$4,293,569**

Funds to support this request are available in the following accounts for SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

See attachment for financial details

EXPLANATION

Approval is requested **retroactive** to July 1, 2013. The services provided by these contracts are consistent with prior contracts and were included in the operating budget for SFY 2014 and SFY 2015. Contracts were delayed, however, since the exact amount of funding available was only recently determined. The SFY 2014 amendments are **sole source** because they exceed more than 10% of the original contract amount.

This requested action seeks approval of 13 amendments that represents $4,293,569 total anticipated to be spent statewide to continue breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services, and because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program

provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, low-income individuals statewide may not have adequate access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Contracts were awarded to Primary Care agencies through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by teams of three professionals. All reviewers have between three to 20 years' experience managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, these competitively procured Agreements have the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Department is exercising one year of this renewal option.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. All Primary Care vendors are making adequate progress in meeting clinical performance measures and the Departments wishes to continue working with the vendors for another year.

The performance measures as described in the contract amendment Exhibit A – Amendment 1 – Performance Measures, will be used to continue to measure the effectiveness of the agreement.

Area to be served is statewide.

Source of Funds: 13.09% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau; Centers for Disease Control and Prevention and 86.91% 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,

Brook Dupee for

José Thier Montero, MD, MHCDS
Director

Approved by:

Nicholas A. Toumpas
Commissioner

5/8/14
34A

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Weeks Medical Center

This 1st Amendment to the Weeks Medical Center contract (hereinafter referred to as "Amendment One") dated this 7TH day of MARCH, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Weeks Medical Center (hereinafter referred to as "the Contractor"), a corporation with a place of business at 170 Middle Street, Lancaster, New Hampshire 03584.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 11, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the Department desires to provide additional primary health care services for preventive and episodic health care for acute and chronic health conditions for people of all ages.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $292,483

- Exhibit A, Scope of Services to add:
  Exhibit A – Amendment 1

- Exhibit B, Purchase of Services, Contract Price, to add:

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $20,652 for SFY 2014 and $113,557 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $20,652 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $103,557 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

Contractor Initials
Date 3/7/14

- $10,000 from 05-95-90-901010-7965-102-500731, 100% General Funds.

  Add Paragraph 8
  8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

- Budget, to add:
  Exhibit B-1 (2014) - Amendment 1,
  Exhibit B-1 (2015) - Amendment 1

This amendment shall be in effect July 1, 2013, effective upon the date of Governor and Executive Council approval.

Contractor Initials
Date 3/7/14

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

3/28/2014
Date

Brook Dupee
Bureau Chief

Weeks Medical Center

3/7/14
Date

Name: SCOTT HOWE
Title: CEO

Acknowledgement:

State of NEW HAMPSHIRE, County of Coos on MARCH 7 2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Kathy St Onge
Signature of Notary Public or Justice of the Peace

KATHY ST. ONGE, NOTARY
Name and Title of Notary or Justice of the Peace

KATHY ST. ONGE, Notary Public
My Commission Expires June 22, 2016

Contractor Initials
Date 3/7/14

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4-3-14
Date

Name: Rosemary Wiant
Title: Asst. Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials
Date: 3/7/14

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services

May 10, 2012

APPROVED F/C _____
DATE _____
APPROVED G&C #31
DATE 7-11-12
NOT APPROVED _____

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with Weeks Medical Center (Vendor #177171-R001), 170 Middle Street, Lancaster, New Hampshire 03584, in an amount not to exceed $158,274.00, to provide primary care services, to be effective July 1, 2012 or date of Governor and Executive Council approval, whichever is later, through June 30, 2014. Funds are available in the following accounts for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budgets.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080000	$69,137
SFY 2014	102-500731	Contracts for Program Services	90080000	$69,137
			Sub-Total	$138,274

05-95-90-901010-5149 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90073001	$10,000
SFY 2014	102-500731	Contracts for Program Services	90073001	$10,000
			Sub-Total	$20,000
			Total	$158,274

EXPLANATION

Funds in this agreement will be used to provide office-based primary care services for low-income and uninsured families. This agreement provides funds for services as a last resort; contractor is required to make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. For example, in State Fiscal Year 2011:

- 88% of eligible children served were enrolled in Medicaid/Healthy Kids Gold.
- 86% of children 24-35 months, served received the appropriate schedule of immunizations.
- 82% of infants born to women served received prenatal care beginning in the first trimester of pregnancy.

Should Governor and Executive Council not authorize this Request, a minimum of 1,600 low-income individuals from the following areas Carroll, Dalton, Groveton, Jefferson, Lancaster, North Stratford, Northumberland, Randolph, Stark, Stratford, Twin Mountain and Whitefield may not have access to primary care services. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities.

Weeks Medical Center was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by three professionals, who work internal and external to the Department of Health and Human Services. All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services, and managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were

averaged and all proposals were recommended for funding. In those instances where scores were less than ideal, agency specific remedial actions were recommended and completed. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. These services were contracted previously with this agency in SFY 2011 and SFY 2012 in the amount of $273,898. This represents a decrease of $115,624. The decrease is due to budget reductions.

The performance measures used to measure the effectiveness of the agreement are attached.

Area served: Carroll, Dalton, Groveton, Jefferson, Lancaster, North Stratford, Northumberland, Randolph, Stark, Stratford, Twin Mountain and Whitefield.

Source of Funds: 17.43% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 82.57% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

José Thier Montero, MD
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/PMT/sc

Program Name DPHS, Maternal and Child Health
Contract Purpose Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Ammonoosuc Community Health Services, Inc., 25 Mount Eustis Rd., Littleton, NH 03561	Coos County Family Health Services, Inc., 54 Willow St., Berlin, NH 03570	Concord Hospital, Inc., 250 Pleasant St., Concord, NH 03301	Families First of the Greater Seacoast, 100 Campus Drive, Portsmouth, NH 03801	Goodwin Community Health, 311 Route 108, Somersworth, NH 03878	Health First Family Care Center, 841 Central St., Franklin, NH 03235	Manchester Community Health Center, 145 Hollis St., Manchester, NH 03101	Mid-State Health Center, 101 Boulder Point Dr., Plymouth, NH 03264
Agy Capacity	30	29.00	28.00	28.00	29.00	29.00	25.00	29.00	28.00
Program Structure	50	46.00	45.00	47.00	48.00	48.00	39.00	46.00	45.00
Budget & Justification	15	14.00	15.00	15.00	15.00	12.00	13.00	15.00	12.00
Format	5	4.00	5.00	5.00	5.00	4.00	4.00	5.00	5.00
Total	100	93.00	93.00	95.00	97.00	93.00	81.00	95.00	90.00

BUDGET REQUEST									
Year 01		$339,156.25	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 02		$347,976.97	118,959.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 03		$0.00	-	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET REQUEST		$687,133.22	237,918.00	$551,408.00	$327,586.00	$584,604.00	$398,254.00	$556,404.00	$234,350.00
BUDGET AWARDED									
Year 01		$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 02		$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET AWARDED		$370,854.00	$243,106.00	$551,408.00	$340,554.00	$600,396.00	$400,476.00	$572,396.00	$234,350.00

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal & child health; quality assurance & performance improvement; chronic and communicable diseases and public health infrastructure
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	
7	Terry Ohlson-Martin	Co-Director	Family Voices	
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm	
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	

Program Name: DPHS, Maternal and Child Health
Contract Purpose: Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	The New London Hospital, Inc., 273 County Rd., New London, NH 03257	Weeks Medical Center, 170 Middle St., Lancaster, NH 03584	White Mountain Community Health Center, 298 White Mountain Hwy., Conway, NH 03818	Lamprey Health Care, Inc., 207 South Main St., Newmarket, NH 03857	Indian Stream Health Center, 141 Corliss Lane, Colebrook, NH 03576	0	0	0
Agy Capacity	30	27.00	28.00	21.00	29.00	23.00	0.00	0 00	0 00
Program Structure	50	40.00	43.00	38.00	45.00	35.00	0.00	0 00	0.00
Budget & Justification	15	9 00	15.00	15.00	13.00	9.00	0.00	0 00	0 00
Format	5	4.00	5.00	3.00	5.00	5.00	0 00	0 00	0 00
Total	100	80.00	91 00	77 00	92 00	72 00	0.00	0 00	0 00

BUDGET REQUEST									
Year 01		$156,450.00	$79,137.00	$156,673 00	$456,331.00	$136,356.00	-	-	-
Year 02		$156,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET REQUEST		$312,900.00	$158,274.00	$313,346.00	$912,662.00	$272,712.00	-	-	-
BUDGET AWARDED									
Year 01		$161,632 00	$79,137.00	$157,784.00	$461,218.00	$70,359 00	-	-	-
Year 02		$161,632.00	$79,137.00	$157,784.00	$461,218 00	$70,359 00	-	-	-
Year 03		$0 00	$0.00	$0 00	$0 00	$0 00	-	-	-
TOTAL BUDGET AWARDED		$323,264.00	$158,274.00	$315,568.00	$922,436.00	$140,718.00	-	-	-

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three
2	Rhonda Siegel	CP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	to twenty years experience
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	either in clinical settings
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	providing community-based
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	family support services and or
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	managing agreements with
7	Terry Ohlson-Martin	Co-Director	Family Voices	vendors for various public
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	health programs. Areas of
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	specific expertise include
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm.	maternal & child health,
11	Lissa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	quality assurance & performance
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	improvement, chronic and
				communicable diseases and
				public health infrastructure

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Prenatal (PN) Performance Measure #1

Measure: Percent of infants born to women receiving prenatal care beginning in the first trimester of pregnancy.

Primary Care Prenatal (PN) Performance Measure #2

Measure: Percent of pregnant women identified as cigarette smokers that are referred to QuitWorks-New Hampshire.

Primary Care Prenatal (PN) Performance Measure #3

Measure: Percent of pregnant women who were screened, using a formal valid screening tool, for alcohol and other drug use during every trimester the patient was enrolled.

Primary Care Child Health Direct (CH – D) Performance Measure #1

Measure: Percent of eligible children enrolled in Medicaid

Primary Care Child Health Direct (CH – D) Performance Measure #2

Measure: Percent of at-risk children who were screened for blood lead between 18 and 30 months of age

Primary Care Child Health Direct (CH – D) Performance Measure #3

Measure: Percent of children age two to nineteen years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85th percentile with documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Primary Care Child Health Direct (CH – D) Performance Measure #4

Measure: Percent of eligible infants and children with client record documentation of enrollment in Women Infant Children Program.

Primary Care Child Health Direct (CH – D) Performance Measure #5

Measure: Percent of infants who were exclusively breastfed for the first three months, at their four month well baby visit.

Primary Care Financial (PC) Performance Measure #1

Measure: Patient Payor Mix

Primary Care Financial (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Primary Care Financial (PC) Performance Measure #3

Measure: Current Ratio

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: Percent of adolescents aged 10-21 years who received annual health maintenance visits in the past 12 months.

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure: Percent of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid.

Subject: Primary Care Services

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		**1.2 State Agency Address** 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name Weeks Medical Center		**1.4 Contractor Address** 170 Middle Street Lancaster, New Hampshire 03584	
1.5 Contractor Phone Number 603-788-2521	**1.6 Account Number** 010-090-5190-120-500731 010-090-5149-102-500731	**1.7 Completion Date** June 30, 2014	**1.8 Price Limitation** $158,274
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		**1.10 State Agency Telephone Number** 603-271-4501	
1.11 Contractor Signature		**1.12 Name and Title of Contractor Signatory** Scott Howe, Chief Executive Officer	

1.13 Acknowledgement: State of New Hampshire, County of Coos

On March 28, 2012, before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

Kathy St Onge
[Seal]

KATHY ST. ONGE, Notary Public
My Commission Expires June 22, 2016

1.13.2 Name and Title of Notary or Justice of the Peace

1.14 State Agency Signature	**1.15 Name and Title of State Agency Signatory** Joan H. Ascheim, Bureau Chief
1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:	Director, On:
1.17 Approval by the Attorney General (Form, Substance and Execution) By: Joanne P. Herrick, Attorney	On: 29 May, 2012
1.18 Approval by the Governor and Executive Council By:	On:

Exhibit C

SPECIAL PROVISIONS

1. **Contractors Obligations:** The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

2. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

3. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

4. **Documentation:** In addition to the determination forms, required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

5. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

6. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

7. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

8. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party fundors for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party fundors, the Department may elect to:

   8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

Contractor Initials

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8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

9. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

9.1 **Fiscal Records:** Books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

9.2 **Statistical Records:** Statistical, enrollment, attendance, or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

10.1 **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

10.2 **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directed connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

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Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

12. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department

    12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

    12.2 Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

13. **Completion of Services:** Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14. **Credits:** All documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

    14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. **Operation of Facilities:** Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the Contractor with respect to the operation of the facility or the provision of the services at such facility. If any government license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

Contractor Initials: [signature]
Date: 3/28/12

16. **Insurance:** Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed $500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed $500,000, is comprehensive general liability insurance in amounts of not less than $1,000,000 per claim or occurrence and $2,000,000 in the aggregate. *These amounts may NOT be modified.*

X (1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed $500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $250,000 per claim and $2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

☐ (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

18. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

Contractor Initials

Date 3/28/12

19. **Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;**

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

Contractor Initials: [signature]
Date 3/28/12

State of New Hampshire
Department of Health and Human Services
Amendment #4 to the Primary Care Services Contract

This 4th Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #4") dated this, 1st day of May, 2017 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and White Mountain Community Health Center (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 298 White Mountain Highway, PO Box 2800, Conway, NH 03818.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #127) as amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34A); as amended by an agreement (Amendment #2 to the Contract) approved by the Governor and Executive Council on June 24, 2015; as amended by an agreement (Amendment #3 to the Contract) approved by the Governor and Executive Council on December 7, 2016 (Item #12); the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement the State may amend the contract terms and conditions by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for nine (9) months, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   March 31, 2018
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $1,202,832
3. Add Exhibit A- Amendment #4, Scope of Services.
4. Add Exhibit A-1 – Amendment #4, Performance Measures
5. Add Exhibit B – Amendment #4, Method and Conditions Precedent to Payment.
6. Add Exhibit B-1 – Amendment #4 MCHS Budget.
7. Add Exhibit B-2 – Amendment #4 BCCP Budget.

PM-
5-17-17

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

5/31/17
Date

NAME: LISA MORRIS
TITLE: DIRECTOR, DPHS

White Mountain Community Health Center

5-17-17
Date

NAME Patricia McMurry
TITLE Executive Director

Acknowledgement:
State of New Hampshire, County of Carroll on May 17, 2017, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Diane Brothers
Name and Title of Notary or Justice of the Peace

DIANE BROTHERS, Notary Public
My Commission Expires August 5, 2019

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/5/17
Date

Name:
Title:

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.6.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.6.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.6.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than thirty (30) consecutive days or any sixty (60) non-consecutive days.

2.2. The Contractor shall assist individuals with completing a Medicaid/Expanded Medicaid or other health insurance application when income calculations indicate possible eligibility.

2.3. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.4. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.4.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.4.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Perinatal services, including but not limited to access to obstetrical services either on-site or by referral.

3.1.3. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.4. Integrated Behavioral Health Services.

3.1.5. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.6. Assessment of need and follow-up/referral as indicated for:

3.1.6.1. Tobacco cessation, including referral to QuitWorks-NH, www.QuitWorksNH.org.

3.1.6.2. Social services.

3.1.6.3. Chronic Disease management, including disease specific referral and self-management education, which may include, but is not limited to referral to Diabetes Self-

Management Education (DSME), as recommended by the American Diabetes Association.

3.1.6.4. Nutrition services, including WIC, as appropriate.

3.1.6.5. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.1.6.6. Screening, Brief Intervention and Referral to Treatment (SBIRT) services, including but not limited to contact with the Regional Public Health Network Continuum of Care Development Initiative.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which includes but is not limited to access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.3. The Contractor shall provide enabling services, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor shall facilitate enabling services that include, but are not limited to:

3.3.1. Case management, which may include but is not limited to, care facilitated by registries; information technology; health information exchanged; and other services that ensure patients receive necessary care when and where it is needed and wanted 8in a culturally and linguistically appropriate manner.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach, which may include but is not limited to the use of community health workers.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 – Amendment #3 that include activities related to:

Contractor's Initials: PMC

Date 5-17-17

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Quality Improvement

5.1. The Contractor shall conduct a minimum of two (2) quality improvement projects which consist of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall ensure:

Contractor's Initials: RMC

Date 5-17-17

5.1.1. One (1) quality improvement project focuses on the performance measure as designated by the Department.

5.1.2. One (1) quality improvement project is based on previous performance outcomes needing improvement, as selected by the Contractor.

5.2. The Contractor shall utilize Quality Improvement (QI) science to develop and implement a QI Workplan for each QI project, which shall include but not be limited to:

5.2.1. Specific goals and objectives for the project period.

5.2.2. Evaluation methods to demonstrate improvements in the quality, efficiency, and effectiveness of patient care.

5.3. The Contractor may utilize activities in QI projects that enhance clinical workflow and improve patient outcomes, which may include but are not limited to:

5.3.1. EMR prompts/alerts.

5.3.2. Protocols/Guidelines.

5.3.3. Diagnostic support.

5.3.4. Patient registries.

5.3.5. Collaborative learning sessions.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care services who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within thirty (30) days of hire.

6.4. The Contractor shall notify the MCHS, in writing, when:

6.4.1. Any critical position is vacant for more than thirty (30) days.

6.4.2. There is not adequate staffing to perform all required services for more than thirty (30) consecutive days or any sixty (60) nonconsecutive days.

6.5. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.5.1. A registered nurse who:

6.5.1.1. Is licensed with the NH Board of nursing; or

6.5.1.2. Has attained bachelor's degree from a recognized college or university.

6.5.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.5.1.

7. Coordination of Services

7.1. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.1.1. Community needs assessments.

7.1.2. Public health performance assessments.

7.1.3. The development of regional health improvement plans.

7.2. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit a Performance Measure Outcome Report, which details the plan for improvement when a performance measure targeted goal is not met.

9.4. The Contractor shall submit an annual Workplan for the two (2) quality improvement projects that demonstrate improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall submit at least one (1) annual Workplan that includes a detailed description of the enabling services funded by this contract. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.6. The Contractor shall collect and submit the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st of each contract year.

9.7. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Contractor's Initials: RM

Date 5-17-17

Exhibit A-1 – Amendment #4

1. MATERNAL AND CHILD HEALTH SECTION (MCHS) PRIMARY CARE PERFORMANCE MEASURES

1.1. **Definitions**

1.1.1. **Measurement Year** – Measurement Year is defined as the calendar year, January 1st through December 31st.

1.1.2. **Medical Visit** – Medical visit is defined as any office visit including all well-care and acute-care visits.

1.1.3. **HEDIS** – Healthcare Effectiveness Data and Information Set

1.1.4. **NQF** – National Quality Forum

1.1.5. **Title V** – Federal Maternal and Child Health Services Block Grant

1.1.6. **UDS** – Uniform Data System

1.1.7. **NH MCHS** – New Hampshire Maternal and Child Health Section

2. MCHS PRIMARY CARE PERFORMANCE MEASURES

2.1. **Breastfeeding**

2.1.1. **Percent of infants who are ever breastfed** (Title V PM #4).

2.1.1.1. Numerator: All patient infants who were ever breastfed or received breast milk.

2.1.1.2. Numerator Note: The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six (6) months as human milk supports optimal growth and development by providing all required nutrients during that time.

2.1.1.3. Denominator: All patient infants born in the measurement year.

2.2. **Preventive Health: Lead Screening**

2.2.1. **Percent of children 3 years of age who had two or more capillary or venous lead blood test for lead poisoning by their third birthday.** (NH MCHS).

2.2.1.1. Numerator: All patient children who received at least one capillary or venous lead screening test between nine (9) months to eighteen (18) months of age **AND** one (1) capillary or venous lead screening test between nineteen (19) to thirty (30) months of age.

2.2.1.2. Denominator: All patient children who turned three (3) years old during the measurement year that had at least one (1) medical visit during the measurement year.

2.3. **Preventive Health: Adolescent Well-Care Visit**

2.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (HEDIS,).

Contractor Initials: CM

Date: 5-17-17

2.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

2.3.1.2. Denominator: Number of patient adolescents, ages 12 through 21 years of age by the end of the measurement year.

2.4. **Preventive Health: Depression Screening**

2.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NQF 0418, UDS).

2.4.1.1. Numerator: Patients twelve (12) years and older who are screened for clinical depression using an age-appropriate standardized depression screening tool **AND** if positive, a follow-up plan documented.

2.4.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented follow-up plan.

2.4.1.3. Denominator: All patients 12 years and older by the end of the measurement year who had at least one (1) medical visit during the measurement year.

2.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

2.4.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as suicide risk assessment and/or referral to practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.4.2. **Maternal Depression Screening**

2.4.2.1. **Percentage of women who are screened for clinical depression during any visit up to twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (NH MCHS).

2.4.2.1.1. Numerator: Women who are screened for clinical depression during the first twelve (12) weeks following delivery using an appropriate standardized depression screening tool AND if screened positive have documented follow-up plan.

2.4.2.1.2. Numerator Note: Numerator includes women who screened negative PLUS women who screened positive AND have documented follow-up plan.

2.4.2.1.3. Denominator: All women who had any office visit up to twelve (12) weeks following delivery during the measurement year.

2.4.2.1.4. Denominator Exception: Documentation of depression screening not performed due to medical contraindicated or patient refusal.

2.4.2.1.5. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

2.5. **Preventive Health: Obesity Screening**

2.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (NQF 0421, UDS).

2.5.1.1. Normal parameters: Age 65 and older BMI ≥ 23 and < 30

Age 18 through 64 BMI ≥ 18.5 and < 25

2.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters (Normal BMI + abnormal BMI with documented plan).

2.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist, occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

2.5.1.4. Denominator: All patients aged 18 years and older who had at least one (1) medical visit during the measurement year.

2.5.2. Percent of patients aged 3 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (UDS).

2.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of

counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

2.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

2.6. **Preventive Health: Tobacco Screening**

2.6.1. Percent of patients aged 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user (UDS).

2.6.1.1. Numerator: number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit OR within twenty-four (24) months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

2.6.1.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.1.3. Denominator: All patients aged 18 years and older during the measurement year, with at least one (1) medical visit during the measurement year, and with at least two (2) medical visits ever.

2.6.1.4. Definitions:

2.6.1.4.1. Tobacco Use: Includes any type of tobacco.

2.6.1.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy.

2.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (NH MCHS).

2.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

2.6.2.2. Numerator Note: Numerator equals queried non-smokers PLUS queried smokers with documented counseling intervention and/or pharmacotherapy.

2.6.2.3. Denominator: All women who delivered a live birth in the measurement year.

2.6.2.4. Definitions:

2.6.2.4.1. Tobacco Use: Includes any type of tobacco

2.6.2.4.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

2.7. **At Risk Population: Hypertension**

2.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHG) during the measurement year** (NQF 0018).

2.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm HG at the time of their last measurement.

2.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension (must have been diagnosed with hypertension 6 or more months before the measurement date) who had at least one (1) medical visit during the measurement year. (Excludes pregnant women and patients with End Stage Renal Disease.)

2.8. **Patient Safety: Falls Screening**

2.8.1. **Percent of patients aged 65 years and older who were screened for fall risk at least once within 12 months** (NH MCHS).

2.8.1.1. Numerator: Patients who were screened for fall risk at least once within the measurement year.

2.8.1.2. Denominator: All patients aged 65 years and older seen by a health care provider within the measurement year.

2.9. **SBIRT**

2.9.1. SBIRT – Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services (NHMCHS).

2.9.1.1. Numerator: Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention and/or referral to services.

2.9.1.2. Numerator Note: Numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.1.3. Denominator: Number of patients aged 18 years and older seen for annual/preventive visit within the measurement year.

2.9.1.4. Definitions:

2.9.1.4.1. Substance Use: Includes any type of alcohol or drug.

2.9.1.4.2. Brief Intervention: Includes guidance or counseling.

2.9.1.4.3. Referral to Services: includes any recommendation of direct referral for substance abuse services.

2.9.2. Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services (NH MCHS)**.**

2.9.3. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

2.9.4. Numerator Note: numerator equals screened negative PLUS screened positive who have documented brief intervention and/or referral to services.

2.9.5. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the measurement year.

2.9.6. Definitions:

2.9.6.1. Substance Use: Includes any type of alcohol or drug.

2.9.6.2. Brief Intervention: Includes guidance or counseling.

2.9.6.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A – Amendment #4, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   2.1. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   2.2. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #4, Scope of Services, in accordance with Exhibit B-1 Amendment #4 through Exhibit B-2 Amendment #4.
4. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
5. Payment for said services shall be made as follows:
   5.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month.
   5.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   5.3. The invoice must be submitted by mail or e-mail to:

   Financial Manager
   Department of Health and Human Services
   129 Pleasant Street
   Concord, NH 03301

   E-mail: dphscontractbilling@dhhs.state.nh.us
6. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
7. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
8. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
9. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #4 through Exhibit B-2 Amendment #4 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: BM
Date: 5-17-17

Exhibit B-1 Amendment #4 MCHS Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: White Mountain Community Health Center

Budget Request for: MCHS - Primary Care

Budget Period: July 1, 2017 thru March 31, 2018

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 252,376.00	$ -	$ 252,376.00	$ 170,226.00	$ -	$ 170,226.00	$ 82,150.00	$ -	$ 82,150.00
2. Employee Benefits	$ 47,435.00	$ -	$ 47,435.00	$ 37,435.00	$ -	$ 37,435.00	$ 10,000.00	$ -	$ 10,000.00
3. Consultants	$ 8,339.00	$ -	$ 8,339.00	$ 4,289.00	$ -	$ 4,289.00	$ 4,050.00	$ -	$ 4,050.00
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ 447.00	$ -	$ 447.00	$ 447.00	$ -	$ 447.00	$ -	$ -	$ -
Pharmacy	$ 3,019.00	$ -	$ 3,019.00	$ 2,419.00	$ -	$ 2,419.00	$ 600.00	$ -	$ 600.00
Medical	$ -	$ 11,737.00	$ 11,737.00	$ -	$ 11,737.00	$ 11,737.00	$ -	$ -	$ -
Office	$ -	$ 3,000.00	$ 3,000.00	$ -	$ 3,000.00	$ 3,000.00	$ -	$ -	$ -
6. Travel	$ 376.00	$ 2,407.00	$ 2,783.00	$ -	$ 2,407.00	$ 2,407.00	$ 376.00	$ -	$ 376.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ 219.00	$ 219.00	$ -	$ 219.00	$ 219.00	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ 2,450.00	$ 2,450.00	$ -	$ 2,450.00	$ 2,450.00	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 4,708.00	$ -	$ 4,708.00	$ 3,133.00	$ -	$ 3,133.00	$ 1,575.00	$ -	$ 1,575.00
12. Subcontracts/Agreements	$ 82,782.00	$ -	$ 82,782.00	$ 52,782.00	$ -	$ 52,782.00	$ 30,000.00	$ -	$ 30,000.00
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 399,482.00**	**$ 19,813.00**	**$ 419,295.00**	**$ 270,731.00**	**$ 19,813.00**	**$ 290,544.00**	**$ 128,751.00**	**$ -**	**$ 128,751.00**
Indirect As A Percent of Direct		5.0%							

Contractor Initials _____

Date 5-17-17

Exhibit B-2 Amendment #4 BCCP Budget

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: White Mountain Community Health Center

Budget Request for: Primary Care - BCCP

Budget Period: July 1, 2017 thru March 31, 2018

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1 Total Salary/Wages	$ 3,135.00	$ -	$ 3,135.00	$ 504.00		$ 504.00	$ 2,631.00	$ -	$ 2,631.00
2 Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3 Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4 Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5 Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6 Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7 Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8 Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9 Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10 Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11 Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12 Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13 Other (specific details mandatory): Clinical Services	$ 1,640.00	$ -	$ 1,640.00	$ -	$ -	$ -	$ 1,640.00	$ -	$ 1,640.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 4,775.00**	**$ -**	**$ 4,775.00**	**$ 504.00**	**$ -**	**$ 504.00**	**$ 4,271.00**	**$ -**	**$ 4,271.00**
Indirect As A Percent of Direct		0.0%							

Contractor Initials PMc

Date 5-17-17

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 WHITE MOUNTAIN COMMUNITY HEALTH CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on June 01, 1981. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **62590**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 17th day of May A.D. 2017.

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Janice Spinney, do hereby certify that:

1. I am a duly elected Officer of White Mountain Community Health Center.

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency duly held on April 27, 2017:

RESOLVED: That the Executive Director is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 17th day of May 2017.

4. Patricia McMurry is the duly elected Executive Director of the Agency.

Janice Spinney
(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE

County of Carroll

The forgoing instrument was acknowledged before me this 17th day of May, 2017, by Janice Spinney.

Diane Brothers
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

DIANE BROTHERS, Notary Public
My Commission Expires August 5, 2019

Commission Expires: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/5/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Heather Clement
Chalmers Insurance Group - North Conway PO Box 2480 3277 White Mountain Highway North Conway NH 03860	PHONE (A/C, No, Ext): (603)356-6926 FAX (A/C, No): (603)356-6934 E-MAIL ADDRESS: HClement@chalmersInsuranceGroup.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: Travelers Indemnity Co. — 25658
INSURED WHITE MOUNTAIN COMMUNITY HEALTH CENTER PO BOX 2800 CONWAY NH 03818	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 2017 WC, Emp Liab **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB6G264175	1/1/2017	1/1/2018	☐ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 100,000
							E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: DHHS-Contract Unit
Primary Care

CERTIFICATE HOLDER

DHHS
Contracts & Procurement
129 Pleasant Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

H Clement/HEATHE

WHITE-4 OP ID: JS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/17/2017

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
Noyes Hall & Allen Insurance
www.noyeshallallen.com
170 Ocean Street, PO Box 2403
South Portland, ME 04116-2403
Thomas P. Noyes, CPCU

CONTACT NAME: Thomas P. Noyes, CPCU
PHONE (A/C, No, Ext): 207-799-5541 FAX (A/C, No): 207-767-7590
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Medical Mutual Insurance Co.	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
White Mountain Community
Health Center
298 White Mountain Highway
North Conway, NH 03818

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 X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC			NH HCP 004254	01/01/2017	01/01/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (PER ACCIDENT)	$ $ $ $
A	X UMBRELLA LIAB OCCUR EXCESS LIAB X CLAIMS-MADE DED X RETENTION $ 10000			NH UMB 004256	01/01/2017	01/01/2018	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A	Med Prof Liab Claims Made			NH HCP 004254	01/01/2017	01/01/2018	Each Loss Aggregate	1,000,000 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: Evidence of Insurance

CERTIFICATE HOLDER

DHHS123

DHHS
Contracts and Procurement
129 Pleasant Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

WHITE MOUNTAIN
COMMUNITY
HEALTH CENTER

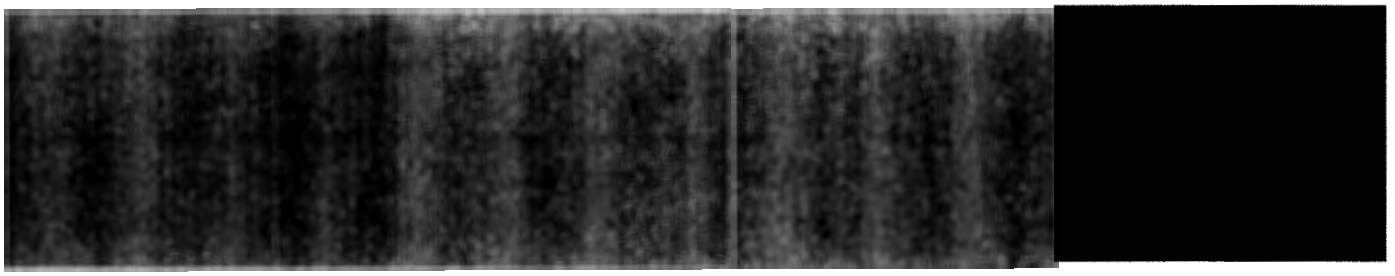
Whole Person. Whole Family. Whole Valley.

298 White Mt. Hwy • PO Box 2800 • Conway, NH 03818 • 603-447-8900

Mission Statement

White Mountain Community Health Center provides comprehensive, high-quality primary care services and health education on a sustainable basis to women, men and children in the Mount Washington Valley community regardless of ability to pay.

BerryDunn



WHITE MOUNTAIN COMMUNITY HEALTH CENTER

FINANCIAL STATEMENTS

June 30, 2016 and 2015

With Independent Auditor's Report

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
White Mountain Community Health Center

We have audited the accompanying financial statements of White Mountain Community Health Center, which comprise the balance sheets as of June 30, 2016 and 2015, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of White Mountain Community Health Center as of June 30, 2016 and 2015, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
August 25, 2016

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Balance Sheets

June 30, 2016 and 2015

ASSETS

	2016	2015
Current assets		
Cash	$ 219,279	$ 230,057
Patient accounts receivable, less allowance for uncollectible accounts of $17,862 in 2016 and $31,172 in 2015	87,519	74,128
Other receivables	91,388	33,580
Prepaid expenses	28,618	29,908
Total current assets	426,804	367,673
Long-term investments	230,317	236,512
Assets limited as to use	22,593	30,914
Property and equipment, net	135,384	189,361
Total assets	$ 815,098	$ 824,460

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 13,781	$ 14,531
Accrued payroll and related amounts	57,712	60,328
Deferred revenue	74,822	30,025
Total current liabilities and total liabilities	146,315	104,884
Net assets		
Unrestricted	646,190	688,662
Temporarily restricted	22,593	30,914
Total net assets	668,783	719,576
Total liabilities and net assets	$ 815,098	$ 824,460

The accompanying notes are an integral part of these financial statements.

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Statements of Operations

Years Ended June 30, 2016 and 2015

	2016	2015
Unrestricted revenues, gains, and other support		
Patient service revenue	$ 838,478	$ 865,501
Provision for bad debts	(15,500)	(26,906)
Net patient service revenue	822,978	838,595
Government and private grants	558,244	525,221
In-kind contributions	59,004	59,004
Other operating revenue	12,897	20,041
Net assets released from restrictions for operations	4,185	5,208
Total unrestricted revenues, gains, and other support	1,457,308	1,448,069
Operating expenses		
Salaries and benefits	1,033,207	1,025,793
Professional fees and contract services	133,328	145,445
Other operating expenses	205,404	205,750
Program supplies	74,157	85,050
Depreciation	67,512	45,872
In-kind contribution expenses	59,004	59,004
Total expenses	1,572,612	1,566,914
Operating loss	(115,304)	(118,845)
Other revenue and gains (losses)		
Investment income	4,715	2,231
Contributions	61,582	70,709
Change in fair value of investments	(7,100)	(714)
Total other revenue and gains (losses)	59,197	72,226
Deficit of revenues over expenses	(56,107)	(46,619)
Net assets released from restrictions for capital acquisition	13,635	37,000
Decrease in unrestricted net assets	$ (42,472)	$ (9,619)

The accompanying notes are an integral part of these financial statements.

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Statements of Changes in Net Assets

Years Ended June 30, 2016 and 2015

	2016	2015
Unrestricted net assets		
Deficit of revenues over expenses	$ (56,107)	$ (46,619)
Net assets released for capital acquisition	13,635	37,000
Change in unrestricted net assets	(42,472)	(9,619)
Temporarily restricted net assets		
Contributions	9,499	53,983
Net assets released for capital acquisition	(13,635)	(37,000)
Net assets released for operations	(4,185)	(5,208)
Change in temporarily restricted net assets	(8,321)	11,775
Change in net assets	(50,793)	2,156
Net assets, beginning of year	719,576	717,420
Net assets, end of year	$ 668,783	$ 719,576

The accompanying notes are an integral part of these financial statements.

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Statements of Cash Flows

Years Ended June 30, 2016 and 2015

	2016	2015
Cash flows from operating activities		
Change in net assets	$ (50,793)	$ 2,156
Adjustments to reconcile change in net assets to net cash used by operating activities		
Depreciation	67,512	45,872
Provision for bad debts	15,500	26,906
Restricted contributions	(9,499)	(53,983)
Change in fair value of investments	7,100	714
(Increase) decrease in		
Patient accounts receivable	(28,891)	(29,306)
Other receivables	(57,808)	49,945
Prepaid expenses	1,290	(8,164)
Increase (decrease) in		
Accounts payable and accrued expenses	(750)	(40,466)
Accrued payroll and related expenses	(2,616)	(27,336)
Deferred revenue	44,797	(12,270)
Net cash used by operating activities	(14,158)	(45,932)
Cash flows from investing activities		
Decrease (increase) in assets limited as to use	7,416	(14,552)
Capital expenditures	(13,535)	(36,800)
Net cash used by investing activities	(6,119)	(51,352)
Cash flows from financing activities		
Restricted contributions	9,499	53,983
Net cash provided by financing activities	9,499	53,983
Net decrease in cash	(10,778)	(43,301)
Cash, beginning of year	230,057	273,358
Cash, end of year	$ 219,279	$ 230,057

The accompanying notes are an integral part of these financial statements.

1. Summary of Significant Accounting Policies

Organization and Nature of Business

White Mountain Community Health Center (the Center) is a non-profit corporation organized in New Hampshire.

The Center's primary purpose is to provide comprehensive primary and preventative healthcare services to the residents in the town of Conway and surrounding communities.

On October 24, 2014, the Center's bylaws were modified, removing the sole member of the Center from Mt. Washington Valley Development Foundation (the Foundation). The change eliminated the legal affiliation with the Foundation. The Center continues to maintain strong functional relationships with The Memorial Hospital (TMH) and other healthcare providers in the area, providing an integrated network of patient services.

Income Taxes

The Center is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Center is exempt from state and federal income taxes on income earned in accordance with its tax exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Center's tax positions and concluded that the Center has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Allowance For Uncollectible Accounts

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts by analyzing the Center's past history and identification of trends for all funding sources in the aggregate. In addition, balances in excess of 365 days are 100% reserved. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts.

A reconciliation of the allowance for uncollectible accounts follows:

	2016	2015
Balance, beginning of year	**$ 31,172**	$ 25,366
Provision for bad debts	**15,500**	26,906
Write-offs	**(28,810)**	(21,100)
Balance, end of year	**$ 17,862**	$ 31,172

Governmental and Private Grants

Grants are provided to support specific programs and are subject to various budgetary restrictions. The different between the full grand awards and the amount received to date is recognized as a receivable. The different between the full grant award and the amount earned to date is reported as deferred revenue.

Investments

The Center reports investments at fair value, and has elected to report all gains and losses in the deficit of revenue over expenses to simplify the presentation of these accounts in the statement of operations unless otherwise stipulated by the donor or State law.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the balance sheets.

Assets Limited As To Use

Assets limited as to use is comprised of donor-restricted cash contributions.

Cash and cash equivalents included in assets limited as to use are excluded from cash for cash flow purposes.

Property and Equipment

Property and equipment are carried at cost, less accumulated depreciation. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Depreciation is computed on the straight-line method and is provided over the estimated useful life of each class of depreciable asset.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Center have been limited by donors to a specific time period or purpose and include the change in fair value on permanently restricted investments until appropriated by the Board of Directors.

Permanently restricted net assets have been restricted by donors to be maintained by the Center in perpetuity. For the years ended June 30, 2016 and 2015, there were no permanently restricted net assets.

Patient Service Revenue

Charges for services to patients are recorded as revenue when services are rendered. Patients unable to pay full charge, who do not have other third-party resources, are charged a reduced amount based on the Center's published sliding fee scale. Reductions in full charge are recognized when the service is rendered.

Contributions

Unconditional promises to give cash and other assets to the Center are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met in the same year as received are reflected as unrestricted contributions in the accompanying financial statements.

2. Investments

Investments are stated at fair value and consisted of the following:

	2016	2015
Cash and cash equivalents	**$ 27,291**	$ 26,766
Marketable equity securities	**13,090**	13,622
Mutual funds	**189,936**	196,124
Total investments	**$ 230,317**	$ 236,512

Fair Value Measurement

Financial Accounting Standards Board Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The fair value hierarchy within ASC Topic 820 distinguishes three levels of inputs that may be utilized when measuring fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The fair value of all of the Center's investments is measured on a recurring basis using Level 1 inputs.

3. Property and Equipment

A summary of property and equipment is as follows:

	2016	2015
Building improvements	$ 28,879	$ 19,379
Furniture	44,855	44,855
Equipment	430,592	426,557
Total cost	504,326	490,791
Less accumulated depreciation	(368,942)	(301,430)
Property and equipment, net	$ 135,384	$ 189,361

4. Line of Credit

The Center has a $100,000 available line of credit with a bank. Interest on borrowings is charged at prime plus 2%. The credit line expires September 30, 2020. There was no outstanding balance for the years ended June 30, 2016 and 2015.

5. Patient Service Revenue

A summary of patient service revenue by payer is as follows:

	2016	2015
Medicaid	$ 452,515	$ 546,550
Medicare	39,932	37,698
Third-party insurance	220,377	163,950
Patient pay	125,654	117,303
Total	$ 838,478	$ 865,501

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs.

The Center believes that it is in substantial compliance with all applicable laws and regulations. However, there is at least a reasonable possibility that recorded estimates could change by a material amount in the near term. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

The Center recorded a favorable change in Medicaid revenue from retroactive rate adjustments amounting to $11,509 in 2016 and $91,813 in 2015.

The Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Center does not pursue collection of amounts determined to qualify as charity care, the revenue is recorded net of the free care allowance. The Center estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Center's charity care policy amounted to $76,193 in 2016 and $194,162 in 2015.

The Center is able to provide these services with a component of funds received through local community support and federal and state grants.

6. Retirement Plan

The Center has adopted a 403(b) retirement plan covering substantially all employees. Contributions by the Center to the plan amounted to $16,930 in 2016 and $16,538 in 2015.

7. Functional Expenses

The Center provides general healthcare services to residents within its geographic location. Expenses related to providing these services were as follows:

	2016	2015
Program services	**$ 1,318,443**	$ 1,317,142
General and administrative	**254,169**	249,772
Total	**$ 1,572,612**	$ 1,566,914

8. Concentration of Risk

The Center grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. At June 30, 2016, Medicaid represented 40% of gross accounts receivable. No other individual payer source exceeded 10% of the gross accounts receivable balance.

9. Malpractice Claims

The Center insures its medical malpractice risks on a claims-made basis. There were no known malpractice claims outstanding at June 30, 2016 which, in the opinion of management, will be settled for amounts in excess of insurance coverage nor are there any unasserted claims or incidents which require loss accrual. The Center intends to renew coverage on a claims-made basis and anticipates that such coverage will be available.

10. Donations In-Kind

TMH provides the Center with office and clinic space located in Conway, New Hampshire at no cost. In-kind contributions from TMH to the Center amounted to $59,004 for the years ended June 30, 2016 and 2015.

TMH also provided monies for the Center to purchase physician services and to support the dental clinic in the amount of $80,000 for the years ended June 30, 2016 and 2015.

11. Subsequent Events

For financial reporting purposes, subsequent events have been evaluated by management through August 25, 2016, which is the date the financial statements were available to be issued.

WHITE MOUNTAIN COMMUNITY HEALTH CENTER
Whole Person. Whole Family. Whole Valley.
298 White Mt. Hwy • PO Box 2800 • Conway, NH 03818 • 603-447-8900

Board Roster August 2016

Name, Office	Profession, place of work	Town
Hastings, Carol President	Teacher Retired	Fryeburg, ME
McKinnon, Scott Vice president	Memorial Hospital President and CEO	Albany, NH
Zakon, Angela Treasurer	Senior Accountant Leone, McDonnell & Roberts	Center Conway, NH
Spinney, Janice Secretary	Pharmacy Manager Shaw's Osco Pharmacy	Intervale, NH
Carter, Amy	Librarian Cook Memorial Library	Tamworth, NH
Champagne, Peter	District Manager White Mountain Subways LLC	Madison, NH
Costello, Laura	Nursing Student Merriman House	Albany, NH
French, Terry	Receptionist Cranmore Fitness Center	North Conway, NH
Gemmiti, Jamie	Photographer Conway Daily Sun	Conway, NH
Leonard, Leslie	Attorney Cooper Cargill Chant	Intervale, NH
Mackie, Christy	Marketing Director Conway Humane Society	Fryeburg, ME
Moore, Sara	Psychic Enlightened Horizons	Conway, NH
O'Donnell, Michelle	Owner The Skinny Towel & Washcloth Co.	North Conway, NH

Patricia M. McMurry

[redacted]

QUALIFICATIONS

- Extensive experience in business administration, project management and finance
- Skilled in human relations, group facilitation, public speaking, leadership and team building
- Strong marketing, advertising and public relations skills
- Seasoned professional with a breadth of abilities and experience and a proven track record of success through the accomplishment of significant business goals

EXPERIENCE

Executive Director **White Mountain Community Health Center** **2002-Present**

Currently responsible for all aspects of operations of a non-profit community health center. This Center serves the uninsured and underinsured of Northern Carroll County of New Hampshire and Western Maine. Prenatal, children, adults and teens are seen by health care providers including physician, mid-wives, nurse practitioners, RN's, medical assistants, social workers, hygienist, dental staff and nutritionist. Substantially increased and sustained the financial viability of the health center. New and expanded services and patient volume doubled in five years.

Business Consultant **Kleen Oil Kompany** **1999-2002**

Responsible for all aspects of business operations for a troubled oil company

- Increased collections
- Developed marketing plans and strategy
- Developed policies, procedures and job descriptions
- Developed incentive plans

Director of Operations **HealthSouth Corporation*** **1995-1998**

Responsible for oversight of both a 50-bed and CEO of 100-bed acute rehabilitation hospital, and eight contracted rehabilitation units in four states at the same time

- Promoted in one year from Assistant Vice President to Director of Operations
- Managed the physical relocation of a 100-bed acute rehabilitation hospital
- Initiated negotiations for joint venture between a large non-profit hospital and a publicly traded rehabilitation company

Chief Executive Officer **National Medical Enterprises** **1988-1995**

Responsible for oversight of both a 40-bed and an 88-bed (Pennsylvania) rehabilitation hospitals

- Promoted in two years from CEO of a 40-bed hospital to CEO of an 88-bed rehabilitation hospital and was promoted to Company Assistant (Regional) Vice President
- Managed all aspects of the 88-bed hospital, resulting in three prestigious awards for the highest quality and business goals performance from National Medical Enterprises
- Developed and opened three outpatient rehab clinics
- Maintained the financial turnaround of a 40-bed hospital and sustained "above plan" financial performance throughout my tenure
- Managed a 40-bed hospital, resulting in three Special Achievement Awards and a Florida Certificate of Need to increase the capacity to 70 beds

* HealthSouth acquired National Medical Enterprises Rehabilitation Hospitals in 1995

V.P. of Operations **Charter Behavioral Health of Glendale** **1987-1988**

The CEO/Vice President was responsible for three hospitals and for oversight and CEO of this facility. Responsibilities included marketing, planning, business development, program management for this newly-opened psychiatric hospital and acting CEO.

- Supervised all Clinical Program Directors and the Intake Coordinator
- Appointed physician-liaison to the CEO
- Was consultant to a sister psychiatric hospital, training staff to use human relations techniques with disruptive and aggressive teens
- Implemented the utilization review, risk management, and quality assurance activities to achieve J.C.A.H.O accreditation for the first time as a new facility

Director, Community Relations and Resource Development **1985-1987**
Eastern State Hospital

Responsible for community relations as well as identification and alignment of resources required for hospital and community use of a large state psychiatric hospital

- Designed and implemented a community relations plan to ensure the success of appropriate admissions and discharges; oversight of a team of community and hospital based social workers who were part of each community mental health center and the state hospital who preapproved admissions and discharges
- Oversaw a social work team of hospital employees who discharged the most chronic of patients into the communities with their ongoing follow and support. This lowered the hospital census allowing for major renovations to the campus buildings
- Successfully, negotiated crisis intervention/assessment inpatient stay contracts for children in their home communities with private sector hospitals paid for by the State Hospital as a pilot for the State of Virginia

EDUCATION

M.S.W. – Norfolk State University
B.A. – College of William and Mary

TRAINING

University of Virginia Forensic Institute
L.C.S.W. and A.C.S.W. (Virginia)

HONORS

President's Circle – HealthSouth
Special Achievement Awards – National Medical Enterprises

Julie Everett Hill, R.N.

[redacted]

Profile

I am a Registered Nurse with a current New Hampshire license, and the director of operations at a rural community health center. I enjoy the dynamic nature of community health nursing, and the opportunity it provides to view the family as a whole when planning and providing care. My interests include asthma education, mental health and nutrition.

Experience

White Mountain Community Health Center, Conway, NH

December 2014-Present: Director of Operations

Coordinate provision of all programs (Family Planning, STD/HIV, BCCSP, Prenatal, Pediatrics, Primary Care, and Teen Clinic). Supervise all clinical, medical records, and front office staff. Coordinate and ensure adequate staffing schedules for clinical staff. Assist in budget preparation as needed. Represent the health center publically at forums and events. Responsible for the implementation of electronic health record and the ongoing customization of the program to ensure appropriate documentation of patient care, meet program reporting needs and facilitate efficient staff workflow across the agency.

2011 to 2014: Director of Clinical Services

Coordinate provision of all programs (Family Planning, STD/HIV, BCCSP, Prenatal, Pediatrics, Primary Care, and Teen Clinic). Supervise all clinical staff. Coordinate and ensure adequate staffing schedules for clinical staff. Perform annual clinical staff evaluations. Assist in budget preparation as needed. Assist Medical Director when seeing patients.

2009-2011: Registered Nurse

Primary care and family planning focus, with patient population newborn through geriatric. Strong focus on patient education, including asthma education and diabetic teaching. Other roles include triage and prioritization of care and coordination of patient care with resources both within and outside of the clinic.

Memorial Hospital, North Conway, NH

June 2007-June 2010: Registered Nurse

Medical Surgical nursing care of a broad range of patients from pediatric to geriatric. Roles included assessment of care of acutely ill patients with medical, surgical and/or orthopedic diagnoses. Patient education, care planning, complete patient assessment and accurate documentation in EMR were integral parts of this position.

May 2006-June 2007: Licensed Practical Nurse

Medical Surgical and some post-partum and newborn nursing care under the supervision of a Registered Nurse.

February 2001-May 2006: LNA/Unit Secretary

Unit Secretary/LNA in fast-paced medical surgical unit. Duties included transcribing doctor's orders, managing patient records, answering and directing phone calls, assisting nurses with order entry and facilitating communication between departments.

Education

Saint Anselm College; Advanced Nursing Leadership Program: 2013

NHCTC, Berlin, NH: Associates Degree in Science, Nursing; May 17, 2007, Phi Theta Kappa Honor Society

Southern Maine Technical College, Portland, ME: Nursing Assistant Certificate 1994

University of Southern Maine: 1992-1993

Certifications and relevant continuing education include:

- North Country Health Consortium Public Health Training Center: Community Health Assessment and Improvement Modules 1-4, 2013
- Yellow Belt- LEAN Systems Training for Quality Improvement: September 2013
- Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) consultant training certificate; June 2013
- Current BLS
- Asthma Educators Institute 2010
- Diabetes Nurse Champion, September 2008
- WIC Breastfeeding Peer Counselor Certification, November 2000

Personal/Community

Mount Washington Valley Toastmasters #3596556: President, Charter member

Swift River CrossFit: CFL1 Trainer

CONTRACTOR NAME

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
McMurry, Patricia	Executive Director	$91,255	0.0	0.00
Hill, JulieAnn	Dir. of Clinical Svcs	$48,357	0.0	0.00

12 mac

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs for all

Jeffrey A. Meyers
Commissioner

Marcella Jordan Bobinsky
Acting Director

October 28, 2016

12/7/16 #12

Her Excellency, Governor Margaret Wood Hassan
And the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend existing **sole source** agreements with the two (2) vendors bolded in the table below for the continued provision of primary care services, breast and cervical cancer screening services, and brief intervention and referral to treatment for alcohol and drug misuse, by decreasing the total price limitation by $32,032 from $19,129,212 to $19,097,180, effective upon the date of Governor and Executive Council approval through June 30, 2017. 100% Federal Funds.

These agreements were originally approved by Governor and Council on June 20, 2012, Item #133 and Item #127, and subsequently amended on May 8, 2014, Item #34A, and again on June 24, 2015, Item #58.

Vendor & Vendor Number	Location	Current Modified Budget	Increase (Decrease) Amount	Modified Budget Amount
Ammonoosuc Community Hlth Svcs, Inc.	No. Grafton/ So. Coos	1,208,566	0	1,208,566
Concord Hospital, Inc.	**Merrimack/ Hillsborough**	**1,781,135**	**(29,540)**	**1,751,595**
Coos County Family Health Services	Eastern Coos	798,371	0	798,371
Families First of the Greater Seacoast	Seacoast Area	1,130,831	0	1,130,831
Families First of the Greater Seacoast	Seacoast Area - Homeless	458,638	0	458,638
Goodwin Community Health Center	Strafford County	1,920,915	0	1,920,915
Harbor Homes	Southern Hillsborough County - Homeless	434,438	0	434,438
Health First Family Care Center	Central/Eastern Belknap	1,334,771	0	1,334,771
Indian Stream Health Center	Northern Coos	498,394	0	498,394
Lamprey Health Care	Central Southern/Eastern NH	2,995,708	0	2,995,708
Manchester Community Health Center	Greater Manchester	2,486,564	0	2,486,564
Manchester Health Department.	Grtr Manchester - Homeless	482,374	0	482,374
Mid-State Health Center r	Central Northern Belknap	851,673	0	851,673
New London Hospital Assoc, Inc.	Sullivan County	1,075,342	0	1,075,342
Weeks Medical Center	Western Coos	599,190	0	599,190
White Mountain Community Hlth Ctr	**Northern Carroll**	**1,072,302**	**(2,492)**	**1,069,810**
		$19,129,212	($32,032)	$19,097,180

Funds in the attached financial detail are available in the accounts for SFY 2017, with authority to adjust amounts within the price limitation without approval from Governor and Executive Council.

See attachment for financial details

EXPLANATION

This package includes two (2) of sixteen (16) contracts being amended. This request is for **sole source** approval because the last amendments extended the contracts beyond the renewal period envisioned in the original contract and added to the original scope of services.

The purpose of these two amendments is to reduce Breast and Cervical Cancer Program funding in State Fiscal Year 2017 due to a reduction in available federal funds, and to adjust encumbrances between State Fiscal Years 2016 and 2017 for Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance misuse. The Screening, Brief Intervention, and Referral to Treatment services were a new requirement in SFY 2016 and SFY 2017. Due to delays in start-up of these services, not all activities planned in the first year were met. Adjusting these funds between State Fiscal Years will allow the vendors to fully perform the deliverables of these services.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

With the reduction in funds, the required number of women screened is reduced, however, breast and cervical cancer screening services will continue as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap tests and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will continue to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will continue to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, funds to support women receiving recommended breast and cervical cancer screenings may not be reimbursable to the Contractors, due to the reduction of federal funds.

Area Served: Statewide.

Source of Funds: 100% Federal Funds are being reduced from the US Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds, .CFDA #93.752, FAIN # U58DP003930.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

Marcella J. Bobinsky, MPH
Acting Director
Division of Public Health Services

Katja S. Fox
Director
Division for Behavioral Health

Approved by:
Jeffrey A. Meyers
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
7.2% Federal Funds and 92.8% General Funds (CFDA # 93.994 (FAIN# B04MC28113)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001 — PO #1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	142,819.00	-	142,819.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	142,819.00	-	142,819.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	42,661.00	-	42,661.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	213,921.00	-	213,921.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	199,701.00	-	199,701.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	199,701.00	-	199,701.00
			Sub-Total	941,622.00	-	941,622.00

Concord Hospital, Inc., Vendor # 177653-B011 — PO #1024253

Fiscal Year	185480	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	215,637.00	-	215,637.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	215,637.00	-	215,637.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	64,413.00	-	64,413.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	322,992.00	-	322,992.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	301,521.00	-	301,521.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	301,521.00	-	301,521.00
			Sub-Total	1,421,721.00	-	1,421,721.00

Coos County Family Health Services, Inc., Vendor # 155327-B001 — PO #1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	81,519.00	-	81,519.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	81,519.00	-	81,519.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	24,351.00	-	24,351.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	122,103.00	-	122,103.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	113,986.00	-	113,986.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	113,986.00	-	113,986.00
			Sub-Total	537,464.00	-	537,464.00

Families First of the Greater Seacoast Vendor # 166629-B001 — PO #1024254

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	140,243.00	-	140,243.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	140,243.00	-	140,243.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	41,892.00	-	41,892.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	210,063.00	-	210,063.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	196,099.00	-	196,099.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	196,099.00	-	196,099.00
			Sub-Total	924,639.00	-	924,639.00

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services

Families First of the Greater Seacoast - Homeless Vendor # 166629-B001 PO #1024338

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	57,562.00	-	57,562.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	57,562.00	-	57,562.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	17,194.00	-	17,194.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	86,219.00	-	86,219.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	80,488.00	-	80,488.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	80,488.00	-	80,488.00
			Sub-Total	379,513.00	-	379,513.00

Goodwin Community Health Vendor # 154703-B001 PO #1024256

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	248,712.00	-	248,712.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	248,712.00	-	248,712.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	74,293.00	-	74,293.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	372,533.00	-	372,533.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	347,769.00	-	347,769.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	347,769.00	-	347,769.00
			Sub-Total	1,639,788.00	-	1,639,788.00

Harbor Homes, Inc. Vendor # 155358-B001 PO #1024345

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	59,276.00	-	59,276.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	59,276.00	-	59,276.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	17,706.00	-	17,706.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	88,787.00	-	88,787.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	82,884.00	-	82,884.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	82,884.00	-	82,884.00
			Sub-Total	390,813.00	-	390,813.00

Health First Family Care Center, Vendor # 158221-B001 PO#1024257

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	187,367.00	-	187,367.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	187,367.00	-	187,367.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	55,968.00	-	55,968.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	280,648.00	-	280,648.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	261,991.00	-	261,991.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	261,991.00	-	261,991.00
			Sub-Total	1,235,332.00	-	1,235,332.00

Indian Stream Health Center, Vendor #165274-B001 PO #1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	60,359.00	-	60,359.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	60,359.00	-	60,359.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	18,030.00	-	18,030.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	90,409.00	-	90,409.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	84,399.00	-	84,399.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	84,399.00	-	84,399.00
			Sub-Total	397,955.00	-	397,955.00

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Lamprey Health Care, Inc., Vendor # 177677-R001 — PO #1024259

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	401,151.00	-	401,151.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	401,151.00	-	401,151.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	119,828.00	-	119,828.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	600,864.00	-	600,864.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	560,921.00	-	560,921.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	560,921.00	-	560,921.00
			Sub-Total	2,644,836.00	-	2,644,836.00

Manchester Community Health Center, Vendor # 157274-B001 — PO #1024260

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	239,002.00	-	239,002.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	239,002.00	-	239,002.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	71,392.00	-	71,392.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	357,989.00	-	357,989.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	636,144.00	-	636,144.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	636,144.00	-	636,144.00
			Sub-Total	2,179,673.00	-	2,179,673.00

Manchester Health Department Vendor # 177433-B009 — PO #1024348

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	61,162.00	-	61,162.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	61,162.00	-	61,162.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	18,270.00	-	18,270.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	91,611.00	-	91,611.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	85,522.00	-	85,522.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	85,522.00	-	85,522.00
			Sub-Total	403,249.00	-	403,249.00

Mid-State Health Center, Vendor # 158055-B001 — PO #1024350

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	117,175.00	-	117,175.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	117,175.00	-	117,175.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	35,001.00	-	35,001.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	175,511.00	-	175,511.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	163,843.00	-	163,843.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	163,843.00	-	163,843.00
			Sub-Total	772,548.00	-	772,548.00

The New London Hospital, Inc., Vendor # 177167-R005 — PO #1024262

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	132,457.00	-	132,457.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	132,457.00	-	132,457.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	39,566.00	-	39,566.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	198,401.00	-	198,401.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	185,212.00	-	185,212.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	185,212.00	-	185,212.00
			Sub-Total	873,305.00	-	873,305.00

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Weeks Medical Center, Vendor # 177171-R001 — PO #1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	69,137.00	-	69,137.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	69,137.00	-	69,137.00
SFY 2014	102-500371	Contracts for Program Svcs	90080400	20,652.00	-	20,652.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	103,557.00	-	103,557.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	96,673.00	-	96,673.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	96,673.00	-	96,673.00
			Sub-Total	455,829.00	-	455,829.00

White Mountain Community Health Center, Vendor # 174170-R001 — PO #1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080000	134,913.00	-	134,913.00
SFY 2014	102-500731	Contracts for Program Svcs	90080000	134,913.00	-	134,913.00
SFY 2014	102-500731	Contracts for Program Svcs	90080400	40,300.00	-	40,300.00
SFY 2015	102-500731	Contracts for Program Svcs	90080000	202,079.00	-	202,079.00
SFY 2016	102-500731	Contracts for Program Svcs	90080000	188,646.00	-	188,646.00
SFY 2017	102-500731	Contracts for Program Svcs	90080000	188,646.00	-	188,646.00
			Sub-Total	889,497.00	-	889,497.00
		5190	**SUB TOTAL**	**$16,087,784**	**$0**	**$16,087,784**

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER
100% Federal Funds (CFDA# 90.752) (FAIN #U58DP003930)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001 — PO #1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	32,608.00	-	32,608.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	32,608.00	-	32,608.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	30,251.00	-	30,251.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	21,176.00	-	21,176.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	21,176.00	-	21,176.00
			Sub-Total	137,819.00	-	137,819.00

Concord Hospital, Inc., Vendor # 177653-B011 — PO #1024253

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	60,067.00	-	60,067.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	60,067.00	-	60,067.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	53,385.00	-	53,385.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	53,385.00	-	53,385.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	53,385.00	(29,540.00)	23,845.00
			Sub-Total	280,289.00	(29,540.00)	250,749.00

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services

Coos County Family Health Services, Inc., Vendor # 155327-B001 — PO #1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	30,034.00	-	30,034.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	30,034.00	-	30,034.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	27,582.00	-	27,582.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	22,066.00	-	22,066.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	22,066.00	-	22,066.00
			Sub-Total	131,782.00	-	131,782.00

Families First of the Greater Seacoast Vendor # 166629-B001 — PO #1024338

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	30,034.00	-	30,034.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	30,034.00	-	30,034.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	32,031.00	-	32,031.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	35,234.00	-	35,234.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	35,234.00	-	35,234.00
			Sub-Total	162,567.00	-	162,567.00

Goodwin Community Health Vendor # 154703-B001 — PO #1024256

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	51,486.00	-	51,486.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	51,486.00	-	51,486.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	48,046.00	-	48,046.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	43,242.00	-	43,242.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	43,242.00	-	43,242.00
			Sub-Total	237,502.00	-	237,502.00

Health First Family Care Center, Vendor # 158221-B001 — PO#1024257

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	12,871.00	-	12,871.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	12,871.00	-	12,871.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	11,566.00	-	11,566.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	9,253.00	-	9,253.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	9,253.00	-	9,253.00
			Sub-Total	55,814.00	-	55,814.00

Indian Stream Health Center, Vendor #165274-B001 — PO #1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081		-	
SFY 2014	102-500731	Contracts for Program Svcs	90080081		-	
SFY 2015	102-500731	Contracts for Program Svcs	90080081		-	
SFY 2016	102-500731	Contracts for Program Svcs	90080081	10,677.00	-	10,677.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	10,677.00	-	10,677.00
			Sub-Total	21,354.00	-	21,354.00

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

Lamprey Health Care, Inc., Vendor # 177677-R001 — PO #1024259

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	60,067.00	-	60,067.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	60,067.00	-	60,067.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	53,385.00	-	53,385.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	49,114.00	-	49,114.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	49,114.00	-	49,114.00
			Sub-Total	271,747.00	-	271,747.00

Manchester Community Health Center, Vendor # 157274-B001 — PO #1024348

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	47,196.00	-	47,196.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	47,196.00	-	47,196.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	49,648.00	-	49,648.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	59,613.00	-	59,613.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	59,613.00	-	59,613.00
			Sub-Total	263,266.00	-	263,266.00

The New London Hospital, Inc., Vendor # 177167-R005 — PO #1024262

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	29,175.00	-	29,175.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	29,175.00	-	29,175.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	26,692.00	-	26,692.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	18,685.00	-	18,685.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	18,685.00	-	18,685.00
			Sub-Total	122,412.00	-	122,412.00

Weeks Medical Center, Vendor # 177171-R001 — PO #1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90080081	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90080081	7,118.00	-	7,118.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	7,118.00	-	7,118.00
			Sub-Total	14,236.00	-	14,236.00

White Mountain Community Health Center, Vendor # 174170-R001 — PO #1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90080081	12,871.00	-	12,871.00
SFY 2014	102-500731	Contracts for Program Svcs	90080081	12,871.00	-	12,871.00
SFY 2015	102-500731	Contracts for Program Svcs	90080081	11,566.00	-	11,566.00
SFY 2016	102-500731	Contracts for Program Svcs	90080081	8,186.00	-	8,186.00
SFY 2017	102-500731	Contracts for Program Svcs	90080081	8,186.00	(2,492.00)	5,694.00
			Sub-Total	53,680.00	(2,492.00)	51,188.00
		5659	**SUB TOTAL**	**$1,752,468**	**($32,032)**	**$1,720,436**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-901010-5149 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001 — PO #1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	20,000.00	-	20,000.00

Coos County Family Health Services, Inc., Vendor # 155327-B001 — PO #1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	20,000.00	-	20,000.00

Indian Stream Health Center, Vendor #165274-B001 — PO # 1024258 — PO #1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	20,000.00	-	20,000.00

Weeks Medical Center, Vendor # 177171-R001 — PO #1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	20,000.00	-	20,000.00

White Mountain Community Health Center, Vendor # 174170-R001 — PO #1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2014	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2015	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2016	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2017	102-500731	Contracts for Program Svcs	90073001	-	-	-
			Sub-Total	20,000.00	-	20,000.00
		5149	**SUB TOTAL**	**$100,000**	**$0**	**$100,000**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE
100% General Funds

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001 — PO #1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2016	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2017	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
			Sub-Total	30,000.00	-	30,000.00

Coos County Family Health Services, Inc., Vendor # 155327-B001 — PO #1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2016	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2017	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
			Sub-Total	30,000.00	-	30,000.00

Indian Stream Health Center, Vendor #165274-B001 — PO #1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2016	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2017	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
			Sub-Total	30,000.00	-	30,000.00

Weeks Medical Center, Vendor # 177171-R001 — PO #1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2016	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2017	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
			Sub-Total	30,000.00	-	30,000.00

White Mountain Community Health Center, Vendor # 174170-R001 — PO # 1024263 — PO #1024263

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2014	102-500731	Contracts for Program Svcs	90073001	-	-	-
SFY 2015	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2016	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
SFY 2017	102-500731	Contracts for Program Svcs	90073001	10,000.00	-	10,000.00
			Sub-Total	30,000.00	-	30,000.00
		7965	**SUB TOTAL**	**$150,000**	**$0**	**$150,000**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES
80% Federal Funds 20% General Fund (CFDA # 93.959) (FAIN #T1010035-15)

Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001 — PO #1024251

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	75,875.00	-	75,875.00
SFY 2017	102-500734	Contracts for Program Services	49156501	3,250.00	-	3,250.00
			Sub-Total	79,125.00	-	79,125.00

Concord Hospital, Inc., Vendor # 177653-B011 — PO #1024253

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	75,062.50	(4,062.50)	71,000.00
SFY 2017	102-500734	Contracts for Program Services	49156501	4,062.50	4,062.50	8,125.00
			Sub-Total	79,125.00	-	79,125.00

Coos County Family Health Services, Inc., Vendor # 155327-B001 — PO #1024252

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	75,125.00	-	75,125.00
SFY 2017	102-500734	Contracts for Program Services	49156501	4,000.00	-	4,000.00
			Sub-Total	79,125.00	-	79,125.00

Families First of the Greater Seacoast Vendor # 166629-B001 — PO #1024254

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	43,500.00	-	43,500.00
SFY 2017	102-500734	Contracts for Program Services	49156501	125.00	-	125.00
			Sub-Total	43,625.00	-	43,625.00

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services

Families First of the Greater Seacoast (Homeless) Vendor # 166629-B001 — PO #1024338

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	79,000.00	-	79,000.00
SFY 2017	102-500734	Contracts for Program Services	49156501	125.00	-	125.00
			Sub-Total	79,125.00	-	79,125.00

Goodwin Community Health Vendor # 154703-B001 — PO #1024256

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	43,500.00	-	43,500.00
SFY 2017	102-500734	Contracts for Program Services	49156501	125.00	-	125.00
			Sub-Total	43,625.00	-	43,625.00

Health First Family Care Center, Vendor # 158221-B001 — PO#1024257

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	41,593.75	-	41,593.75
SFY 2017	102-500734	Contracts for Program Services	49156501	2,031.25	-	2,031.25
			Sub-Total	43,625.00	-	43,625.00

Indian Stream Health Center, Vendor #165274-B001 — PO #1024258

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	24,960.00	-	24,960.00
SFY 2017	102-500734	Contracts for Program Services	49156501	4,125.00	-	4,125.00
			Sub-Total	29,085.00	-	29,085.00

Lamprey Health Care, Inc., Vendor # 177677-R001 — PO #1024259

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	79,000.00	-	79,000.00
SFY 2017	102-500734	Contracts for Program Services	49156501	125.00	-	125.00
			Sub-Total	79,125.00	-	79,125.00

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services

Manchester Community Health Center, Vendor # 157274-B001 — PO #1024348

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	43,125.00	-	43,125.00
SFY 2017	102-500734	Contracts for Program Services	49156501	500.00	-	500.00
			Sub-Total	43,625.00	-	43,625.00

Manchester Health Department Vendor # 177433-B009 — PO #1024348

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	78,000.00	-	78,000.00
SFY 2017	102-500734	Contracts for Program Services	49156501	1,125.00	-	1,125.00
			Sub-Total	79,125.00	-	79,125.00

Mid-State Health Center, Vendor # 158055-B001 — PO #1024350

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	78,625.00	-	78,625.00
SFY 2017	102-500734	Contracts for Program Services	49156501	500.00	-	500.00
			Sub-Total	79,125.00	-	79,125.00

The New London Hospital, Inc., Vendor # 177167-R005 — PO #1024262

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	79,500.00	-	79,500.00
SFY 2017	102-500734	Contracts for Program Services	49156501	125.00	-	125.00
			Sub-Total	79,625.00	-	79,625.00

Weeks Medical Center, Vendor # 177171-R001 — PO #1024400

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2014	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2015	102-500734	Contracts for Program Services	49156501	-	-	-
SFY 2016	102-500734	Contracts for Program Services	49156501	75,062.50	-	75,062.50
SFY 2017	102-500734	Contracts for Program Services	49156501	4,062.50	-	4,062.50
			Sub-Total	79,125.00	-	79,125.00

State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Primary Care Services Contract

This 3rd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #3") dated this, 14th day of October, 2016 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and White Mountain Community Health Center (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 298 White Mountain Highway, PO Box 2800, Conway, NH 03818.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #127), and subsequently amended on May 8, 2014 (Item #34A), and on June 24, 2015 (Item #58) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Exhibit B Amendment #2, paragraph 10, notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2, and within the Price Limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council, and

WHEREAS, the State and the Department agree to adjust budget amounts between State Fiscal Years 2016 and 2017, make changes to the scope of work, and decrease the Price Limitation within State Fiscal Year 2017, within the Completion Date.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Except as specifically amended and modified by the terms and conditions in this Amendment #3, the obligations of the parties shall remain in full force and effect in accordance with the terms and conditions set forth in the Contract as referenced above.

2. Amend Form P-37, General Provisions, Block 1.8, Price Limitation, to read $1,069,810.

3. Amend Exhibit A Amendment #2 by deleting section 1.5 Breast and Cervical Screening Services and replace with

   1.5 **Breast and Cervical Cancer Screening Services** shall be provided to 32 women ages twenty-one (21) through sixty-four (64) who are:

   1.5.1. Uninsured.
   1.5.2. Underinsured.
   1.5.3. Low-income, which is defined as < 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines

PMC 10-19-16

4. Delete Exhibit B-3 Amendment #2 in its entirety and replace with Exhibit B-3 Amendment #3.
5. Delete Exhibit B-5 Amendment #2 in its entirety and replace with Exhibit B-5 Amendment #3.
6. Delete Exhibit B-6 Amendment #2 in its entirety and replace with Exhibit B-6 Amendment #3.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

10/28/16
Date

State of New Hampshire
Department of Health and Human Services
Marcella J. Bobinsky, Acting Dir. Public Health

NAME: Marcella J. Bobinsky, MPH
TITLE: Acting Director

White Mountain Community Health Center

10-19-16
Date

NAME Patricia McMurry
TITLE Executive Director

Acknowledgement:

State of New Hampshire County of Carroll on 10-19-16, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Signature of Notary Public or Justice of the Peace

Diane Brothers
Name and Title of Notary or Justice of the Peace

My Commission Expires: DIANE BROTHERS, Notary Public My Commission Expires August 5, 2019

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4/15/14
Date

Name: Megan A. Yost
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

PMC 10-19-16

EXHIBIT B-3 AMENDMENT #3
SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: White Mountain Community Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
				Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 40,200.00	$ -	$ 40,200.00	$ -	$ -	$ -	$ 40,200.00	$ -	$ 40,200.00
2. Employee Benefits	$ 10,050.00	$ -	$ 10,050.00	$ -	$ -	$ -	$ 10,050.00	$ -	$ 10,050.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ 6,000.00	$ -	$ 6,000.00	$ -	$ -	$ -	$ 6,000.00	$ -	$ 6,000.00
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ 4,000.00	$ -	$ 4,000.00	$ -	$ -	$ -	$ 4,000.00	$ -	$ 4,000.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 6,500.00	$ -	$ 6,500.00	$ -	$ -	$ -	$ 6,500.00	$ -	$ 6,500.00
10. Marketing/Communications	$ 250.00	$ -	$ 250.00	$ -	$ -	$ -	$ 250.00	$ -	$ 250.00
11. Staff Education and Training	$ 4,000.00	$ -	$ 4,000.00	$ -	$ -	$ -	$ 4,000.00	$ -	$ 4,000.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 358.32	$ -	$ 358.32	$ -	$ -	$ -	$ 358.32	$ -	$ 358.32
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 71,358.32**	$ -	**$ 71,358.32**	$ -	$ -	$ -	**$ 71,358.32**	$ -	**$ 71,358.32**

Indirect As A Percent of Direct 0.0%

Contractor Initials: [signature]

Date: 10-19-16

EXHIBIT B-5 AMENDMENT #3

BCCP BUDGET FORM

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: White Mt.

Budget Request for: Primary Care - BCCP

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

Line Item	[illegible]	[illegible]	[illegible]	Contractor Share / Match			Funded by DHHS contract share		
				Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 4,214.00	$ -	$ 4,214.00	$ 703.00	$ -	$ 703.00	$ 3,511.00	$ -	$ 3,511.00
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):Clinical Servi	$ 2,183.00	$ -	$ 2,183.00	$ -	$ -	$ -	$ 2,183.00	$ -	$ 2,183.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 6,397.00	$ -	$ 6,397.00	$ 703.00	$ -	$ 703.00	$ 5,694.00	$ -	$ 5,694.00

Indirect As A Percent of Direct 0.0%

Date: 10-19-16

Contractor's Initials: PM

EXHIBIT B-6 AMENDMENT #3
SBIRT BUDGET SHEETS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: White Mountain Community Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 7,766.68	$ -	$ 7,766.68	$ -	$ -	$ -	$ 7,766.68	$ -	$ 7,766.68
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 7,766.68**	**$ -**	**$ 7,766.68**	**$ -**	**$ -**	**$ -**	**$ 7,766.68**	**$ -**	**$ 7,766.68**

Indirect As A Percent of Direct 0.0%

Contractor Initials: PM-

Date: 10-19-16

58

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services
improving health, preventing disease, reducing costs for all

Nicholas A. Toumpas
Commissioner

Marcella Jordan Bobinsky
Acting Director

G+C Approved
Date: 6/24/15
Item # 58

June 1, 2015

Her Excellency, Governor Margaret Wood Hassen
And the Honorable Executive Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **sole source** amendments with the vendors listed in the table below for the provision of primary care services, breast and cervical cancer screening services and screening, brief intervention and referral to treatment for alcohol and drug misuse by increasing the total price limitation by $8,986,056 from $10,143,156 to $19,129,212 and extending the completion date from June 30, 2015 to June 30, 2017 upon Governor and Executive Council approval. 75.2% General Funds / 24.8% Federal Funds

The original contract, approved in 2012, included a two (2) year renewal option. The Department exercised a one (1) year renewal in 2014. The Department is now seeking to extend the contracts for two (2) two additional years through these sole source amendments. The Governor and Executive Council approved the original contracts and subsequent amendments as follows:

Vendor & Vendor Number	Location	G&C Approval	Amended	Current Budget	Increase/ (Decrease)	Modified Budget Amount
Ammonoosuc Community Health Services, Inc. (177755-R001)	North Grafton/ South Coos	6/20/12 (Item #128)	5/8/14 (Item #34A)	$667,687	$540,879	$1,208,566
Concord Hospital, Inc. (177653-B011)	Merrimack/ Hillsborough	6/20/12 (Item #133)	5/8/14 (Item #34A)	$992,198	$788,937	$1,781,135
Coos County Family Health Services (155327-B001)	Eastern Coos	6/20/12 (Item #130)	5/8/14 (Item #34A)	$427,142	$371,229	$798,371
Families First of the Greater Seacoast (166629-B001)	Seacoast Area	6/20/12 (Item #134)	5/8/14 (Item #34A)	$624,540	$506,291	$1,130,831

Families First of the Greater Seacoast (166629-B001)	Seacoast Area - Homeless	6/6/12 (Item #69)	5/8/14 (Item #34B)	$218,537	$240,101	$458,638
Goodwin Community Health Center (154703-B001)	Strafford County	6/20/12 (Item #135)	5/8/14 (Item #34A)	$1,095,268	$825,647	$1,920,915
Harbor Homes (155358-B001)	Southern Hillsborough County - Homeless	6/6/12 (Item #68)	5/8/14 (Item #34B)	$225,045	$209,393	$434,438
Health First Family Care Center (158221-B001)	Central/Eastern Belknap	6/20/12 (#131)	5/8/14 (Item #34)	$748,658	$586,113	$1,334,771
Indian Stream Health Center (165274-B001)	Northern Coos	6/20/12 (Item #125)	5/8/14 (Item #34A)	$259,157	$239,237	$498,394
Lamprey Health Care (177677-B001)	Central Southern/ Eastern NH	6/20/12 (Item #136)	5/8/14 (Item #34A)	$1,696,513	$1,299,195	$2,995,708
Manchester Community Health Center (157274-B001)	Greater Manchester	6/20/12 (Item #132)	5/8/14 (Item #34A)	$1,051,425	$1,435.139	$2,486,564
Manchester Health Department (177433-B009)	Greater Manchester - Homeless	6/20/12 (Item #124)	5/8/14 (Item #34B)	$232,205	$250,169	$482,374
Mid-State Health Center (158055-B001)	Central Northern Belknap	6/20/12 (Item #126)	5/8/14 (Item #34A)	$444,862	$406,811	$851,673
New London Hospital Association, Inc. (177167-R005)	Sullivan County	6/20/12 (Item #129)	5/8/14 (Item #34A)	$587,923	$487,419	$1,075,342
Weeks Medical Center (177171-R001)	Western Coos	7/11/12 (Item #31)	5/8/14 (Item #34A)	$292,483	$306,707	$599,190
White Mountain Community Health Center (174170-R001)	Northern Carroll	6/20/12 (Item #127)	5/8/14 (Item #34A)	$579,513	$492,789	$1,072,302
			Total:	**$10,143,156**	**$8,986,056**	**$19,129.212**

Funds are anticipated to be available in the following accounts for State Fiscal Years 2016 and in State Fiscal Year 2017 upon the availability and continued appropriation of funds in the future operating budgets with the ability to adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified without further approval from the Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

05-95-049-491510-2990 DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUREAU OF DRUG AND ALCOHOL SERVICES, CLINICAL SERVICES

Please see attachment for fiscal details.

EXPLANATION

These amendments are **sole source** because the Department is renewing the contracts for two (2) additional years after exercising a one (1) year renewal option in 2014 as allowable in Exhibit C, Special Provisions, paragraph 17 of the contracts, and adding to the scope of services for community health centers that provide primary care services, statewide.

This package includes sixteen (16) of sixteen (16) contracts being amended.

Community health centers provide primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. These vendors deliver primary and preventive health care services to underserved people who face barriers to accessing health care due to issues such as a lack of insurance, inability to pay, language barriers and geographic isolation.

In addition to medical care, community health centers are unique among primary care providers for the array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals to overcome barriers to obtaining the care they need to achieve their optimal health.

Breast and cervical cancer screening services are provided as part of the preventative health care services in the community health care centers. Breast and cervical cancer screening services include clinical examinations, pap smears and referral for mammography. Through these services, individuals with abnormal test results receive additional coverage or

diagnostic work-ups and, if necessary, coordination of care from initial diagnosis through obtaining necessary treatment.

The vendors, through these amendments, will add infrastructure to provide screening, brief intervention and referral to treatment services for early identification of problematic drug and alcohol use of individuals receiving primary care services. Developing the infrastructure to provide these additional services will enable community health centers to refer those individuals who need specialized treatment to other community service agencies, which will result in optimal coordination and continuity of care.

Vendors will use funding to train staff, hire new medical assistants and/or qualified behavioral health staff necessary to institute and/or review screening, brief intervention and referral to treatment services. Staff training will include the integration of primary care and behavioral health teams to ensure program activities are conducted with fidelity to the Screening, Brief Intervention and Referral to Treatment model adopted by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Vendors will also purchase supplies and equipment that will be used specifically for integrating these services into everyday practices. Additionally, the vendors will utilize funding to support activities that will assist with building, modifying and/or enhancing technology based care approaches and electronic health record systems in order to include, extend, track and record these additional mental health services.

A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. This request includes three (3) vendors who provide primary care and universal screening services to homeless individuals, who otherwise would have no access to health care. These agreements provide funds to community health centers for services as a last resort. Vendors are required to make every effort to bill all other payers including but not limited to private and commercial insurances, Medicare, and Medicaid prior to billing the Department through these contracts.

Should Governor and Executive Council not authorize this request, low-income individuals statewide may not have adequate access to primary care services. Some women may not receive recommended breast and cervical cancer screenings, which would increase their risk of having an untreatable stage of cancer. Additionally, undetected alcohol and drug misuse could result in increases of alcohol and drug related accidents and deaths, which would negatively impact NH citizens.

Area Served: Statewide.

Source of Funds: 75.2% General Funds

24.8% Federal Funds (CFDA #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse. FAIN #T1010035-14; CFDA #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds. FAIN # U58DP003930; CFDA #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States. FAIN #B04MC28113.)

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

Marcella Bobinsky
Acting Director
Division of Public Health Services

for Diane Langley
Acting Director
Division of Community Based Care Services

Approved by: Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services Contract

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") dated this, 30th day of April, 2015 is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and White Mountain Community Health Center. (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 298 White Mountain Highway, PO Box 2800, Conway, NH 03818.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012 (Item #127) and amended by an agreement (Amendment #1 to the Contract) approved on May 8, 2014 (Item #34A), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18 of the Agreement, and Exhibit C Paragraph 17, the State may amend the contract terms and conditions and renew the contract for two (2) additional years by written agreement of the parties and approval of the Governor and Executive Council; and

WHEREAS, the parties agree to extend the contract for two additional years, add services to Exhibit A, Scope of Services and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

1. Form P-37, General Provisions, Item 1.7, Completion Date, to read:
   June 30, 2017
2. Form P-37, General Provisions, Item 1.8, Price Limitation, to read:
   $1,072,302
3. Form P-37, General Provisions, Item 1.9, Contracting Officer for State Agency, to read:
   Eric D. Borrin
4. Form P-37, General Provisions, Item 1.10, State Agency Telephone Number, to read:
   (603) 271-9558
5. Delete Exhibit A, Scope of Services and Exhibit A-1 Amendment 1, Scope of Services and replace with Exhibit A – Amendment #2.
6. Delete Exhibit A-1 Amendment #1 - Performance Measures and replace with Exhibit A-1 Amendment #2 – Performance Measures.

7. Delete Exhibit B, Purchase of Services Contract Price and replace with Exhibit B – Amendment #2, Method and Conditions Precedent to Payment.
8. Add Exhibit B-1, Budget Form Primary Care through Exhibit B-6, Budget Form SBIRT.
9. Standard Exhibit D, Certification Regarding Drug-Free Workplace Requirements, Period Covered by this Certification, to read:

   From 7/1/2012 to 6/30/2017

10. Standard Exhibit E, Certification Regarding Lobbying, Contract Period, to read:

    July 1, 2012 through June 30, 2017

11. Delete Standard Exhibit G, Certification Regarding the Americans with Disabilities Act Compliance, and replace with Exhibit G, Certification of Compliance with Requirements Pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

6/2/15
Date

NAME: Brook Dupee
TITLE: Bureau Chief

White Mountain Community Health Center

5-15-15
Date

NAME Patricia McMurry
TITLE Executive Director

Acknowledgement:
State of New Hampshire, County of Carroll on May 15, 2015, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.
Signature of Notary Public or Justice of the Peace

Diane Brothers Notary Public
Name and Title of Notary or Justice of the Peace

DIANE BROTHERS, Notary Public
My Commission Expires August 5, 2019

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date 6/8/15

Name:
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Scope of Services

1. Provisions Applicable to All Services

1.1. The Contractor shall submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.

1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

1.3. The Contractor shall maximize billing to private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered. The Department shall be the payer of last resort.

1.4. Office-based and enabling **Primary Care** services shall be provided individuals and families who are:

1.4.1. Uninsured.

1.4.2. Underinsured.

1.4.3. Low-income, which is defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.5. **Breast and Cervical Cancer Screening** Services shall be provided to women ages twenty-one(21) through sixty-four (64) who are:

1.5.1. Uninsured.

1.5.2. Underinsured.

1.5.3. Low-income, which is defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines.

1.6. **Screening, Brief Intervention and Referrals to Treatment** (SBIRT) Services shall be provided to all individuals who seek services described in Section 1.4 and Section 1.5, above.

1.7. The Contractor shall remain in compliance with all relevant state and federal laws, including but not limited to:

1.7.1. NH RSA 141-C and Administrative Rule He-P 301, adopted 6/3/08, which requires the reporting of all communicable diseases.

1.7.2. NH RSA 169:C, Child Protection Act; NH RSA 161-F46, Protective Services to Adults, NH RSA 631:6, Assault and Related Offences, and RSA 130:A, Lead Paint Poisoning and Control.

1.7.3. NH RSA 141-C and the Immunization Rules promulgated, hereunder.

2. Eligibility Determination Services

2.1. The Contractor shall notify the Department, in writing, if access to Primary Care or Breast and Cervical Cancer Screening Services for new patients is limited or closed for more than a one month period.

2.2. The Contractor shall maintain documentation for each individual receiving services described in this contract that includes, but is not limited to:

2.2.1. Family income.

2.2.2. Family size.

2.2.3. Income in relation to the Federal Poverty Guidelines.

2.3. The Contractor shall assist individuals with completing a Medicaid application when income calculations indicate possible Medicaid eligibility.

2.4. The Contractor shall post a notice in a public and conspicuous location that no individual will be denied services for an inability to pay.

2.5. The Contractor shall implement and update a sliding fee scale for services in accordance with the Federal Poverty Guidelines. The Contractor shall:

2.5.1. Update the sliding fee scale on an annual basis when new Federal Poverty Guidelines are released.

2.5.2. Provide the updated sliding fee scale to the Department for review and approval prior to implementation.

3. Primary Care Services

3.1. The Contractor shall ensure primary care services are provided by a NH licensed MD, DO, APRN or PA to eligible individuals in the service area. Primary care services shall include, but are not limited to:

3.1.1. Reproductive health services.

3.1.2. Preventive services, screenings and health education in accordance with established, documented state or national guidelines.

3.1.3. Pathology, radiology, surgical and CLIA certified laboratory services either on-site or by referral.

3.1.4. Assessment of need for:

3.1.4.1. Tobacco cessation, including referral to NH Quitworks, as appropriate.

3.1.4.2. Social services.

3.1.4.3. Nutrition services, including WIC, as appropriate.

3.1.4.4. Referrals to health, home care, oral health and behavioral health specialty providers who offer sliding scale fees, when available.

3.2. The Contractor shall provide case management for individuals enrolled for primary care services, which shall include, but not be limited to:

3.2.1. Access to a healthcare provider by telephone twenty-four (24) hours per day, seven (7) days per week, directly, by referral or subcontract.

3.2.2. Care facilitated by registries, information technology, health information exchange and other means to assure that patients get the necessary care when and where they need and want it in a culturally and linguistically appropriate manner.

3.2.3. An integrated model of primary care that may include, but is not limited to:

3.2.3.1. Behavioral health.

3.2.3.2. Oral health.

3.2.3.3. Use of navigators and case management.

3.2.3.4. Co-location of services and system-level integration of care and fiscal accountability.

3.3. The Contractor can choose to provide enabling services, if the budget allows, which are non-clinical services that support the delivery of basic primary care and services, and facilitate access to comprehensive patient care as well as social services. The Contractor can facilitate enabling services that include, but are not limited to:

3.3.1. Case management.

3.3.2. Benefit counseling.

3.3.3. Eligibility assistance.

3.3.4. Health education and supportive counseling.

3.3.5. Interpretation.

3.3.6. Outreach.

3.3.7. Transportation.

3.3.8. Education of patients and the community regarding the availability and appropriate use of health services.

3.4. The Contractor must elect to do at least one (1) quality improvement project which consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The Contractor shall facilitate a minimum of one (1) quality improvement project that includes, but is not limited to:

3.4.1. Enhancing clinical workflow/improve patient outcomes by methods that may include, but are not limited to:

3.4.1.1. Alerts.

3.4.1.2. Guidelines.

3.4.1.3. Diagnostic support.

3.4.1.4. Patient registries.

3.4.1.5. Collaborative learning sessions, etc.)

3.4.2. Implementing projects that lead to measurable improvements on any of the performance measures and indicators identified in Exhibit A-1 Amendment #2

3.4.3. Utilizing defined improvement processes to coordinate quality improvement activities.

3.4.4. Identifying and defining specific goals and objectives to be achieved in the project period.

4. Breast and Cervical Cancer Screening Services

4.1. The Contract shall develop work plans based on performance measures in Exhibit A-1 that include activities related to:

4.1.1. The provision of breast and cervical cancer screening.

4.1.2. The promotion of breast and cervical cancer screening.

4.2. The Contractor shall implement evidence-based interventions outlined in the Centers for Disease Control and Prevention Guide to Community Preventative Services (http://www.thecommunityguide.org/index/html) to support the provision and promotion of breast and cervical cancer screening rates, including but not limited to provider reminder systems and patient reminders.

4.3. The Contractor shall provide breast and cervical cancer screening for the early detection of breast and cervical cancer in accordance with the policies and procedures outlined in the BCCP Policy and Procedure Manual, following nationally accepted screening recommendations. Screenings shall include but not be limited to:

4.3.1. Clinical pelvic examinations.

4.3.2. Clinical breast examinations.

4.3.3. Mammograms.

4.3.4. Pap and HPV tests, if appropriate.

4.3.5. Referrals for diagnostic and treatment services, as necessary.

4.4. The Contractor shall provide services to the number of individuals as follows:

4.4.1. 75% of all mammograms shall be provided to women ages fifty (50) to sixty-four (64) at all screening sites.

4.4.2. A maximum of 25% of all mammograms shall be provided to women under the age of fifty (50) at all screening sites.

4.4.3. 20% of newly enrolled women for Pap tests shall be provided at all screening sites to women who have not had a Pap test in over five (5) years.

4.5. The Contractor shall ensure all referrals are made in accordance with the minimum standards outlined in the BCCP Policy and Procedure Manual to facilities that provide approved and certified laboratory, pathology, radiology and surgical services. The Contractor shall ensure:

4.5.1. Mammography units are accredited by the American College of Radiology and FDA certified under MQSA.

4.5.2. Laboratories are CLIA certified.

4.6. The Contractor shall ensure all services and case management activities are completed in accordance with the BCCP Policy and Procedure Manual, including but not limited to follow-up and tracking of all client tests results and referrals.

4.7. The Contractor shall provide screening promotion for all eligible individuals, which includes, but is not limited to:

4.7.1. Patient navigation services that assist individuals to overcome health systems barriers and facilitate timely access to:

4.7.1.1. Quality breast and cervical cancer screening.

4.7.1.2. Breast and cervical cancer diagnostics.

4.7.1.3. Initiation of breast and cervical cancer treatment, when applicable.

4.7.1.4. Assurance that patient navigation services are terminated when the patient:

4.7.1.4.1. Completes screening and has normal results.

4.7.1.4.2. Completes diagnostic testing and has normal results.

4.7.1.4.3. Initiates breast and/or cervical cancer treatment or refuses treatment.

4.7.2. Patient navigation services shall include, but not be limited to:

4.7.2.1. A written assessment of individual client barriers.

4.7.2.2. Client education and support.

4.7.2.3. Assistance with resolving client barriers, including but not limited to transportation and translation services, as appropriate.

4.7.2.4. Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and initiation of treatment, as needed.

4.7.2.5. A minimum of two contacts with the client, either in person or by telephone.

4.7.2.6. Collecting data to evaluate the primary outcomes of patient navigation, which shall include adherence to screening, diagnostic testing and cancer treatment initiation.

4.7.2.7. Tracking of patients lost to follow-up, as appropriate.

5. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Services

5.1. The Contractor shall develop the infrastructure necessary to provide and record Screening, Brief Intervention, and Referral to Treatment (SBIRT) services related to substance use for all eligible individuals ages nineteen (19) to sixty-five (65) years and for all pregnant women, regardless of age, receiving services in Section 3 and/or Section 4. The Contractor shall:

5.1.1. Provide training to integrated primary care and behavioral health teams to ensure SBIRT activities are conducted with fidelity to the model in Section 5.1.

5.1.2. Modify and/or adapt current Electronic Health Records (EHR) systems in order to track SBIRT:

5.1.2.1. Activities

5.1.2.2. Completions.

5.1.2.3. Recommendations and referrals.

5.1.2.4. Follow-ups.

5.1.3. Utilize Substance Use Disorder (SUD) codes in the EHR for billing that shall:

5.1.3.1. Enable submission for payment through NH Managed Care/Medicaid and other insurance companies.

5.1.3.2. Allow the generation of reports.

5.2. The Contractor shall implement SBIRT services by ensuring sufficient qualified staff are available to conduct SBIRT services according to the SBIRT model described by the Centers for Disease Control (CDC), available on-line at http/www.dcd.gov/ncddd/fasd/documents/aloholsbiimplementationguide.pdf. The Contractor shall:

5.2.1. Implement SBIRT services by including SBIRT activities in daily operations.

5.2.2. Use one or more of the screening instruments listed in Appendix E of "Systems-Level Implementation of Screening, Brief Intervention and Referral to Treatment. TAP 33" (2013 edition) (http://www.integration.samhsa.gov/sbirt/TAP33.pdf) and document screening in the electronic health record (EHR).

5.2.3. Conduct brief interventions with patients who screen positive for potential substance use concerns and document activities in the EHR.

5.2.4. Refer patients to Substance Use Disorder (SUD) treatment services as necessary, and ensure each patient has connected with the specific service

provider by documenting in the EHR, which is audited to ensure appropriate follow up.

5.2.5. Conduct SBIRT with covered populations that include all adults on an annual basis and pregnant women on a trimester basis.

5.3. Coordinate care between community health center (CHC) services and external treatment providers by collaborating with entities that provide SUD treatment services not available at the CHC. The Contractor shall:

5.3.1. Obtain client consents to contact service providers in order to resolve any barriers to accessing services.

5.3.2. Refer patients for SUD services, as needed.

5.3.3. Follow up with patient and/or SUD service provider to ensure appropriate services are provided.

5.3.4. Work with Regional Public Health Networks (RPHNs) to identify new SUD referral resources as they become available.

5.4. The Contractor shall test SBIRT fidelity with a subset of the target population prior to full implementation for all adults ages nineteen (19) to sixty-five (65) annually and pregnant women at each trimester.

6. Staffing

6.1. The Contractor shall ensure all health and allied health professions have the appropriate current NH licenses whether directly employed, contracted or subcontracted.

6.2. The Contractor shall employ a medical services director with special training and experience in primary care who shall participate in quality improvement activities and be available to other staff for consultation, as needed.

6.3. The Contractor shall ensure staff delivering SBIRT services have, at minimum, one of the following:

6.3.1. Masters prepared behavioral health practitioners. This includes individuals licensed under the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board.

6.3.2. Masters prepared and in the process of obtaining a license from the Mental Health Board, Psychology Board, or Alcohol and Drug Use Professional Board, while under the supervision of a licensed practitioner of the same profession.

6.3.3. Physicians or Advanced Practice Registered Nurses licensed to practice in NH.

6.3.4. Physician Assistants or other practitioners under the supervision of a Physician licensed to practice in NH.

6.4. The Contractor may deliver breast and cervical cancer screening navigation services through a combination of staff, which may include the provision of outreach and education by lay persons with clinical case management services provided by either:

6.4.1. A registered nurse who:

6.4.1.1. Is licensed with the NH Board of nursing; or

6.4.1.2. Has attained bachelor's degree from a recognized college or university.

6.4.2. A nurse who is working under the direct supervision of a registered nurse, as described in Section 6.4.1.

6.5. The Contractor shall notify the Maternal and Child Health Section (MCHS) of any newly hired administrator, clinical coordinator or any staff person essential to carrying out contracted services in writing and include a copy of the individual's resume, within one month of hired.

6.6. The Contractor shall notify the MCHS, in writing, when:

6.6.1. Any critical position is vacant for more than one month.

6.6.2. There is not adequate staffing to perform all required services for more than one month.

7. *Coordination of Services*

7.1. The Contractor shall coordinate referrals for continued care of treatment, or breast or cervical healthcare, with other service providers within the community, where possible.

7.2. The Contractor shall participate in activities within the Public Health Region, as appropriate, to enhance the integration of community-based public health prevention and healthcare initiatives being implemented, including but not limited to:

7.2.1. Community needs assessments.

7.2.2. Public health performance assessments.

7.2.3. The development of regional health improvement plans.

7.3. The Contractor shall participate in and coordinate public health activities as requested by the Department, during any disease outbreak and/or emergency that affects the public's health.

8. Required Meetings & Trainings

8.1. The Contractor shall attend meetings and trainings facilitated by the MCHS and BCCP programs that include, but are not limited to:

8.1.1. MCHS Agency Directors' meetings.

8.1.2. MCHS Primary Care Coordinators' meetings, which are held two (2) times per year.

8.1.3. MCHS Agency Medical Services Directors' meetings.

8.1.4. BCCP Site Coordinators' annual meetings.

9. Workplans, Outcome Reports & Additional Reporting Requirements

9.1. The Contractor shall provide an annual BCCP Performance Workplan and Workplan Outcomes Report according to the schedule and instructions provided by the BCCP, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule.

9.2. The Contractor shall submit MCHS Data Trend Tables (DTT), which correspond to the MCHS performance measures two (2) times per according to the schedule and instructions provided by MCHS, unless otherwise notified at least thirty (30) days prior of any changes in the submission schedule. If a performance measure's targeted goal is not met, the Contractor must submit a corrective action plan per directions from MCHS.

9.3. The Contractor shall submit an annual Workplan and Workplan Outcome Report for the quality improvement project(s) that demonstrates improved clinical workflow/patient outcomes, which shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.4. If utilizing any portion of this contract for enabling services, the Contractor shall submit an annual Workplan and Workplan Outcome Report that includes at least one (1) performance measure for each type of enabling service provided. This shall be developed and submitted according to the schedule and instructions provided by MCHS. The Contractor shall be notified at least thirty (30) days in advance of any changes in the submission schedule.

9.5. The Contractor shall complete the Uniform Data Set (UDS) tables that reflect program performance for the previous calendar year no later than March 31st.

9.6. The Contractor shall submit the Perinatal Client Data Form (PCDF) on a quarterly basis in an electronic format according to the instructions set forth by the MCHS.

9.7. The Contractor shall submit monthly Outcome Reports for SBIRT services according to the schedule and instructions provided by the MCHS. The Contractor shall:

9.7.1. Collect information that includes, but is not limited to:

9.7.1.1. Description of the training provided, including but not limited to:

9.7.1.1.1. The content of the training provided.

9.7.1.1.2. The number of staff who received training.

9.7.1.2. The number of:

9.7.1.2.1. Qualified staff conducting SBIRT

9.7.1.2.2. SBIRT billing codes developed.

9.7.1.2.3. SBIRT services billed to insurance.

9.7.1.3. Updates on any changes, enhancements or adaptations to SBIRT procedures in:

9.7.1.3.1. Technology based systems.

9.7.1.3.2. Staffing.

9.7.1.3.3. Coding and billing.

9.7.1.4. The total number of clients receiving SBIRT delineated by:

9.7.1.4.1. Percentage of clients receiving only screening.

9.7.1.4.2. Percentage of clients receiving brief interventions.

9.7.1.4.3. Percentage of clients referred for more intensive services who initiated services.

9.7.1.4.4. Percentage of clients referred for more intensive services who had problems connecting to services.

9.8. The Contractor shall submit an annual report on April 30th in each year a contract amendment or renewal is not required that includes, but is not limited to:

9.8.1. DPHS Budget Form.

9.8.2. Budget Justification.

9.8.3. Sources of Revenue.

9.8.4. Program Staff List, which includes staff titles

9.9. The Contractor shall resubmit a Sources of Revenue report at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

9.10. The Contractor shall provide an annual summary of patient satisfaction survey results obtained during the prior contract period. The Contractor shall ensure the summary includes:

9.10.1. Survey template.

9.10.2. Method by which the results were obtained.

10. On-Site Reviews

10.1. The Contractor shall allow a team or person authorized by the Department to periodically review the Contractor's:

10.1.1. Systems of governance.

10.1.2. Administration.

10.1.3. Data collection and submission.

10.1.4. Clinical and financial management.

Contractor's Initials: RM

Date 5-15-15

10.1.5. Delivery of education services.

10.2. The Contractor shall cooperate with the Department to ensure information needed for the reviews is accessible and provided. The Contractor shall ensure information includes, but is not limited to:

10.2.1. Client records.

10.2.2. Documentation of approved enabling services and quality improvement projects, including process and outcome evaluations.

10.2.3. SBIRT documentation, which includes but is not limited to:

10.2.3.1. SBIRT policies and procedures.

10.2.3.2. Staff credentials for all staff delivering SBIRT services

10.2.3.3. SBIRT procedures utilized and documented in patient records.

10.3. The Contract shall take corrective actions as advised by the review team if services provided are not in compliance with the contract requirements.

Contractor's Initials: [signature]

Date 5-15-15

Exhibit A-1 – Amendment #2

1. PRIMARY CARE PERFORMANCE MEASURES

1.1. Breastfeeding

1.1.1. **Percent of infants who are ever breastfed** (Title V PM #10).

1.1.1.1. Numerator: Infants who were ever breastfed or received breast milk

1.1.1.2. Denominator: All infants born in a state fiscal year

1.2. Preventive Health: Lead Screening

1.2.1. **Percent of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.** (CMS, Hedis).

1.2.1.1. Numerator: At least one capillary or venous blood test on or before the child's second birthday.

1.2.1.2. Denominator: Children who turn 2 years old during the state fiscal year.

1.3. Preventive Health: Adolescent Well-Care Visit

1.3.1. **Percent of adolescents, 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year** (Hedis, Title V PM #7).

1.3.1.1. Numerator: Number of adolescents, ages 12 through 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

1.3.1.2. Denominator: Number of adolescents, ages 12 through 21 years of age.

1.4. Preventive Health: Depression Screening

1.4.1. **Percentage of patients ages 12 and older screened for clinical depression using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen** (ACO 18, NQF 0418).

1.4.1.1. Numerator: Patients who are screened for clinical depression using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan documented.

1.4.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.1.3. Denominator: All patients 12 years and older.

1.4.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

Contractor Initials: [signature]
Date: 5-15-15

1.4.2. **Maternal Depression Screening** (Developmental: not required for FY 16)

1.4.2.1. **Percentage of women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.**

1.4.2.1.1. Numerator: Women who are screened for clinical depression during the post-partum visit using an appropriate standardized depression screening tool and screen negative.

AND

Women who are screened for depression during the post-partum visit using an appropriate standardized depression screening tool, screen positive, AND have a follow-up plan documented.

1.4.2.1.2. Definition of Follow-Up Plan: Proposed outline of treatment to be conducted as a result of clinical depression screen. Such follow-up must include further evaluation if screen is positive and may include documentation of a future appointment, education, additional evaluation such as Suicide Risk Assessment and/or referral to a practitioner who is qualified to diagnose and treat depression, and/or notification of primary care provider.

1.4.2.1.3. Denominator: All women who are at least 6 weeks post-partum in a state fiscal year.

1.4.2.1.4. Denominator Exception: Depression screening not performed due to medical contraindicated or patient refusal.

1.5. **Preventive Health: Obesity Screening**

1.5.1. **Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented** (ACO 16, NQF 0421, HRSA UDS).

1.5.1.1. Normal parameters: Age 65 and older BMI $\geq$ 23 and < 30

Age 18 through 64 BMI $\geq$ 18.5 and < 25

1.5.1.2. Numerator: Patients with BMI calculated within the past six months or during the current visit and a follow-up plan documented if the BMI is outside of parameters.

1.5.1.3. Definition of Follow-Up Plan: Proposed outline of follow-up plan to be conducted as a result of BMI outside of normal parameters. The follow-up plan can include documentation of a future appointment, education, referral (such as registered dietician, nutritionist,

occupational therapist, primary care physician, exercise physiologist, mental health provider, surgeon, etc.), prescription of/administration of dietary supplements, exercise counseling, nutrition counseling, etc.

1.5.1.4. Denominator: All patients aged 18 years and older who had at least one medical visit during the state fiscal year.

1.5.2. Percent of patients aged 2 through 17 who had evidence of BMI percentile documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year (HRSA UDS).

1.5.2.1. Numerator: Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.

1.5.2.2. Denominator: Number of patients who were one year after their second birthday (i.e., were 3 years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.

1.6. **Preventive Health: Tobacco Screening**

1.6.1. Percent of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user (ACO 17, NQF 0028, HRSA UDS).

1.6.1.1. Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.1.2. Definitions:

1.6.1.2.1. Tobacco Use: Includes any type of tobacco

1.6.1.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.1.3. Denominator: All patients aged 18 years and older seen for at least two visits ever

1.6.2. **Percent of women who are screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user** (Title V, PM #15).

1.6.2.1. Numerator: Pregnant women who were screened for tobacco use during each trimester AND who received tobacco cessation counseling intervention if identified as a tobacco user.

1.6.2.2. Definitions:

1.6.2.2.1. Tobacco Use: Includes any type of tobacco

1.6.2.2.2. Cessation Counseling Intervention: Includes counseling or pharmacotherapy

1.6.2.3. Denominator: All women who delivered a live birth in a state fiscal year

1.7. **At Risk Population: Hypertension**

1.7.1. **Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year** (ACO 28, NQF 0018).

1.7.1.1. Numerator: Number of patients from the denominator with blood pressure measurement less than 140/90 mm Hg at the time of their last measurement.

1.7.1.2. Denominator: Number of patients age 18 through 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)

1.8. **Patient Safety: Falls Screening**

1.8.1. **Percent of patients aged 65 years and older who were screened for future fall risk at least once within 12 months** (ACO 13, NQF0101).

1.8.1.1. Numerator: Patients who were screened for future fall risk at least once within 12 months.

1.8.1.2. Definition of Fall: a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of a sudden onset of paralysis, epileptic seizure, or overwhelming external force.

1.8.1.3. Numerator note: Patients are considered at risk for future falls if they have had 2 or more falls in the past year or any fall with injury in the past year.

1.8.1.4. Denominator: All patients aged 65 years and older

1.8.1.5. Excluded from denominator population: (Exclusion only applied if patient was not screened for future fall risk) Documentation of medical reason(s) for not screening for future fall risk (e.g. patient is not ambulatory)

2. BCCP PERFORMANCE MEASURES

2.1. BCCP Performance Measure #1

2.1.1. **Measure:*** 78% of female patients age 24 through 64 years of age screened for cervical cancer per USPSTF guidelines.

2.1.2. **Numerator** – Number of female patients 24 through 29 years of age who have had a documented pap in the past 3 years AND female patients 30-64 who have either had a pap in the past 3 years OR an HPV test and a pap in the past 5 years

2.1.3. **Denominator** – Number of female patients 24 through 64 years of age who have had a visit in the past year and do not have evidence of having had a total hysterectomy.

2.1.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.1.5. *Measure based on the UDS measure

2.1.6. **Healthy People 2020 National Target is 93%

2.2. BCCP Performance Measure #2

2.2.1. **Measure:*** 75% of female patients age 52 through 74 years of age screened for breast cancer per USPSTF guidelines.

2.2.2. **Numerator** – Number of female patients 52 through 74 years of age who have had a documented mammogram in the past 24 months.

2.2.3. **Denominator** – Number of female patients 52 through 74 years of age who have had a visit in the past year and do not have evidence of having had a bilateral mastectomy.

2.2.4. **Data Source:** Chart audits or query of 100% of the **total** population of patients as described in the denominator.

2.2.5. *Measure based on the USPSTF Guidelines

2.2.6. ** Healthy People 2020 National Target is 81.1%

Contractor Initials: RM

Date: 5-15-15

3. SBIRT PERFORMANCE MEASURES

3.1. **Percent of patients aged 18 years and older who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, received a brief intervention or referral to services**

3.1.1. **Numerator:** Number of patients in the denominator who were screened for substance use, using a formal valid screening tool, during an annual physical AND if positive, who received a brief intervention or referral to services.

3.1.2. Definitions

3.1.2.1. Substance Use: Includes any type of alcohol or drug.

3.1.2.2. Brief Intervention: Includes guidance or counseling.

3.1.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.1.3. Denominator: Number of patients aged 18 years and older seen for annual visit within 12 months.

3.2. **Percent of pregnant women who were screened, using a formal valid screening tool, for substance use, during every trimester they are enrolled in the prenatal program AND if positive, received a brief intervention or referral to services**

3.2.1. Numerator: Number of women in the denominator who were screened for substance use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program AND if positive, received a brief intervention or referral to services

3.2.2. Definitions:

3.2.2.1. Substance Use: Includes any type of alcohol or drug.

3.2.2.2. Brief Intervention: Includes guidance or counseling.

3.2.2.3. Referral to Services: Includes any recommendation of direct referral for substance abuse service.

3.2.3. Denominator: Number of women enrolled in the agency prenatal program and who had a live birth during the state fiscal year.

Contractor Initials: Pm

Date: 5-15-15

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This contract is funded with general and federal funds. Department access to supporting funding for this project is dependent upon the criteria set forth in the Catalog of Federal Domestic Assistance (CFDA) (https://www.cfda.gov):
   - 2.1. #93.959, Department of Health and Human Services, Substance Abuse and Mental Health Services (SAMHSA) Block Grants for Prevention and Treatment of Substance Abuse.
   - 2.2. #93.752, Department of Health & Human Services, Centers for Disease Control and Prevention, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations financed in part by Prevention and Public Health Funds.
   - 2.3. #93.994, Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Services Block Grant to the States.
3. The Contractor shall use and apply all contract funds for allowable direct and indirect costs to provide services in Exhibit A – Amendment #2, Scope of Services, in accordance with Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2.
4. The Contractor shall use and apply the amount in the SBIRT line item in Exhibit B-3 and Exhibit B-6 on actual SBIRT services provided.
5. The Contractor shall not use or apply contract funds for capital additions or improvements, entertainment costs, or any other costs not approved by the Department.
6. Payment for said services shall be made as follows:
   - 6.1. The Contractor will submit an invoice by the tenth (10^{th}) working day of each month, which identifies and requests reimbursement for:
     - 6.1.1. Authorized expenses incurred in the prior month.
     - 6.1.2. The units of SBIRT services provided, in accordance with Exhibit A – Amendment #2, Section 5.2.2 through Section 5.2.5 and Section 5.3.1 through Section 5.3.3, which shall be paid on a fee-for-service basis at the following rates:
       - 6.1.2.1. $29.86 for each unit of service that is 15-30 minutes.
       - 6.1.2.2. $57.31 for each unit of service that is more than 30 minutes.
   - 6.2. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.
   - 6.3. The invoice must be submitted by mail or e-mail to:

     Financial Manager
     Department of Health and Human Services
     129 Pleasant Street
     Concord, NH 03301

     E-mail: dphscontractbilling@dhhs.state.nh.us

Contractor Initials: Rm

Date: 5-15-15

7. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
8. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
9. When the contract price limitation is reached, the program shall continue to operate at full capacity at no charge to the State of New Hampshire for the duration of the contract period.
10. Notwithstanding paragraph 18 of the Form P-37, General Provisions, an amendment limited to transfer the funds within the budgets in Exhibit B-1 Amendment #2 through Exhibit B-6 Amendment #2 and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

Contractor Initials: BM-
Date: 5-15-15

EXHIBIT B-3 AMENDMENT #2
SBIRT BUDGET FORMS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: White Mountain Community Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2015 - June 30, 2016 (SFY 16)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 40,200.00	$ -	$ 40,200.00	$ -	$ -	$ -	$ 40,200.00	$ -	$ 40,200.00
2. Employee Benefits	$ 10,050.00	$ -	$ 10,050.00	$ -	$ -	$ -	$ 10,050.00	$ -	$ 10,050.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ 6,000.00	$ -	$ 6,000.00	$ -	$ -	$ -	$ 6,000.00	$ -	$ 6,000.00
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ 4,000.00	$ -	$ 4,000.00	$ -	$ -	$ -	$ 4,000.00	$ -	$ 4,000.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 6,500.00	$ -	$ 6,500.00	$ -	$ -	$ -	$ 6,500.00	$ -	$ 6,500.00
10. Marketing/Communications	$ 250.00	$ -	$ 250.00	$ -	$ -	$ -	$ 250.00	$ -	$ 250.00
11. Staff Education and Training	$ 4,000.00	$ -	$ 4,000.00	$ -	$ -	$ -	$ 4,000.00	$ -	$ 4,000.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 2,125.00	$ -	$ 2,125.00	$ -	$ -	$ -	$ 2,125.00	$ -	$ 2,125.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 73,125.00**	$ -	**$ 73,125.00**	$ -	$ -	$ -	**$ 73,125.00**	$ -	**$ 73,125.00**
Indirect As A Percent of Direct		0.0%							

Contractor Initials: PMC

Date: 5-15-15

EXHIBIT B-5 AMENDMENT #2

BCCP BUDGET FORM

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: White Mt.

Budget Request for: Primary Care - BCCP

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 4,214.00	$ -	$ 4,214.00	$ 703.00	$ -	$ 703.00	$ 3,511.00	$ -	$ 3,511.00
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):Clinical Servi	$ 4,675.00	$ -	$ 4,675.00	$ -	$ -	$ -	$ 4,675.00	$ -	$ 4,675.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 8,889.00	$ -	$ 8,889.00	$ 703.00	$ -	$ 703.00	$ 8,186.00	$ -	$ 8,186.00
Indirect As A Percent of Direct		0.0%							

Date 5-15-15

Contractor's Initials

EXHIBIT B-6 AMENDMENT #2
SBIRT BUDGET SHEETS

New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: White Mountain Community Health Center

Budget Request for: Primary Care - SBIRT

Budget Period: July 1, 2016 - June 30, 2017 (SFY 17)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ 6,000.00	$ -	$ 6,000.00	$ -	$ -	$ -	$ 6,000.00	$ -	$ 6,000.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 6,000.00	$ -	$ 6,000.00	$ -	$ -	$ -	$ 6,000.00	$ -	$ 6,000.00
Indirect As A Percent of Direct		0.0%							

Contractor Initials: PM

Date: 5-15-15

5/8/14
34A MJT

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4535 1-800-852-3345 Ext. 4535
Fax: 603-271-4506 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs for all

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

G & C Approved
Date 5/8/14
Item #34A

March 28, 2014

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Retroactive
Sole Source
13% Federal Funds
87% General Funds

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend agreements with 13 vendors by increasing the total price limitation by $4,293,569 from $5,173,800 to $9,467,369 to provide primary care services. This amount includes a request to **retroactively** enter into **sole-source** amendments in an amount of $648,347, effective **retroactive** to July, 1, 2013 through June 30, 2014 and to exercise a one-year renewal option with the same 13 vendors in an amount of $3,645,222, extending the completion date from June 30, 2014 to June 30, 2015, effective upon Governor and Council approval. Twelve of these agreements were originally approved by Governor and Council on June 20, 2012, Item numbers 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, and one agreement was originally approved by Governor and Council on July 11, 2012, Item number 31.

Summary of contracted amounts by vendor:

Vendor	Location	SFY 2014 Amount	SFY 2015 Amount	Total Increase
Ammonoosuc Community Health	North Grafton/ South Coos	$42,661	$254,172	$296,833
Concord Hospital, Inc.	Merrimack/ Hillsborough	$64,413	$376,377	$440,790
Coos County Family Health	Eastern Coos	$24,351	$159,685	$184,036
Families First of the Greater Seacoast	Seacoast Area	$41,892	$242,094	$283,986
Goodwin Community Health	Strafford County	$74,293	$420,579	$494,872
Health First Family Care Center	Central/Eastern Belknap	$55,968	$292,214	$348,182
Indian Stream Health Center	Northern Coos & Colebrook	$18,030	$100,409	$118,439
Lamprey Health Care, Inc.	Central Southern/Eastern NH	$119,828	$654,249	$774,077
Manchester Community Health Center	Greater Manchester Area	$71,392	$407,637	$479,029
Mid-State Health Center	Central Northern Belknap	$35,001	$175,511	$210,512
The New London Hospital, Inc.	Sullivan County	$39,566	$225,093	$264,659
Weeks Medical Center	Western Coos	$20,652	$113,557	$134,209
White Mountain Community Health	Northern Carroll	$40,300	$223,645	$263,945
TOTAL		**$648,347**	**$3,645,222**	**$4,293,569**

Funds to support this request are available in the following accounts for SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

05-95-90-901010-7965 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY & PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

See attachment for financial details

EXPLANATION

Approval is requested **retroactive** to July 1, 2013. The services provided by these contracts are consistent with prior contracts and were included in the operating budget for SFY 2014 and SFY 2015. Contracts were delayed, however, since the exact amount of funding available was only recently determined. The SFY 2014 amendments are **sole source** because they exceed more than 10% of the original contract amount.

This requested action seeks approval of 13 amendments that represents $4,293,569 total anticipated to be spent statewide to continue breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. In the interest of efficiency, the contract amendments are being bundled as they are providing the same services, and because of the size of the resulting Governor and Council submission, the copies provided are abbreviated in the interest of saving resources. The Councilors and the public can view the entire submission package on the Secretary of State's website.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program

provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing, receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, low-income individuals statewide may not have adequate access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

Contracts were awarded to Primary Care agencies through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by teams of three professionals. All reviewers have between three to 20 years' experience managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, these competitively procured Agreements have the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council. The Department is exercising one year of this renewal option.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. All Primary Care vendors are making adequate progress in meeting clinical performance measures and the Departments wishes to continue working with the vendors for another year.

The performance measures as described in the contract amendment Exhibit A – Amendment 1 – Performance Measures, will be used to continue to measure the effectiveness of the agreement.

Area to be served is statewide.

Source of Funds: 13.09% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau; Centers for Disease Control and Prevention and 86.91% 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,

Brook Dyer for

José Thier Montero, MD, MHCDS
Director

Approved by:

Nicholas A. Toumpas
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
White Mountain Community Health Center

This 1st Amendment to the White Mountain Community Health Center contract (hereinafter referred to as "Amendment One") dated this 14 day of March, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and White Mountain Community Health Center (hereinafter referred to as "the Contractor"), a corporation with a place of business at 298 White Mountain Highway, PO Box 2800, Conway, New Hampshire 03818.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the Department desires to provide additional primary health care services for preventive and episodic health care for acute and chronic health conditions for people of all ages.

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $579,513

- Exhibit A, Scope of Services to add:
  Exhibit A – Amendment 1

- Exhibit B, Purchase of Services, Contract Price, to add:

  Paragraph 1.1 to Paragraph 1:
  The contract price shall increase by $40,300 for SFY 2014 and $223,645 for SFY 2015.

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $40,300 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $202,079 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

Contractor Initials: PMC
Date: 3-14-14

- $11,566 from 05-95-90-902010-5659-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Centers for Disease Control and Prevention, CFDA #93.283;
- $10,000 from 05-95-90-901010-7965-102-500731, 100% General Funds.

Add Paragraph 8
8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

- Budget, to add:
  Exhibit B-1 (2014) - Amendment 1,
  Exhibit B-1 (2015) - Amendment 1

This amendment shall be in effect July 1, 2013, effective upon the date of Governor and Executive Council approval.

Contractor Initials: [signature]
Date: 3-14-14

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

3/28/14
Date

Brook Dupee
Bureau Chief

White Mountain Community Health Center

3-14-14
Date

Name: Patricia McMurry
Title: Executive Director

Acknowledgement:

State of New Hampshire, County of Carroll on March 14, 2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Diane Brothers
Signature of Notary Public or Justice of the Peace

Diane Brothers Notary Public
Name and Title of Notary or Justice of the Peace

DIANE BROTHERS
Notary Public - New Hampshire
My Commission Expires August 19, 2014

Contractor Initials: PM
Date: 3-14-14

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4-3-14
Date

Name: Rosemary Wiant
Title: Asst. Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: _____
Date: 3-14-14

EXHIBIT A – AMENDMENT 1

Scope of Services

The Department desires to continue the relationship with the primary care agencies to provide additional primary health care services for preventive and episodic health care for acute and chronic health conditions for people of all ages.

I. General Provisions

A) Eligibility and Income Determination

1. Office-based primary care services will be provided to low-income individuals and families (defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), in the State of New Hampshire.

2. Breast and Cervical Cancer screening services will be provided to low-income (defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), New Hampshire women age 21– 64, uninsured or underinsured. BCCP changes.

3. The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing if, at any time, the practice is closed to new patients, or maintains a wait list for new patients, or any other mechanism is used that limits access for new patients for more than a one month period.

4. The Contractor shall document annually, for each client enrolled in the program, family income and family size, and calculate percentage of the federal poverty level. If calculations indicate that the client may be eligible for enrollment in Medicaid, the Contractor shall complete with the client the most recent version of the 800P form.

5. The Contractor shall implement, and post in a public and conspicuous location, a sliding fee payment schedule, approved in advance by the Division of Public Health Services (DPHS), for low-income patients. Signage must state that no client will be denied services for inability to pay.

    a. As an alternative, the contractor may post, in a public and conspicuous location, a notice to clients that a sliding fee scale is available and that no client will be denied services for inability to pay. The sliding fee scale must be updated annually based on USDHHS Poverty guidelines as published in the Federal Register, submitted to and approved by DPHS prior to implementation.

6. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered.

B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 2,285 users annually with 8,598 medical encounters, as defined in the Data and Reporting Requirements. Breast and Cervical Cancer Screening for eligible women, as defined by the Breast and Cervical Cancer Program (BCCP), shall be provided to 65 women annually and billed directly to the BCCP. Clinical service reimbursements shall not exceed the Medicare rate.

C) Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.

2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.

3. Provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.

4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.

5. The contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency Citation 45 CFR 80.3(b) (2). The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client, language line).

D) State and Federal Laws

The Contractor is responsible for compliance with all relevant state and federal laws. Special attention is called to the following statutory responsibilities:

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 301, adopted 6/3/08.

2. Persons employed by the contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults, RSA 631:6, Assault and Related Offences and RSA 130:A, Lead Paint Poisoning and Control.

3. Immunizations shall be conducted in accordance with RSA 141-C and the Immunization Rules promulgated hereunder.

E) Relevant Policies and Guidelines

1. The Contractor shall design and provide the services described above to meet the unique and identified health needs of the populations within the contracted service area.

2. Primary Care funds shall be targeted to populations in need. Populations in need are defined as follows:

   a) uninsured;

   b) under-insured;

   c) families and individuals with significant psychosocial and economic risk, including low income status;

   d) all life cycles including perinatal, child, adolescent, adult, and elderly who meet one or more of the above criteria.

3. The Contractor shall design and implement systems of governance, administration, financial management, information management, and clinical services which are adequate to assure the provision of contracted services, and to meet the data and reporting requirements. These systems shall meet the most current minimum standards described in at least one of the following: Health Resources and Services Administration (HRSA) Office of Performance Review protocols, Joint Commission on Accreditation of Health Care Organizations (JCAHO), Accreditation Association for Ambulatory Healthcare (AAAHC), Community Health Accreditation Program (CHAP), or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey.

4. The Contractor shall have an agency emergency preparedness and response plan in accordance with HRSA Health Center Emergency Management Program Expectations, Document #2007-15 or most recent version. Such plan shall also include a Continuity of Operations plan.

5. The Contractor shall carry out the work as described in the performance Workplan submitted with the proposal and approved by the Rural Health and Primary Care Section (RHPCS), and the Maternal and Child Health Section (MCHS).

6. No Workplan is required by the Breast and Cervical Cancer Program (BCCP). The contractor shall be required to respond to the Quality Improvement Feedback Report twice a year.

7. The Contractor shall carry out the work as described in the Supplemental Funding Form submitted with the proposal and approved by the Rural Health and Primary Care Section (RHPCS), and the Maternal and Child Health Section (MCHS).

F) Publications Funded Under Contract

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.

2. All documents (written, video, audio, electronic) produced, reproduced, or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.

3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C (14).

G) Subcontractors

If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the Division of Public Health Services (DPHS), Maternal and Child Health Section must be notified in writing and approve the subcontractual agreement, prior to initiation of the subcontract.

1. If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the Division of Public Health Services (DPHS), Maternal and Child Health Section must be notified in writing and approve the subcontractual agreement, prior to initiation of the subcontract.

2. In addition, the original DPHS contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

II. Minimal Standards of Core Services

A. Service Requirements

1. Medical Home

The Contractor shall provide a Medical Home that:

a) Facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family.

b) Provides care facilitated by registries, information technology, health information exchange, and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

2. Primary Care Services

The Contractor shall provide office-based primary care services to populations in need who reside in the contractor's service area. Primary care services shall include:

a) Health care provided by a New Hampshire licensed MD, DO, APRN, or PA, including diagnosis and treatment of acute and chronic illnesses within the scope of family practice; preventive services, screenings, and health education according to established, documented state or national guidelines; assessment of need for social and nutrition services, and appropriate referrals to health, oral health, and behavioral health specialty providers.

b) Referral to the WIC Nutrition Program for all eligible pregnant women, infants and children.

c) In-hospital care for conditions within the scope of family practice must be provided at a hospital, within the agency service area, through a staff clinician with full hospital privileges, or in the alternative, through a formal referral and admissions procedure available to clients on a 24 hour/7 day a week basis.

d) Access to a healthcare provider, directly or by referral or subcontract, by telephone twenty-four hours per day, seven days per week.

e) Assessment of psychosocial risk for all clients at least annually and for children at scheduled preventive care visits, including, at a minimum, age appropriate assessment of safety in the home, domestic violence, adequacy of food and housing, care and welfare of children, transportation needs, and provision of necessary social services to address the priority needs and safety issues of clients and families.

f) Falls prevention screening for patients 65 years and older using the algorithm and guidelines of the American Geriatrics Society.

g) Behavioral health care directly or by referral to an agency or provider with a sliding fee scale.

h) Nutrition assessment for all clients as part of the health maintenance visit. Therapeutic nutrition services shall be provided as indicated directly or by referral to an agency or provider with a sliding fee scale. These services shall be recorded in the medical record.

i) Formal arrangements with a local hospital for emergency care must be in place and reviewed annually.

j) Home health care directly or by referral to an agency or provider with a sliding fee scale.

k) Assisted living and skilled nursing facility care by referral.

l) Oral screening annually for all clients 21 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health.

m) Diagnosis and management of pediatric and adult patients with asthma provided according to National Heart Lung Blood Institute, National Asthma Education and Prevention Program, Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma, 2007.

3. Breast and Cervical Cancer Screening

a) Women age 21 to 64 who are eligible for Breast and Cervical Cancer Program (BCCP) services according to income (equal to or under 250% of poverty, underinsured/uninsured) and insurance status criteria shall be provided the following services, following USPSTF screening recommendations:

i. cervical cancer screening including a pelvic examination and Pap smear;
ii. breast cancer screening including a clinical breast exam, mammogram and,
iii. referrals for diagnostic and treatment services based on screening results,
iv. case management services.

b) All referrals under this provision shall be to approved certified laboratory, pathology, radiology, and surgical services. Mammography units shall be accredited by the American College of Radiology, and must be FDA certified under MQSA. Laboratories shall be CLIA certified.

c) All services shall be provided in accordance with the Breast and Cervical Cancer Program (BCCP) Policy and Procedure Manual.

d) Follow-up and tracking of all tests done, and referrals made shall be provided in accordance with the minimum standards outlined in the Breast and Cervical Cancer Program Policy and Procedure Manual.

e) All services for women enrolled in the Breast and Cervical Cancer Program (BCCP) shall be billed directly to the BCCP in accordance with protocols established by the Breast and Cervical Cancer Program.

f) The Contractor shall provide the NH Breast and Cervical Cancer Program with breast and cervical cancer screening rates for all women served by the practice as requested, but not more than twice per SFY.

g) The contractor shall work with the NH Breast and Cervical Cancer Program staff to increase the breast and cervical cancer screening rates among all women serviced by the practice.

4. Reproductive Health Services

The Contractor shall provide prenatal, interconceptional and preconception medical care, social services, nutrition services, education, and nursing care to all women of childbearing age. Preconceptional care includes the preconception, interconceptional, and postpartum periods in women's health. It is recommended that preconceptional and interconceptional care visits focus on maintaining or achieving the optimal health of the mother, lowering the risk of future adverse pregnancy outcomes, the family's future plans, and how additional children fit into that plan. Preconceptional counseling may be done during an office, group or home visit.

a) In the event prenatal care is not provided directly by the Contractor a formal Memorandum/a of Agreement for coordinated referral to an appropriately qualified provider must be maintained.

b) Prenatal care shall, at minimum, be provided in accordance with the Guidelines for Perinatal Care, sixth or most current edition, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and /or the Centers for Disease Control.

c) Age appropriate reproductive health care shall, at a minimum, be provided in accordance with the American College of Obstetricians and Gynecologists, or the USDHHS Centers for Disease Control (CDC) current guidelines.

d) Pregnant women enrolled in the WIC Nutrition Program shall be referred to WIC for breastfeeding education and referral to the WIC Nutrition Program peer counselors.

e. Family planning counseling for prevention of subsequent pregnancy following an infant's birth shall be discussed with the infant's mother at the first postpartum visit and at the infant's 2-month visit and other visits as appropriate. Rationale for birth intervals of 18-24 months shall be presented.

f) A referral to a Title X Family Planning Clinic or other reproductive health care provider shall be made as appropriate.

5. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent. Children and adolescent visits shall include:

a) The World Health Organization (WHO) growth charts shall be used to monitor growth for infants and children birth up to age 2 years. The Centers for Disease Control and Prevention (CDC) growth charts shall be used for children age 2 years and older.

b) Blood lead testing shall be performed in accordance with "New Hampshire Childhood Lead Poisoning Screening and Management Guidelines", issued by the New Hampshire Department of Health and Human Services, 2009 or subsequent revisions.

c) All children enrolled in either Medicaid, Head Start, or the Women, Infant, and Children (WIC) Program and/or who are ≤ 185% poverty, regardless of town of residence, are required to have a blood lead test at ages one and two years. All children ages three to six years who have not been previously tested shall have a blood lead test performed.

d) All children shall be screened for iron deficiency anemia as outlined in the Centers for Disease Control and Prevention document "Recommendations to Prevent and Control Iron Deficiency in the United States (4/2/98)".

e) Age-appropriate anticipatory guidance, dietary guidance, and *feeding practice counseling* for optimal oral health shall be provided at each well child visit according to the American Academy of Pediatrics' periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent edition. Starting at age 6 months, it is recommended that all children receive an oral health assessment at every well child visit, and a referral for the child's first visit to the dentist by age one as recommended by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry.

f) Supplemental fluoride shall be prescribed as needed based upon the fluoride levels in the child's drinking water supply. The fluoride dosage regimen accepted by the American Academy of Pediatrics shall be followed. No fluoride shall be prescribed without obtaining water from private wells or noting the presence or absence of fluoride in the public water supply. Supplemental fluoride may include bottled water containing fluoride and topical applications such as varnishes.

g) For infants enrolled in the WIC Nutrition Program, parents shall be referred to WIC for breastfeeding support and referral to the WIC Nutrition Program peer counselors.

6. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment of sexually transmitted infections.

a) Treatment for sexually transmitted infections shall be provided according to the United States Centers for Disease Control Sexually Transmitted Diseases Treatment Guidelines, 2010 or subsequent revisions.

b) All clients, including women, shall be offered HIV testing following the most current recommendations of the United States Centers for Disease Control.

c) The contractor shall be responsible for ensuring referral to appropriate treatment services for any woman found to screen positive.

d) Appropriate risk reduction counseling shall be provided based on client needs.

7. Substance Use Services

a) A substance use screening history using a formal, validated screening tool shall be obtained for all clients as soon after entry into care as possible. Substance use counseling or other substance abuse intervention, treatment, or recovery services by an appropriately credentialed provider shall be provided on-site, or by referral, to clients with identified needs for these services. For these identified clients, ongoing primary care services should include follow up monitoring relative to substance abuse.

b) All clients, including pregnant women, identified as smokers shall receive counseling using the 5A's (ask, advise, assess, assist, and arrange) treatment available through the NH Tobacco Helpline as cited in the US Public Health Services report "Tobacco Use and Dependence", 2008, or "Smoking Cessation During Pregnancy: A Clinician's Guide to Helping Pregnant Women Quit Smoking", American College of Obstetricians and Gynecologists, 2011. With prior approval, agencies may also opt to participate in the DPHS best practice initiative of the 2A's and R (ask, advise and refer).

8. Immunizations

a) The Contractor shall adhere to the most current version of the "Recommended Adult Immunization Schedule for Adults (19 years and older) by Age and Medical Condition - United States", approved by the Advisory Committee on Immunization Practices, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians.

b) The Contractor shall administer vaccines according to the most current version of the "Recommended Immunization Schedule for Persons Aged 0 Through 6 Years - United States", and "Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States" approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians, based upon availability of vaccine from the New Hampshire Immunization Program.

9. Prenatal Genetic Screening

a) A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

b) All pregnant women should be offered voluntary genetic screening for fetal chromosomal abnormalities at the appropriate time following recommendations found in the American College of Obstetricians and Gynecologists' "Screening for Fetal Chromosomal Abnormalities (2007)" or more recent guidelines. The Contractor shall be responsible for ensuring referral to appropriate genetic testing and counseling for any woman found to have a positive screening test.

10. Additional Requirements

a) The Contractor's Medical Director shall participate in the development and approval of specific guidelines for medical care that supplement minimal clinical standards. Supplemental guidelines should be reviewed, signed, and dated annually, and updated as indicated.

b) Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

c) The Contractor shall provide information to all employees annually about the Medical Reserve Corps Unit within their Public Health Region to enhance recruitment.

d) The Contractor shall provide information to all employees annually regarding the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) managed by the NH Department of Health and Human Services' Emergency Services Unit, to enhance recruitment.

B) Staffing Provisions

The Contractor shall have, at minimum, the following staff positions:

a) executive director

b) fiscal director

c) registered nurse

d) clinical coordinator

e) medical service director

f) nutritionist (on site or by referral)

g) social worker

Staff positions required to provide direct services on-site include:

a) registered nurse

b) clinical coordinator

c) social worker

1. Qualifications

All health and allied health professionals shall have the appropriate New Hampshire licenses whether directly employed, contracted, or subcontracted.

In addition the following minimum qualifications shall be met for:

a) Registered Nurse
   a. A registered nurse licensed in the state of New Hampshire, Bachelor's degree preferred. Minimum of one-year experience in a community health setting.

b) Nutritionists:
   a. A Bachelor's degree in nutritional sciences or dietetics, or a Master's degree in nutritional sciences, nutrition education, or public health nutrition or current Registered Dietitian status in accordance with the Commission on dietetic Registration of the American Dietetic Association.
   b. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.

c) Social Workers shall have:
   a. A Bachelor's or Master's degree in social work or Bachelor's or Master's degree in a related social science or human behavior field. A minimum of one year of experience in a community health or social services setting is preferred.
   b. Individuals who perform functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.

d) Clinical Coordinators shall be:
   a. A registered nurse (RN), physician, physician assistant, or nurse practitioner with a license to practice in New Hampshire.
   b. The coordinator is a clinical position that oversees and takes responsibility for the clinical and administrative functions of each program.
   c. The coordinator may be responsible for more than one MCH funded program.

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator, or any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.

3. Vacancies

   a) The Contractor must notify the MCHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month. This may be done through a budget revision.

   b) Before an agency hires new program personnel that do not meet the required staff qualifications, the agency shall notify the MCHS in writing requesting a waiver of the applicable staffing requirements. The Section may grant waivers based on the need of the program, individuals' experience, and additional training.

C) Coordination of Services

1. The Contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.

2. The Contractor shall participate in activities in the Public Health Region in which they provide services as appropriate. These activities enhance the integration of community-based public health prevention and health care initiatives that are being implemented by the contractor and may include community needs assessments, public health performance assessments, and/or the development of regional health improvement plans.

3. The Contractor agrees to participate in and coordinate public health activities as requested by the Division of Public Health Services during any disease outbreak and/or emergency, natural or man-made, affecting the public's health.

4. The Contractor is responsible for case management of the client enrolled in the program and for program follow-up activities. Case management services shall promote effective and efficient organization and utilization of resources to assure access to necessary comprehensive medical, nutritional, and social services for clients.

5. The Contractor shall assure that appropriate, responsive, and timely referrals and linkages for other needed services are made, carried through, and documented. Such services shall include, but not be limited to: dental services, genetic counseling, high risk prenatal services, mental health, social services, including domestic violence crisis centers, substance abuse services; and family planning services, Early Supports and Services Program, local WIC/CSF Program, Home Visiting New Hampshire Programs and health and social service agencies which serve children and families in need of those services.

D) Meetings and Trainings

The contractor will be responsible for sending staff to meetings and training required by the MCHS program, including but not limited to:

1. MCHS Agency Directors' meetings
2. Prenatal and Child Health Coordinators' meetings
3. MCHS Agency Medical Services Directors' meetings

III. Quality or Performance Improvement (QI/PI)

A) Workplans

1. Performance Workplans are required for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the RHPCS and the MCHS performance-based contracting system and of this contract. Outcomes shall be reported by clinical site.
2. Performance Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.
3. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan plans and activities that monitor and evaluate the agency's progress toward performance measure targets.
4. The Contractor shall comply with modifications and/or additions to the workplan and annual report format as requested by RHPCS and MCHS. MCHS will provide the contractor with reasonable notice of such changes.
5. Agencies contracting for Primary Care Services must submit the workplans for Primary Care Clinical and Financial, Child Health, and Prenatal Care.

B) Additional Reporting requirements

In addition to Performance Workplans, the Contractor shall submit to MCHS the following data and information listed below which are used to monitor program performance:

1. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be

completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.

2. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

3. Completed Uniform Data Set (UDS) tables reflecting program performance in the previous calendar year, by March 31 of each year.

4. The Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

5. A copy of the agency's updated Sliding Fee Scale including the amount(s) of any client fees and the schedule of discounts must be submitted by March 31st of each year. The agency's sliding fee scale must be updated annually based on the US DHHS Poverty guidelines as published in the Federal Register.

6. An annual summary of program-specific patient satisfaction results obtained during the prior contract period and the method by which the results were obtained shall be submitted annually as an addendum to the Workplan Outcome/Progress reports.

C) On-site reviews

1. The contractor shall allow a team or person authorized by the Division of Public Health Services to periodically review the contractor's systems of governance, administration, data collection and submission, clinical and financial management, and delivery of education services in order to assure systems are adequate to provide the contracted services.

2. Reviews shall include client record reviews to measure compliance with this exhibit.

3. The contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this exhibit.

4. On-Site reviews may be waived or abbreviated at the discretion of MCHS, upon submission of satisfactory reports of reviews such as Health Services Resources Administration (HRSA): Office of Performance Review (OPR), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, the Community Health Accreditation Program (CHAP), Accreditation Association for Ambulatory Healthcare (AAAHC), or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE CHILD HEALTH DIRECT CARE SERVICES
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Please note, for all measures, the following should be used **unless otherwise indicated:**

- Less than 19 years of age
- Served within the scope of this MCH contract during State Fiscal Year 2015 (July 1, 2014 – June 30, 2015)
- Each client can only be counted once (unduplicated)

Child Health Direct (CH – D) Performance Measure #1

Measure: 92%* of eligible children will be enrolled in Medicaid

Goal: To increase access to health care for children through the provision of health insurance

Definition: **Numerator-**
Of those in the denominator, the number of children enrolled in Medicaid.

Denominator-
Number of children who meet all of the following criteria:

- Less than 19 years of age
- Had 3 or more visits/encounters** during the reporting period
- As of the last visit during the reporting period were eligible for Medicaid

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

*Target based on 2012 & 2013 Data Trend Table averages.
**An encounter is face to face contact between a user and a provider who exercises independent judgment in the provision of services to the individual (UDS Table Definition).

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) Performance Measure #2

Measure: 85%* of at-risk** children who were screened for blood lead between 18 and 30 months of age

Goal: To prevent childhood lead poisoning through early identification of lead exposure

Definition: **Numerator-**
Of those in the denominator, number of children screened for blood lead by capillary or venous on or after their 18-month birthday and prior to their 30-month birthday.

Denominator-
Number of at-risk** children who reached age 30 months during the reporting period. If discharged prior to 30 months, do not include in denominator.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

*Target based on 2012 & 2013 Data Trend Table averages.

**At risk = During the reporting period, the children were 18-29 months of age, and fit at least one of the following criteria:

- "Low income" (less than 185% poverty guidelines)
- Over 185% and resided in a town considered needing "Universal" screening per NH Childhood Lead Poisoning Prevention Program
- Over 185%, resided in a town considered "Target" and had a positive response to the risk questionnaire
- Refugee children -A refugee is defined as a person outside of his or her country of nationality who is unable or unwilling to return because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion (U.S. Citizenship and Immigration Services definition).

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) Performance Measure #3

Measure: 71%* of children age two to nineteen years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85%ile with documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Goal: To increase the percent of children receiving primary care preventive health services who have an elevated BMI percentile who receive guidance about promoting a healthier lifestyle.

Definition: **Numerator-**
Of those in the denominator, the number of children who had documentation in their medical record of there being discussion at least once during the reporting period of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Denominator-
Number of children who turned twenty-four months during or before the reporting period, up to the age of nineteen years, with one or more well child visit after their twenty-fourth month of age within the reporting year, and had an age and gender appropriate BMI percentile greater than or equal to the 85 % percentile at least once during the reporting period.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

Rationale: Children between the 85th – 94th percentiles BMI are encouraged to have 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks. (Discussion of the importance of family meal time, limiting eating out, consuming a healthy breakfast, preparing own foods, and promotion of breastfeeding is also encouraged.) American Academy of Pediatrics' guidance for Prevention and Treatment of Childhood Overweight and Obesity, (http://www.aap.org/obesity/health_professionals.html), from AAP Policy Statement: *Prevention of Pediatric Overweight and Obesity* and the AAP endorsed Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Children and Adolescent Overweight and Obesity, 2007.

*Target based on 2012 & 2013 Data Trend Table averages.

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) #4

Measure: 75%* of eligible** infants and children with client record documentation of enrollment in WIC

Goal: To increase access to nutrition education, breastfeeding support, and healthy food through enrollment in the WIC Nutrition Program

Definition: **Numerator -**
Of those in the denominator, the number of infants and children who, as of the last well child visit during the reporting period, had client record documentation that infant or child was enrolled in WIC.

Denominator -
Unduplicated number of infants and children less than 5 years of age, enrolled in the agency, during the reporting period, who were eligible** for WIC.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

*Target based on 2012 & 2013 Data Trend Table averages.
**WIC Eligibility Requirements:

- Infants, and children up to their fifth birthday
- Must be income eligible (income guidelines are up to 185% of federal gross income, and are based on family size)

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Child Health Direct (CH – D) Performance Measure #5

Measure: 23%* of infants who were exclusively** breastfed for the first three months, at their four month well baby visit

Goal: To provide optimum nutrition to infants in their first three months of life

Definition: **Numerator -**
Of those in the denominator, the number of infants who had client record documentation that the infant had been exclusively breastfed for their first three months when checked at their four month well baby visit.

Denominator -
Number of infants who received one or more visits during or before the reporting period and were seen for a four-month well baby visit during the reporting period.

Data Source: Chart audit or query of 100% of the **total** population of patients as described in the denominator.

Benmarks: 2011 PedNSS (WIC) exclusive at 3 months: NH 22.9%, National (2010) 10.7%
2013 CDC Report Card (NIS, provisional 2010 births): NH 49.5%, National 37.7%
Healthy People 2020 goal: 44%

Rationale: The AAP recommends exclusive breastfeeding for about 6 months, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant, a recommendation concurred to by the World Health Organization and the Institute of Medicine. (American Academy of Pediatrics Policy Statement on Breastfeeding and the Use of Human Milk, 2012)

*Target based on 2012 & 2013 Data Trend Table averages.
**Exclusive means breast milk only, no supplemental formula, cereal/baby food, or water/fluids.

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE: ADULT

PERFORMANCE MEASURES DEFINITIONS

State Fiscal Year 2015

Primary Care: Adult Performance Measure #1

Measure:*	58%** of adult patients 18 – 85 years of age diagnosed with hypertension will have a blood pressure measurement less than 140/90*** mm at the time of their last measurement.
Goal:	To ensure patients diagnosed with hypertension are adequately controlled.
Definition:	**Numerator-** Number of patients from the denominator with blood pressure measurement less than 140/90 mm at the time of their last measurement. **Denominator-** Number of patients age 18 – 85 with diagnosed hypertension must have been diagnosed with hypertension 6 or more months before the measurement date. (Excludes pregnant women and patients with End Stage Renal Disease.)
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

*Measure based on the National Quality Forum 0018

**Health People 2020 National Target is 61.2%

***Both the numerator and denominator must be less that 140/90 mm

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE CLINICAL
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: 61%* of adolescents aged 11-21 years received an annual health maintenance visits in the past 12 months.

Goal: To enhance adolescent health by assuring annual, recommended, adolescent well -visits.

Definition:

Numerator-
Number of adolescents in the denominator who received an annual health maintenance "well" visit during the reporting year.

Denominator-
Total number of adolescents aged 11-21 years who were enrolled in the primary care clinic as primary care clients during the reporting year period.

Data Source: Chart audits or query of 100% of the **total** population of patients as described in the denominator.

***Target based on 2012 & 2013 Data Trend Table averages.**

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure:	31%* of women and adolescent girls aged 15-44 take multi-vitamins with folic acid.
Goal:	To enhance pregnancy outcomes by reducing neural tube defects.
Definition:	**Numerator-** The number of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid. **Denominator-** The number of women and adolescent girls aged 15-44 who were seen in primary care for a well visit in the past year.
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

***Target based on 2012 & 2013 Data Trend Table averages.**

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRIMARY CARE - FINANCIAL
PERFORMANCE MEASURE DEFINITIONS
Fiscal Year 2015

Primary Care (PC) Performance Measure #1

Measure: Patient Payor Mix

Goal: To allow monitoring of payment method trends at State funded primary care sites.

Definition: Patients enrolled in Medicare, Medicaid, Commercial insurance, or uninsured.

Data Source: Provided by agency

Primary Care (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Goal: To allow monitoring of financial sustainability trends at State funded primary care sites.

Definition: AR Days: Net Patient Accounts Receivable **multiplied by** 365 **divided by** Net Patient Revenue

Data Source: Provided by agency

Primary Care (PC) Performance Measure #3

Measure: Current Ratio

Goal: To allow monitoring of financial sustainability trends at State funded primary care sites.

Definition: Current Ratio = Current Assets **divided by** Current Liabilities

Data Source: Provided by agency

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

PRENATAL
PERFORMANCE MEASURES DEFINITIONS
State Fiscal Year 2015

Prenatal (PN) Performance Measure #1

Measure:	85%* of pregnant women who are enrolled in the agency's prenatal program will begin prenatal care during the first trimester of pregnancy.
Goal:	To enhance pregnancy outcomes by assuring early entrance into prenatal care.
Definition:	**Numerator-** Number of women in the denominator who had a documented prenatal visit during the first trimester (on or before 13.6 weeks gestation). **Denominator-** Number of women enrolled in the agency prenatal program who gave birth during the reporting year.
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

* Target based on 2012 & 2013 Data Trend Table averages.

Prenatal (PN) Performance Measure #2

Measure:	20%* of pregnant women who are identified as cigarette smokers will be referred to QuitWorks-New Hampshire.
Goal:	To reduce tobacco use during pregnancy through focused tobacco use cessation activities at public health prenatal clinics.
Definition:	**Numerator-** Number of women in the denominator who received at least one referral to QuitWorks-New Hampshire during pregnancy. **A referral is defined as signing the patient up for QuitWorks-NH via phone, fax, or EMR. It is <u>not defined as</u> discussing QuitWorks-NH with the patient and encouraging her to sign up.** **Denominator-** Number of women enrolled in the agency prenatal program and identified as tobacco users who gave birth during the reporting year.

EXHIBIT A– AMENDMENT 1 - PERFORMANCE MEASURES

Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

*Target set in consultation with the NH Tobacco Program & FY13 Data Trend Table average.

Prenatal (PN) Performance Measure #3

Measure:	79%* of pregnant women will be screened, using a formal valid screening tool, for alcohol and other substance use during every trimester they are enrolled in the prenatal program.
Goal:	To reduce prenatal substance use through systematic screening and identification.
Definition:	**Numerator-** Number of women in the denominator who were screened for substance and alcohol use, using a formal and valid screening tool, during each trimester that they were enrolled in the prenatal program. **Denominator-** Number of women enrolled in the agency prenatal program and who gave birth during the reporting year.
Data Source:	Chart audits or query of 100% of the **total** population of patients as described in the denominator.

* Target based on 2012 & 2013 Data Trend Table averages.

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4517 1-800-852-3345 Ext. 4517
Fax: 603-271-4519 TDD Access: 1-800-735-2964

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

NH DIVISION OF Public Health Services

May 17, 2012

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

APPROVED G&C #127
6/20/12

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with White Mountain Community Health Center (Vendor #174170-R001), 298 White Mountain Highway, PO Box 2800, Conway, New Hampshire 03818, in an amount not to exceed $315,568.00, to provide primary care services and breast and cervical cancer screening, to be effective July 1, 2012 or date of Governor and Executive Council approval, whichever is later, through June 30, 2014. Funds are available in the following accounts for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budgets.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080000	$134,913
SFY 2014	102-500731	Contracts for Program Services	90080000	$134,913
			Sub-Total	$269,826

05-95-90-901010-5149 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH SYSTEMS, POLICY AND PERFORMANCE, RURAL HEALTH AND PRIMARY CARE

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90073001	$10,000
SFY 2014	102-500731	Contracts for Program Services	90073001	$10,000
			Sub-Total	$20,000

05-95-90-902010-5659 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, COMPREHENSIVE CANCER

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080081	$12,871
SFY 2014	102-500731	Contracts for Program Services	90080081	$12,871
			Sub-Total	$25,742
			Total	$315,568

EXPLANATION

Funds in this agreement will be used to provide breast and cervical cancer screening and office-based primary care services for low-income and uninsured families. This agreement provides funds for services as a last resort; contractor is required to make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid.

Primary health care services include preventive and episodic health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, and the elderly. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved people who face barriers to accessing health care, due to issues such as a lack of insurance, inability to pay, language barriers, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. These services help individuals overcome barriers to getting the care they need and achieving their optimal health. One area of particular success has been in ensuring that eligible families maintain consistent enrollment in Medicaid for their children. Community health centers provide support for families in filling out applications and ensuring that children have continuity of care.

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. For example, in State Fiscal Year 2011:

- 88% of eligible children served were enrolled in Medicaid/Healthy Kids Gold.
- 86% of children 24-35 months, served received the appropriate schedule of immunizations.
- 82% of infants born to women served received prenatal care beginning in the first trimester of pregnancy.

In addition, breast and cervical cancers continue to be ongoing public health issues for New Hampshire. The Division of Public Health Services, Breast and Cervical Cancer Screening Program provides support for breast and cervical cancer screening services that include clinical examinations, pap smears and referral for mammography. Through this program, women found to have abnormal screening results, following their testing,

receive additional coverage for diagnostic work-up and, if necessary, have their care coordinated through the initiation of treatment.

Should Governor and Executive Council not authorize this Request, a minimum of 7,330 low-income individuals from the Northern Carroll County area may not have access to primary care services, and eligible women may not receive recommended breast and cervical cancer screenings. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities. Additionally women that receive recommended breast and cervical cancer screenings are at lower risk of late diagnosis of breast and cervical cancers.

White Mountain Community Health Center was selected for this project through a competitive bid process. A Request for Proposals was posted on the Department of Health and Human Services' web site from January 10, 2012 through February 16, 2012. In addition, a bidder's conference, conference call, and web conference were held on January 19, 2012 to alert agencies to this bid.

Thirteen proposals were received in response to the posting. Each proposal was scored by three professionals, who work internal and external to the Department of Health and Human Services. All reviewers have between three to twenty years experience either in clinical settings, providing community-based family support services, and managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health; quality assurance and performance improvement; chronic and communicable diseases and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. There were no competing applications within each of the separate service areas. Scores were averaged and all proposals were recommended for funding. In those instances where scores were less than ideal, agency specific remedial actions were recommended and completed. Some primary care agencies are being funded at levels higher than they requested. Agencies were instructed to develop budgets based on previous allocations. While some proposed budgets higher than what was available for funding, others proposed budgets lower than what was available. There was an increase in breast and cervical cancer screening funds that bidders were unaware of when they drafted budgets. Adjustments were made accordingly for those agencies that proposed budgets at levels lower than available funds. This is a contract where that situation occurred. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. These services were contracted previously with this agency in SFY 2011 and SFY 2012 in the amount of $512,174. This represents a decrease of $196,606. The decrease is due to budget reductions.

The performance measures used to measure the effectiveness of the agreement are attached.

Area served: Northern Carroll County.

Source of Funds: 25.22% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 74.78% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

José Thier Montero, MD
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/PMT/sc

Program Name: DPHS, Maternal and Child Health
Contract Purpose: Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	Ammonoosuc Community Health Services, Inc., 25 Mount Eustis Rd., Littleton, NH 03561	Coos County Family Health Services, Inc., 54 Willow St., Berlin, NH 03570	Concord Hospital, Inc., 250 Pleasant St., Concord, NH 03301	Families First of the Greater Seacoast, 100 Campus Drive, Portsmouth, NH 03801	Goodwin Community Health, 311 Route 108, Somersworth, NH 03878	Health First Family Care Center, 841 Central St., Franklin, NH 03235	Manchester Community Health Center, 145 Hollis St., Manchester, NH 03101	Mid-State Health Center 101 Boulder Point Dr., Plymouth, NH 03264
Agy Capacity	30	29.00	28.00	28.00	29.00	29.00	25.00	29.00	28.00
Program Structure	50	46.00	45.00	47.00	48.00	48.00	39.00	46.00	45.00
Budget & Justification	15	14.00	15.00	15.00	15.00	12.00	13.00	15.00	12.00
Format	5	4.00	5.00	5.00	5.00	4.00	4.00	5.00	5.00
Total	100	93.00	93.00	95.00	97.00	93.00	81.00	95.00	90.00

BUDGET REQUEST								
Year 01	$339,156.25	118,999.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 02	$347,976.97	118,999.00	$275,704.00	$163,793.00	$292,302.00	$199,127.00	$278,202.00	$117,175.00
Year 03	$0.00	-	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET REQUEST	$687,133.22	237,998.00	$551,408.00	$327,586.00	$584,604.00	$398,254.00	$556,404.00	$234,350.00
BUDGET AWARDED								
Year 01	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 02	$185,427.00	$121,553.00	$275,704.00	$170,277.00	$300,198.00	$200,238.00	$286,198.00	$117,175.00
Year 03	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET AWARDED	$370,854.00	$243,106.00	$551,408.00	$340,554.00	$600,396.00	$400,476.00	$572,396.00	$234,350.00

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three
2	Rhonda Siegel	IP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	to twenty years experience
3	Lia Baroody	Program Coordinator	NH DHHS, DPHS, BCCP	either in clinical settings,
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	providing community-based
5	Alisa Druzba	Administrator	NH DHHS, DPHS, RHPC	family support services and or
6	Jill Fournier	QA Nurse Consultant	NH DHHS, DPHS, MCH	managing agreements with
7	Terry Ohlson-Martin	Co-Director	Family Voices	vendors for various public
8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	health programs. Areas of
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	specific expertise include
10	Anne Diefendorf	Executive Director/NP Quality & Patient Safety	Foundation for Healthy Comm	maternal & child health,
11	Lisa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	quality assurance & performance
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	improvement, chronic and
				communicable diseases and
				public health infrastructure

Program Name: DPHS, Maternal and Child Health
Contract Purpose: Primary Care Services and Breast and Cervical Cancer Screening
RFP Score Summary

RFA/RFP CRITERIA	Max Pts	The New London Hospital, Inc., 273 County Rd., New London, NH 03257	Weeks Medical Center, 170 Middle St., Lancaster, NH 03584	White Mountain Community Health Center, 298 White Mountain Hwy., Conway, NH 03818	Lamprey Health Care, Inc., 207 South Main St., Newmarket, NH 03857	Indian Stream Health Center, 141 Corliss Lane, Colebrook, NH 03576	0	0	0
Agy Capacity	30	27.00	28.00	21.00	29.00	21.00	0.00	0.00	0.00
Program Structure	50	40.00	43.00	38.00	45.00	35.00	0.00	0.00	0.00
Budget & Justification	15	9.00	15.00	15.00	13.00	9.00	0.00	0.00	0.00
Format	5	4.00	5.00	3.00	5.00	5.00	0.00	0.00	0.00
Total	100	80.00	91.00	77.00	92.00	72.00	0.00	0.00	0.00

BUDGET REQUEST									
Year 01		$136,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 02		$136,450.00	$79,137.00	$156,673.00	$456,331.00	$136,356.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET REQUEST		$272,900.00	$158,274.00	$313,346.00	$912,662.00	$272,712.00	-	-	-
BUDGET AWARDED									
Year 01		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 02		$161,632.00	$79,137.00	$157,784.00	$461,218.00	$70,359.00	-	-	-
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	-	-	-
TOTAL BUDGET AWARDED		$323,264.00	$158,274.00	$315,568.00	$922,436.00	$140,718.00	-	-	-

RFP Reviewers

	Name	Job Title	Dept/Agency	Qualifications
1	Rebecca Ewing, MD	OB/GYN	Retired-Volunteer	All reviewers have between three
2	Rhonda Siegel	LP/Adolescent Health Program Manager	NH DHHS, DPHS, MCH	to twenty years experience
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8	Teresa Brown	Health Promotion Advisor, Tobacco Program	NH DHHS, DPHS	health programs. Areas of
9	Lindsay Dearborn	Supervisor, Asthma Program	NH DHHS, DPHS	specific expertise include
10	Anne Diefendorf	Executive Director/VP Quality & Patient Safety	Foundation for Healthy Comm	maternal & child health,
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12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	improvement, chronic and
				communicable diseases and
				public health infrastructure

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Prenatal (PN) Performance Measure #1

Measure: Percent of infants born to women receiving prenatal care beginning in the first trimester of pregnancy.

Primary Care Prenatal (PN) Performance Measure #2

Measure: Percent of pregnant women identified as cigarette smokers that are referred to QuitWorks-New Hampshire.

Primary Care Prenatal (PN) Performance Measure #3

Measure: Percent of pregnant women who were screened, using a formal valid screening tool, for alcohol and other drug use during every trimester the patient was enrolled.

Primary Care Child Health Direct (CH – D) Performance Measure #1

Measure: Percent of eligible children enrolled in Medicaid

Primary Care Child Health Direct (CH – D) Performance Measure #2

Measure: Percent of at-risk children who were screened for blood lead between 18 and 30 months of age

Primary Care Child Health Direct (CH – D) Performance Measure #3

Measure: Percent of children age two to nineteen years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85th percentile with documented discussion of encouraging 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks.

Primary Care Child Health Direct (CH – D) Performance Measure #4

Measure: Percent of eligible infants and children with client record documentation of enrollment in Women Infant Children Program.

Primary Care Child Health Direct (CH – D) Performance Measure #5

Measure: Percent of infants who were exclusively breastfed for the first three months, at their four month well baby visit.

Primary Care Financial (PC) Performance Measure #1

Measure: Patient Payor Mix

Primary Care Financial (PC) Performance Measure #2

Measure: Accounts Receivables (AR) Days

Primary Care Financial (PC) Performance Measure #3

Measure: Current Ratio

Primary Care Performance Measures

State Fiscal Year 2013

Primary Care Clinical Adolescent (PC-C) Performance Measure #1

Measure: Percent of adolescents aged 10-21 years who received annual health maintenance visits in the past 12 months.

Primary Care Clinical Prenatal (PC-C) Performance Measure #2

Measure: Percent of women and adolescent girls aged 15-44 who take a multi-vitamin with folic acid.

Subject: Primary Care Services

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services Division of Public Health Services		1.2 State Agency Address 29 Hazen Drive Concord, NH 03301-6504	
1.3 Contractor Name White Mountain Community Health Center		1.4 Contractor Address 298 White Mountain Highway PO Box 2800 Conway, New Hampshire 03818	
1.5 Contractor Phone Number 603-447-8900	1.6 Account Number 010-090-5190-102-500731 010-090-5149-102-500731 010-090-5659-102-500731	1.7 Completion Date June 30, 2014	1.8 Price Limitation $315,568
1.9 Contracting Officer for State Agency Joan H. Ascheim, Bureau Chief		1.10 State Agency Telephone Number 603-271-4501	
1.11 Contractor Signature Patricia McMurry		1.12 Name and Title of Contractor Signatory Patricia McMurry, Executive Director	

1.13 Acknowledgement: State of NH, County of Carroll

On 4/4/12 before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.

1.13.1 Signature of Notary Public or Justice of the Peace

Diane Brothers

[Seal]

DIANE BROTHERS
Notary Public - New Hampshire
My Commission Expires August 19, 2014

1.13.2 Name and Title of Notary or Justice of the Peace

Diane Brothers Notary Public

1.14 State Agency Signature Joan H. Ascheim	1.15 Name and Title of State Agency Signatory Joan H. Ascheim, Bureau Chief

1.16 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)*

By: Director, On:

1.17 Approval by the Attorney General (Form, Substance and Execution)

By: Jeanne P. Herrick, Attorney On: 4 June 2012

1.18 Approval by the Governor and Executive Council

By: On:

NH Department of Health and Human Services

Exhibit A

Scope of Services

Primary Care Services

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: White Mountain Community Health Center

ADDRESS: 298 White Mountain Highway, PO Box 2800
Conway, New Hampshire 03818
Executive Director: Patricia McMurry
TELEPHONE: 603-447-8900

The Contractor shall:

I. **General Provisions**

A) **Eligibility and Income Determination**

1. Office-based primary care services will be provided to low-income individuals and families (defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), in the State of New Hampshire.

2. Breast and Cervical Cancer screening services will be provided to low-income (defined as ≤ 250% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), New Hampshire women age 18 – 64, *uninsured or underinsured*.

3. The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing if, at any time, the practice is closed to new patients, or maintains a wait list for new patients, or any other mechanism is used that limits access for new patients for more than a one month period.

4. The Contractor shall document annually, for each client enrolled in the program, family income and family size, and calculate percentage of the federal poverty level. If calculations indicate that the client may be eligible for enrollment in Medicaid, the Contractor shall complete with the client the most recent version of the 800P form.

5. The Contractor shall implement, and post in a public and conspicuous location, a sliding fee payment schedule, approved in advance by the Division of Public Health Services (DPHS), for low-income patients. Signage must state that no client will be denied services for inability to pay.

   a. As an alternative, the contractor may post, in a public and conspicuous location, a notice to clients that a sliding fee scale is available and that no client will be denied services for inability to pay. The sliding fee scale must be updated annually based on USDHHS Poverty guidelines as published in the Federal Register, submitted to and approved by DPHS *prior to implementation.*

6. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid, for all reimbursable services rendered.

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B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 365 users annually with 1785 medical encounters, as defined in the Data and Reporting Requirements. Breast and Cervical Cancer Screening for eligible women, as defined by the Breast and Cervical Cancer Program (BCCP), shall be provided to 15 women annually and billed directly to the BCCP. Clinical service reimbursements shall not exceed the Medicare rate.

C) **Culturally and Linguistically Appropriate Standards of Care**

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.

2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.

3. *Provide* clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.

4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.

5. The contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency Citation 45 CFR 80.3(b) (2). The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client, language line).

D) **State and Federal Laws**

The Contractor is responsible for compliance with all relevant state and federal laws. Special attention is called to the following statutory responsibilities:

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 301, adopted 6/3/08.

2. Persons employed by the contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults. RSA 631:6, Assault and Related Offences and RSA 130:A, Lead Paint Poisoning and Control.

3. Immunizations shall be conducted in accordance with RSA 141-C and the Immunization Rules promulgated hereunder.

E) **Relevant Policies and Guidelines**

1. The Contractor shall design and provide the services described above to meet the unique and identified health needs of the populations within the contracted service area.

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2. Primary Care funds shall be targeted to populations in need. Populations in need are defined as follows:

   a) uninsured,

   b) under-insured;

   c) families and individuals with significant psychosocial and economic risk, including low income status;

   d) all life cycles including perinatal, child, adolescent, adult, and elderly who meet one or more of the above criteria.

3. The Contractor shall design and implement systems of governance, administration, financial management, information management, and clinical services which are adequate to assure the provision of contracted services, and to meet the data and reporting requirements. These systems shall meet the most current minimum standards described in at least one of the following: Health Resources and Services Administration (HRSA) Office of Performance Review protocols, Joint Commission on Accreditation of Health Care Organizations (JCAHO), Accreditation Association for Ambulatory Healthcare (AAAHC), Community Health Accreditation Program (CHAP), or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey.

4. *The Contractor shall have an agency emergency preparedness and response plan in accordance with HRSA Health Center Emergency Management Program Expectations, Document #2007-15 or most recent version. Such plan shall also include a Continuity of Operations plan.*

5. The Contractor shall carry out the work as described in the performance Workplan submitted with the proposal and approved by the Rural Health and Primary Care Section (RHPCS), and the Maternal and Child Health Section (MCHS).

6. No Workplan is required by the Breast and Cervical Cancer Program (BCCP). The contractor shall be required to respond to the Quality Improvement Feedback Report twice a year.

7. The Contractor shall carry out the work as described in the Supplemental Funding Form submitted with the proposal and approved by the Rural Health and Primary Care Section (RHPCS), and the Maternal and Child Health Section (MCHS).

F) **Publications Funded Under Contract**

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.

2. All documents (written, video, audio, *electronic*) produced, reproduced, or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.

3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C (14).

G) **Subcontractors**

1. If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the Division of Public Health Services (DPHS), Maternal and Child Health Section must be notified in writing *and approve the subcontractual agreement*, prior to initiation of the subcontract.

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2. In addition, the original DPHS contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

II. Minimal Standards of Core Services

A) Service Requirements

1. *Medical Home*

The Contractor shall provide a Medical Home that

a) *Facilitates partnerships between individual patients and their personal physicians, and when appropriate, the patient's family.*

b) ***Provides care facilitated by registries, information technology, health information exchange, and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.***

2. Primary Care Services

The Contractor shall provide office-based primary care services to populations in need who reside in the contractor's service area. Primary care services shall include:

a) Health care provided by a New Hampshire licensed MD, DO, APRN, or PA, including diagnosis and treatment of acute and chronic illnesses within the scope of family practice; preventive services, screenings, and health education according to established, documented state or national guidelines; assessment of need for social and nutrition services, and appropriate referrals to health, *oral health*, and behavioral health specialty providers.

b) ***Referral to the WIC Nutrition Program for all eligible pregnant women, infants and children.***

c) In-hospital care for conditions within the scope of family practice must be provided at a hospital, within the agency service area, through a staff clinician with full hospital privileges, or in the alternative, through a formal referral and admissions procedure available to clients on a 24 hour/7 day a week basis.

d) Access to a healthcare provider, directly or by referral or subcontract, by telephone twenty-four hours per day, seven days per week.

e) Assessment of psychosocial risk for all clients at least annually and for children at scheduled preventive care visits, including, at a minimum, age appropriate assessment of safety in the home, domestic violence, adequacy of food and housing, care and welfare of children, transportation needs, and provision of necessary social services to address the priority needs and safety issues of clients and families.

f) Falls prevention screening for patients 65 years and older using the algorithm and guidelines of the American Geriatrics Society.

g) Behavioral health care directly or by referral to an agency or provider with a sliding fee scale.

h) *Nutrition assessment for all clients as part of the health maintenance visit.* Therapeutic nutrition services shall be provided *as indicated* directly or by referral to an agency or provider with a sliding fee scale. These services shall be recorded in the medical record.

i) Formal arrangements with a local hospital for emergency care must be in place and reviewed annually.

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j) Home health care directly or by referral to an agency or provider with a sliding fee scale.

k) Assisted living and skilled nursing facility care by referral.

l) *Oral screening annually for all clients 19 years and older to note obvious dental decay and soft tissue abnormalities with a reminder to the patient that poor oral health impacts total health.*

m) *Diagnosis and management of pediatric and adult patients with asthma provided according to National Heart Lung Blood Institute, National Asthma Education and Prevention Program, Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma, 2007.*

2. Breast and Cervical Cancer Screening

a) Women age 18 to 64 who are eligible for Breast and Cervical Cancer Program (BCCP) services according to income (equal to or under 250% of poverty, underinsured/uninsured) *and insurance status* criteria shall be provided the following services:

i. cervical cancer screening including a pelvic examination and Pap smear;
ii. annual breast cancer screening including a clinical breast exam, mammogram and,
iii. referrals for diagnostic and treatment services based on screening results,
iv. case management services.

b) All referrals under this provision shall be to approved certified laboratory, pathology, radiology, and surgical services. Mammography units shall be accredited by the American College of Radiology, and must be FDA certified under MQSA. Laboratories shall be CLIA certified.

c) All services shall be provided in accordance with the Breast and Cervical Cancer Program (BCCP) Policy and Procedure Manual.

d) Follow-up and tracking of all tests done, and referrals made shall be provided in accordance with the minimum standards outlined in the Breast and Cervical Cancer Program Policy and Procedure Manual.

e) All services for women enrolled in the Breast and Cervical Cancer Program (BCCP) shall be billed directly to the BCCP in accordance with protocols established by the Breast and Cervical Cancer Program.

3. Reproductive Health Services

The Contractor shall provide prenatal, interconceptional and preconception medical care, social services, nutrition services, education, and nursing care to all women of childbearing age. Preconceptional care includes the preconception, interconceptional, and postpartum periods in women's health. It is recommended that preconceptional and interconceptional care visits focus on maintaining or achieving the optimal health of the mother, lowering the risk of future adverse pregnancy outcomes, the family's future plans, and how additional children fit into that plan. Preconceptional counseling may be done during an office, group or home visit.

a) In the event prenatal care is not provided directly by the Contractor a formal Memorandum/a of Agreement for coordinated referral to an appropriately qualified provider must be maintained.

b) Prenatal care shall, at minimum, be provided in accordance with the Guidelines for Perinatal Care, sixth or most current edition, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and/or the Centers for Disease Control.

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c) Age appropriate reproductive health care shall, at a minimum, be provided in accordance with the American College of Obstetricians and Gynecologists, or the USDHHS Centers for Disease Control (CDC) current guidelines.

d) *Pregnant women enrolled in the WIC Nutrition Program shall be referred to WIC for breastfeeding education and referral to the WIC Nutrition Program peer counselors.*

e. Family planning counseling for prevention of subsequent pregnancy following an infant's birth shall be discussed with the infant's mother *at the first postpartum visit and at the infant's 2-month visit and other visits as appropriate.* Rationale for birth intervals of 18-24 months shall be presented.

f) A referral to a Title X Family Planning Clinic or other reproductive health care provider shall be made as appropriate.

4. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent. Children and adolescent visits shall include:

a) Blood lead testing shall be performed in accordance with "New Hampshire Childhood Lead Poisoning Screening and Management Guidelines", issued by the New Hampshire Department of Health and Human Services, 2009 or subsequent revisions.

b) All children enrolled in either Healthy Kids-Gold or the Women, Infant, and Children (WIC) Program and/or who are ≤ 185% poverty, regardless of town of residence, are required to have a blood lead test at ages one and two years. All children ages three to six years who have not been previously tested shall have a capillary or venous blood lead test performed.

c) All children shall be screened for iron deficiency anemia as outlined in the Centers for Disease Control and Prevention document "Recommendations to Prevent and Control Iron Deficiency in the United States (4/2/98)".

d) Age-appropriate anticipatory guidance, dietary guidance, and *feeding practice counseling* for optimal oral health shall be provided at each well child visit according to the American Academy of Pediatrics' periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent edition. Starting at age 6 months, it is recommended that all children receive an oral health assessment at every well child visit.

e) Supplemental fluoride shall be prescribed as needed based upon the fluoride levels in the child's *drinking* water supply. The fluoride dosage regimen accepted by the American Academy of Pediatrics shall be followed. No fluoride shall be prescribed without obtaining water from private wells or noting the presence or absence of fluoride in the public water supply. *Supplemental fluoride may include bottled water containing fluoride and topical applications such as varnishes.*

f) *For infants enrolled in the WIC Nutrition Program, parents shall be referred to WIC for breastfeeding support and referral to the WIC Nutrition Program peer counselors.*

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5. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment of sexually transmitted infections.

a) Treatment for sexually transmitted infections shall be provided according to the United States Centers for Disease Control Sexually Transmitted Diseases Treatment Guidelines, 2010 or subsequent revisions.

b) All clients, including women, shall be offered HIV testing following the most current recommendations of the United States Centers for Disease Control.

c) The contractor shall be responsible for ensuring referral to appropriate treatment services for any woman found to screen positive.

d) Appropriate risk reduction counseling shall be provided based on client needs.

6. Substance Use Services

a) A substance use screening history using a formal, validated screening tool shall be obtained for all clients as soon after entry into care as possible. Substance use counseling *or other substance abuse intervention, treatment, or recovery services* by an appropriately credentialed provider shall be provided on-site, or by referral, to clients with identified needs for these services. *For these identified clients, ongoing primary care services should include follow up monitoring relative to substance abuse.*

b) All clients, including pregnant women, identified as smokers shall receive counseling *using the 5A's (ask, advise, assess, assist, and arrange) treatment available through the NH Tobacco Helpline* as cited in the US Public Health Services report "Tobacco Use and Dependence", 2008, or "Smoking Cessation During Pregnancy: *A Clinician's Guide to Helping Pregnant Women Quit Smoking*", American College of Obstetricians and Gynecologists, 2011. *With prior approval, agencies may also opt to participate in the DPHS best practice initiative of the 2A's and R (ask, advise and refer).*

7. Immunizations

a) The Contractor shall adhere to the most current version of the "Recommended Adult Immunization Schedule United States", approved by the Advisory Committee on Immunization Practices, the American College of Obstetricians and Gynecologists, and the American Academy of Family Physicians.

b) The Contractor shall administer vaccines according to the most current version of the *"Recommended Immunization Schedule for Persons Aged 0 Through 6 Years - United States", and "Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States"* approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians, based upon availability of vaccine from the New Hampshire Immunization Program.

8. Prenatal Genetic Screening

a) A genetic screening history shall be obtained on all prenatal clients as soon after entry into care as possible.

b) All pregnant women should be offered voluntary genetic screening for fetal chromosomal abnormalities at the appropriate time following recommendations found in the American College of Obstetricians and Gynecologists' 'Screening for Fetal Chromosomal

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Abnormalities (2007)' or more recent guidelines. The Contractor shall be responsible for ensuring referral to appropriate genetic testing and counseling for any woman found to have a positive screening test.

9. Additional Requirements

a) The Contractor's Medical Director shall participate in the development and approval of specific guidelines for medical care that supplement minimal clinical standards. Supplemental guidelines should be reviewed, signed, and dated annually, and updated as indicated.

b) Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

c) *The Contractor shall provide information to all employees annually about the Medical Reserve Corps Unit within their Public Health Region to enhance recruitment.*

d) *The Contractor shall provide information to all employees annually regarding the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) managed by the NH Department of Health and Human Services' Emergency Services Unit, to enhance recruitment.*

B) Staffing Provisions

The Contractor shall have, at minimum, the following staff positions:

a) executive director

b) fiscal director

c) registered nurse

d) clinical coordinator

e) medical service director

f) nutritionist *(on site or by referral)*

g) social worker

Staff positions required to provide direct services on-site include:

a) registered nurse

b) clinical coordinator

c) social worker

1. Qualifications

All health and allied health professionals shall have the appropriate New Hampshire licenses whether directly employed, contracted, or subcontracted.

In addition the following minimum qualifications shall be met for:

a) Registered Nurse

a. A registered nurse licensed in the state of New Hampshire. Bachelor's degree preferred. Minimum of one-year experience in a community health setting.

b) Nutritionists:

a. A Bachelor's degree in nutritional sciences or dietetics, or a Master's degree in nutritional sciences, nutrition education, or public health nutrition or current Registered Dietitian status in accordance with the Commission on dietetic Registration of the American Dietetic Association.

b. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.

c) Social Workers shall have:

a. A Bachelor's or Master's degree in social work or Bachelor's or Master's degree in a related social science or human behavior field. A minimum of one year of experience in a community health or social services setting is preferred.

b. Individuals who perform functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.

d) Clinical Coordinators shall be:

a. A registered nurse (RN), physician, physician assistant, or nurse practitioner with a license to practice in New Hampshire.

b. The coordinator is a clinical position that oversees and takes responsibility for the clinical and administrative functions of each program.

c. The coordinator may be responsible for more than one MCH funded program.

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator, or any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.

3. Vacancies

a) The Contractor must notify the MCHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month. This may be done through a budget revision.

b) Before an agency hires new program personnel that do not meet the required staff qualifications, the agency shall notify the MCHS in writing requesting a waiver of the applicable staffing requirements. The Section may grant waivers based on the need of the program, individuals' experience, and additional training.

C) Coordination of Services

1. The Contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.

2. The Contractor shall participate in activities *in the Public Health Region in which they provide* services as appropriate. These activities enhance the integration of community-based public health

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prevention and health care initiatives that are being implemented by the contractor and may include community needs assessments, public health performance assessments, and/or the development of regional health improvement plans.

3. The Contractor agrees to *participate* in and coordinate public health activities as requested by the Division of Public Health Services during any *disease outbreak* and/or *emergency*, natural or man made, affecting the public's health.

4. The Contractor is responsible for case management of the client enrolled in the program and for program follow-up activities. Case management services shall promote effective and efficient organization and utilization of resources to assure access to necessary comprehensive medical, nutritional, and social services for clients.

5. The Contractor shall assure that *appropriate, responsive, and timely* referrals and linkages for other needed services are made, carried through, and documented. Such services shall include, but not be limited to: dental services, genetic counseling, high risk prenatal services, mental health, social services, including domestic violence crisis centers, substance abuse services; and family planning services, Early Supports and Services Program, local WIC/CSF Program, Home Visiting New Hampshire Programs and health and social service agencies which serve children and families in need of those services.

D) Meetings and Trainings

The contractor will be responsible for sending staff to meetings and training required by the MCHS program, including but not limited to:

1. MCHS Agency Directors' meetings

2. Prenatal and Child Health Coordinators' meetings

3. MCHS Agency Medical Services Directors' meetings

III. Quality or Performance Improvement (QI/PI)

A) Workplans

1. Performance Workplans are required for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the RHPCS and the MCHS performance-based contracting system and of this contract. Outcomes shall be reported by clinical site.

2. Submit Performance Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

3. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan plans and activities that monitor and evaluate the agency's progress toward performance measure targets.

4. The Contractor shall comply with modifications and/or additions to the workplan and annual report format as requested by RHPCS and MCHS. MCHS will provide the contractor with reasonable notice of such changes.

5. Agencies contracting for Primary Care Services must submit the workplans for Primary Care *Clinical and Financial*, Child Health, and Prenatal Care.

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B) Additional Reporting requirements

In addition to Performance Workplans, the Contractor shall submit to MCHS the following data and information listed below which are used to monitor program performance:

1. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.

2. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.

3. Completed Uniform Data Set (UDS) tables reflecting program performance in the previous calendar year, by March 31 of each year.

4. The Perinatal Client Data Form (PCDF) shall be submitted electronically according to the instructions set forth by the MCHS.

5. A copy of the agency's updated Sliding Fee Scale including the amount(s) of any client fees and the schedule of discounts must be submitted by March 31st of each year. The agency's sliding fee scale must be updated annually based on the US DHHS Poverty guidelines as published in the Federal Register.

6. An annual summary of program-specific patient satisfaction results obtained during the prior contract period and the method by which the results were obtained shall be submitted annually as an addendum to the Workplan Outcome/Progress reports.

C) On-site reviews

1. The contractor shall allow a team or person authorized by the Division of Public Health Services to periodically review the contractor's systems of governance, administration, data collection and submission, clinical and financial management, and delivery of education services in order to assure systems are adequate to provide the contracted services.
2. Reviews shall include client record reviews to measure compliance with this exhibit.
3. The contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this exhibit.
4. On-Site reviews may be waived or abbreviated at the discretion of MCHS, upon submission of satisfactory reports of reviews such as Health Services Resources Administration (HRSA): Office of Performance Review (OPR), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, the Community Health Accreditation Program (CHAP), Accreditation Association for Ambulatory Healthcare (AAAHC), or the Centers for Medicare and Medicaid Services (CMS) Rural Health Clinic Survey. Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

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NH Department of Health and Human Services

Exhibit B

Purchase of Services
Contract Price

Primary Care Services

CONTRACT PERIOD: July 1, 2012 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: White Mountain Community Health Center

ADDRESS: 298 White Mountain Highway, PO Box 2800
Conway, New Hampshire 03818
Executive Director: Patricia McMurry
TELEPHONE: 603-447-8900

Vendor #174170-R001	Job #90080000	Appropriation #010-090-51900000-102-500731
	#90073001	#010-090-51490000-102-500731
	#90080081	#010-090-56590000-102-500731

1. The total amount of all payments made to the Contractor for cost and expenses incurred in the performance of the services during the period of the contract shall not exceed:

   $269,826 for Primary Care Services, funded from 19.95% federal funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (CFDA #93.994) and 80.05% general funds.

   $20,000 for Primary Care Services, funded from 100% general funds.

   $25,742 for Breast and Cervical Cancer Screening, funded from 100% federal funds from the Center for Disease Control (CFDA #93.283).

TOTAL: $315,568

2. The Contractor agrees to use and apply all contract funds from the State for direct and indirect costs and expenses including, but not limited to, personnel costs and operating expenses related to the Services, as detailed in the attached budgets. Allowable costs and expenses shall be determined by the State in accordance with applicable state and federal laws and regulations. The Contractor agrees not to use or apply such funds for capital additions or improvements, entertainment costs, or any other costs not approved by the State.

3. This is a cost-reimbursement contract based on an approved budget for the contract period. Reimbursement shall be made monthly based on actual costs incurred during the month up to an amount not greater than one-twelfth of the contract amount. Reimbursement greater than one-twelfth of the contract amount in any month shall require prior, written permission from the State.

4. Invoices shall be submitted by the Contractor to the State in a form satisfactory to the State for each of the Service category budgets. Said invoices shall be submitted within twenty (20) working days following the end of the month during which the contract activities were completed, and the final invoice shall be due to the State no later than sixty (60) days after the contract Completion Date. Said invoice shall contain a description of all allowable costs and expenses incurred by the Contractor during the contract period.

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5. Payment will be made by the State agency subsequent to approval of the submitted invoice and if sufficient funds are available in the Service category budget line items submitted by the Contractor to cover the costs and expenses incurred in the performances of the services.

6. The Contractor may amend the contract budget for any Service category through line item increases, decreases, or the creation of new line items provided these amendments do not exceed the contract price for that particular Service category. Such amendments shall only be made upon written request to and written approval by the State. Budget revisions will not be accepted after June 20th of each contract year.

7. The Contractor shall have written authorization from the State prior to using contract funds to purchase any equipment with a cost in excess of three hundred dollars ($300) and with a useful life beyond one year.

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Contractor Initials

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Exhibit C

SPECIAL PROVISIONS

1. **Contractors Obligations:** The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

2. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

3. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

4. **Documentation:** In addition to the determination forms, required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

5. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

6. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

7. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

8. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party fundors for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party fundors, the Department may elect to:

    8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

Contractor Initials: [signature]

Date: 4-4-12

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

9. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

9.1 **Fiscal Records:** Books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

9.2 **Statistical Records:** Statistical, enrollment, attendance, or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

9.3 **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

10.1 **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

10.2 **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

11. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directed connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

Contractor Initials RM

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Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

12. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department

12.1 Interim Financial Reports: Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

12.2 Final Report: A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

13. **Completion of Services:** Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

14. **Credits:** All documents, notices, press releases, research reports, and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

14.1 The preparation of this (report, document, etc.), was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided in part or in whole by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

15. **Operation of Facilities:** Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the Contractor with respect to the operation of the facility or the provision of the services at such facility. If any government license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

Contractor Initials: [signature]
Date: 4-4-12

16. **Insurance:** Select either (1) or (2) below:

As referenced in the Request for Proposal, Comprehensive General Liability Insurance Acknowledgement Form, the Insurance requirement checked under this section is applicable to this contract:

Insurance Requirement for (1) - 501(c) (3) contractors whose annual gross amount of contract work with the State does not exceed $500,000, per RSA 21-I:13, XIV, (Supp. 2006): The general liability insurance requirements of standard state contracts for contractors that qualify for nonprofit status under section 501(c)(3) of the Internal Revenue Code and whose annual gross amount of contract work with the state does not exceed $500,000, is comprehensive general liability insurance in amounts of not less than $1,000,000 per claim or occurrence and $2,000,000 in the aggregate. *These amounts may NOT be modified.*

X (1) The contractor certifies that it **IS** a 501(c) (3) contractor whose annual total amount of contract work with the State of New Hampshire does **not** exceed $500,000.

Insurance Requirement for (2) - All other contractors who do not qualify for RSA 21-I:13, XIV, (Supp. 2006), Agreement P-37 General Provisions, 14.1 and 14.1.1. Insurance and Bond, shall apply: The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefits of the State, the following insurance: comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than $250,000 per claim and $2,000,000 per incident or occurrence. *These amounts MAY be modified if the State of NH determines contract activities are a risk of lower liability.*

☐ (2) The contractor certifies it does **NOT** qualify for insurance requirements under RSA 21-I:13, XIV (Supp. 2006).

17. **Renewal:**

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

18. **Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:**

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

Contractor Initials: SM

Date 4-4-12

19. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language;

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

Contractor Initials: RMC

Date 4-4-12

SPECIAL PROVISIONS – DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean the section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Whenever federal or state laws, regulations, rules, orders, and policies, etc., are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc., as they may be amended or revised from time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act. NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.

Contractor Initials JMC
Date 4-4-12