STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Nicholas A. Toumpas
Commissioner

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

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

6/10/15
Date

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.

Contractor's Initials: CB

Date 5/15/15

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/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: CDS

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.

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: EBSM
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.

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)

Line Item									
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: 5/15/15

Contractor Initials: EBST

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	$ -	$ -	$ -	$ 79,125.00	$ -	$ 79,125.00
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: eBSM

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: CBS-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)

Line Item									
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: [signature]

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:

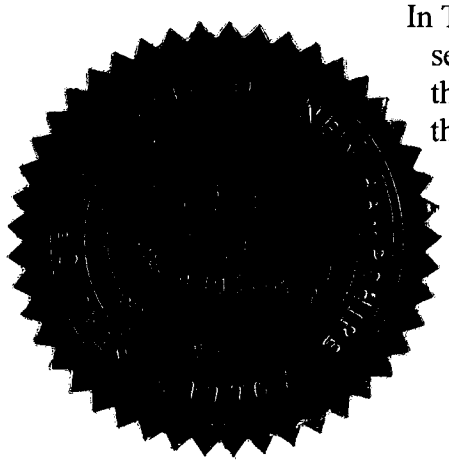
5/15/15
Date

Name:
Title: CEO

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

CERTIFICATE OF VOTE

I, Beth Harwood, of Ammonoosuc Community Health Services, Inc., do hereby certify that:

1. I am the duly elected President of Ammonoosuc Community Health Services;
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 May 27, 2015;

   RESOLVED: Be it resolved that this corporation enters into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Public Health Services.

   RESOLVED: Be it resolved that the Chief Executive Officer/Executive Director is hereby authorized on behalf of this corporation to enter into 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. Edward D. Shanshala, II is the duly elected Chief Executive Officer/Executive Director of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of May 27, 2015.

IN WITNESS WHEREOF, I have hereunto set my hand as the President of the corporation this 15th day of May, 2015.

Beth Harwood, Board President

STATE OF N.H.
COUNTY OF Grafton

The foregoing instrument was acknowledged before me this 15th day of May, 2015 by Beth Harwood.

Notary Public/Justice of the Peace
My Commission Expires:

CAROL A. HENNEWAY, Notary Public
My Commission Expires November 17, 2018

Ammonoosuc Community Health Services, Inc.
Corporate Resolution

Date: May 13, 2015

RESOLVED:
Be it resolved that Ammonoosuc Community Health Services, Inc., enters into contracts with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Public Health Services.

Be it resolved that the Chief Executive Officer / Executive Director and/or Board President is hereby authorized on behalf of this corporation to enter into said contracts with the State and to execute and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate.

I, Inga Johnson, Secretary of the board of directors of Ammonoosuc Community Health Services, Inc., certify that the above resolution is an exact representation of the resolution voted on and approved via electronic vote on May 13, 2015.

Secretary Inga Johnson
Inga Johnson

Board of Directors Vote:
Yes 8 No 0

Date: 5/13/15

Y:\ACHS BOARD OF DIRECTORS\Board Resolutions\2015-0527StateContractAutho.docx

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/8/2014

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

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

PRODUCER	CONTACT NAME: Janice Bagley
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:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Hanover Insurance Company	22292
INSURER B: Citizens Insurance Company of	31534
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED	
Ammonoosuc Community Health Services 25 Mount Eustis Road Littleton NH 03561	

COVERAGES **CERTIFICATE NUMBER:** 2014-2015 **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 [X] LOC			OBV9707763-04	10/4/2014	10/4/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	2,000,000 300,000 5,000 2,000,000 4,000,000 4,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			OBV9707763-04	10/4/2014	10/4/2015	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 $ NIL			OBV9707763-04	10/4/2014	10/4/2015	EACH OCCURRENCE AGGREGATE	$ $	1,000,000 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WBVA353429-00	7/10/2014	7/10/2015	WC STATU-TORY LIMITS [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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

baversa@dhhs.state.nh.us

NH Dept of Health & 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

Pat Mack/PAT

Pat M Mack

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

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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) [redacted] (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

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]1 **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	

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

Edward D Shanshala II, MSHSA, MSEd

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,

Kenneth L. Riebel

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

JESSICA THIBODEAU

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	133,998	0	0
Kenneth Riebel	CFO	102,444	0	0
Jessica Thibodeau	BCCP Program Coordinator	86,985	6.93%	6,027

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: eps
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-LT
Date: 02/11/2014

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 Wiand
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: GDSII
Date: 03/14/2014

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: 03/14/2014

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

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 G&C #128
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 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: GDS

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.*

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

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.

Contractor Initials: CDS

Date: 04/27/2012

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.

Contractor Initials: CDS-H
Date: 04/27/2012

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-H
Date: 9/27/2012

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;

Contractor Initials: CTS-IT
Date: 04/27/2012

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: 9/27/2012

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: CTS-JT

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: GSC

Date: 04/27/2012

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: CDS H
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 II

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: CDS-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 Stanski III — Edward D Stanski III
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: 04/27/2012

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]	Edward D. Stevens Jr.
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 Stanton III, 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	$ 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%

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	$ 124,245.00	$ -	$ 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, 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 #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 6/2/2015

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.

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:

Contractor's Initials: MB

Date 6/2/2015

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.

Contractor's Initials: MB

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.

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: MH

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: PLB
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: MJS
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: RDS
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: 10/2/2015

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: Concord Hospital Family Health Center

Budget Request for: Primary Care MCH-RHPC

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	$ 301,521.00	$ -	$ 301,521.00	$ -	$ -	$ -	$ 301,521.00	$ -	$ 301,521.00
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):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
EXHIBIT B-3 AMENDMENT #2		$ -	$ -	$ -	$ -	$ -		$ -	$ -
SBIRT Services		$ -	$ -	$ -	$ -	$ -		$ -	$ -
BUDGET FORM	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 301,521.00**	$ -	**$ 301,521.00**	$ -	$ -	$ -	**$ 301,521.00**	$ -	**$ 301,521.00**
Indirect As A Percent of Direct		0.0%							

Date 6/2/2015

Contractor Initials: AD

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: Concord Hospital Family Health Center

Budget Request for: Primary Care - BCCP

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	$ 53,464.32	$ -	$ 53,464.32	$ -	$ -	$ -	$ 20,400.00	$ -	$ 20,400.00
2. Employee Benefits	$ 15,504.56		$ 15,504.56	$ -	$ -	$ -	$ -	$ -	$ -
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	$ -	$ 32,985.00	$ -	$ -	$ -	$ 32,985.00	$ -	$ 32,985.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 101,953.88**	$ -	**$ 101,953.88**	$ -	$ -	$ -	**$ 53,385.00**	$ -	**$ 53,385.00**
Indirect As A Percent of Direct		0.0%							

Date: 6/2/2015

Contractor's Initials: MB

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)

	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	$ 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

PRIMARY CARE BUDGET FORM

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

Bidder/Program Name: Concord Hospital

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		
Line Item	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**
1. Total Salary/Wages	$ 301,521.00	$ -	$ 301,521.00	$ -	$ -	$ -	$ 301,521.00	$ -	$ 301,521.00
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	**$ 301,521.00**	**$ -**	**$ 301,521.00**	**$ -**	**$ -**	**$ -**	**$ 301,521.00**	**$ -**	**$ 301,521.00**
Indirect As A Percent of Direct		0.0%							

Date: 10/2/2015

Contractor Initials: MDB

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)

	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	$ -	$ -	$ -	$ 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**	$ -	**$ 96,399.16**	$ -	$ -	$ -	**$ 53,385.00**	$ -	**$ 53,385.00**

Indirect As A Percent of Direct 0.0%

Date: 6/2/2015

Contractor's Initials: MS

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)

	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	$ 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

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: Concord Hospital

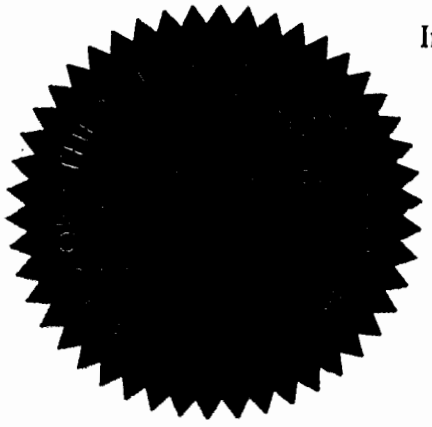
6-9-15
Date

Name: Robert P. Steigmayer
Title: President + CEO

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 formed January 29, 1985. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 10th day of April, A.D. 2015

William M. Gardner
Secretary of State

CERTIFICATE

I, Mary Boucher, 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
   Bruce R. Burns, Chief Financial Officer

IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the Corporation this 2nd day of Jun, 2015.

(Corporate seal)

Mary Boucher
Secretary

State of NH, County of Merrimack

On this the 2nd day of June, 2015, before me, Mary Boucher, the undersigned officer, personally appeared Mary Boucher, who acknowledged her/himself to be the Secretary of Concord Hospital, Inc, a corporation, and that such Secretary being authorized to do so, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by herself/himself as Mary Boucher.

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

(Seal)

CHRISTINA DECATO
MY COMMISSION EXPIRES APRIL 18, 2017
NOTARY PUBLIC
NEW HAMPSHIRE

Christina DeCato
Notary Public/Justice of the Peace

My Commission expires: April 18 2017

Client#: 243089 CAPITALREG

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/14/2014

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

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

PRODUCER	CONTACT NAME: Jessica Kelley
HUB Healthcare Solutions HUB International New England 136 Turnpike Road, Suite 105 Southborough, MA 01772	PHONE (A/C, No, Ext): 508-303-9473 FAX (A/C, No): 508-303-9476 E-MAIL ADDRESS: jessica.kelley@hubinternational.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Safety National Casualty Corp
INSURED Capital Region Healthcare Corporation 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		SP4051888 SIR $500,000	10/01/14	10/01/15	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)

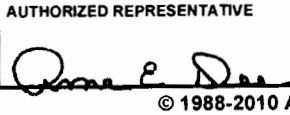
CERTIFICATE HOLDER

State of New Hampshire
Department of Health & Human Services
105 Pleasant 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



JS008

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/29/2014

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

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

PRODUCER
MARSH USA, INC.
99 HIGH STREET
BOSTON, MA 02110
Attn: Boston.certrequest@marsh.com

319078-CHS-gener-15-16

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Granite Shield Insurance Exchange	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
CAPITAL REGION HEALTHCARE CORPORATION
& CONCORD HOSPITAL, INC.
ATTN: JESSICA FANJOY
250 PLEASANT STREET
CONCORD, NH 03301

COVERAGES **CERTIFICATE NUMBER:** NYC-005740298-20 **REVISION NUMBER:** 0

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**			GSIE-PRIM-2015-101	01/01/2015	01/01/2016	EACH OCCURRENCE	$ 2,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$ 12,000,000
	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 $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N/A					E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
A	Professional Liability			GSIE-PRIM-2015-101	01/01/2015	01/01/2016		SEE ABOVE

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

CERTIFICATE HOLDER

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
29 HAZEN DRIVE
CONCORD, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.
Susan Molloy *Susan Molloy*

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, 2014 and 2013
With Independent Auditors' Report

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

Audited Consolidated Financial Statements
and Additional Information

Years Ended September 30, 2014 and 2013

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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, 2014 and 2013, 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, 2014 and 2013, 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

Limited Liability Company

Manchester, New Hampshire
December 8, 2014

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS

September 30, 2014 and 2013

ASSETS
(In thousands)

	2014	2013
Current assets:		
Cash and cash equivalents	$ 12,953	$ 24,006
Investments	12,390	2,384
Accounts receivable, less allowance for doubtful accounts of $16,339 in 2014 and $19,695 in 2013	46,896	46,061
Due from affiliates	438	584
Supplies	1,443	1,153
Prepaid expenses and other current assets	5,927	5,983
Total current assets	80,047	80,171
Assets whose use is limited or restricted:		
Board designated	263,225	230,143
Funds held by trustee:		
Workers' compensation reserves and self-insurance escrows	10,499	9,212
Construction fund	–	10,398
Donor-restricted	34,932	32,367
Total assets whose use is limited or restricted	308,656	282,120
Other noncurrent assets:		
Due from affiliates, net of current portion	2,428	2,779
Bond issuance costs and other assets	24,613	18,651
Total other noncurrent assets	27,041	21,430
Property and equipment:		
Land and land improvements	5,370	5,394
Buildings	175,689	166,951
Equipment	214,922	205,283
Construction in progress	10,414	9,286
	406,395	386,914
Less accumulated depreciation	(255,381)	(230,767)
Net property and equipment	151,014	156,147
	$ 566,758	$ 539,868

LIABILITIES AND NET ASSETS
(In thousands)

	2014	2013
Current liabilities:		
Short-term notes payable	$ 1,912	$ 1,027
Accounts payable and accrued expenses	20,448	21,822
Accrued compensation and related expenses	25,829	23,293
Accrual for estimated third-party payor settlements	15,033	14,599
Current portion of long-term debt	8,131	7,931
Total current liabilities	71,353	68,672
Long-term debt, net of current portion	103,495	111,781
Accrued pension and other long-term liabilities	78,191	64,102
Total liabilities	253,039	244,555
Net assets:		
Unrestricted	278,787	262,946
Temporarily restricted	15,089	14,127
Permanently restricted	19,843	18,240
Total net assets	313,719	295,313
	$ 566,758	$ 539,868

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF OPERATIONS

Years Ended September 30, 2014 and 2013
(In thousands)

	2014	2013
Unrestricted revenue and other support:		
Net patient service revenue, net of contractual allowances and discounts	$442,951	$432,232
Provision for doubtful accounts	(32,476)	(31,493)
Net patient service revenue less provision for doubtful accounts	410,475	400,739
Other revenue	23,387	24,140
Disproportionate share revenue	5,099	–
Net assets released from restrictions for operations	1,354	1,886
Total unrestricted revenue and other support	440,315	426,765
Expenses:		
Salaries and wages	186,457	180,716
Employee benefits	48,346	45,644
Supplies and other	76,206	76,347
Purchased services	61,668	59,783
Professional fees	2,670	3,170
Depreciation and amortization	25,397	25,047
Medicaid enhancement tax	16,437	16,541
Interest expense	4,057	4,720
Total expenses	421,238	411,968
Income from operations	19,077	14,797
Nonoperating income (loss):		
Unrestricted gifts and bequests	218	159
Investment income and other	9,923	92
Loss on extinguishment of debt	–	(3,169)
Total nonoperating income (loss)	10,141	(2,918)
Excess of revenues and gains over expenses	$ 29,218	$ 11,879

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS

Years Ended September 30, 2014 and 2013
(In thousands)

	2014	2013
Unrestricted net assets:		
Excess of revenues and gains over expenses	$ 29,218	$ 11,879
Net unrealized gains on investments	2,627	22,870
Net transfers from affiliates	312	295
Net assets released from restrictions used for purchases of property and equipment	62	112
Pension adjustment	(16,378)	26,967
Increase in unrestricted net assets	15,841	62,123
Temporarily restricted net assets:		
Restricted contributions and pledges	1,157	1,285
Restricted investment income	984	66
Contributions to affiliates and other community organizations	(146)	(135)
Net unrealized gains on investments	383	2,019
Net assets released from restrictions for operations	(1,354)	(1,886)
Net assets released from restrictions used for purchases of property and equipment	(62)	(112)
Increase in temporarily restricted net assets	962	1,237
Permanently restricted net assets:		
Restricted contributions and pledges	1,211	1,022
Unrealized gains on trusts administered by others	392	466
Increase in permanently restricted net assets	1,603	1,488
Increase in net assets	18,406	64,848
Net assets, beginning of year	295,313	230,465
Net assets, end of year	$313,719	$295,313

See accompanying notes.

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years Ended September 30, 2014 and 2013
(In thousands)

	2014	2013
Cash flows from operating activities:		
Increase in net assets	$ 18,406	$ 64,848
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Restricted contributions and pledges	(2,368)	(2,307)
Depreciation and amortization	25,397	25,047
Net realized and unrealized gains on investments	(12,123)	(23,589)
Bond premium amortization	(154)	(202)
Loss on extinguishment of debt	–	3,169
Provision for doubtful accounts	32,476	31,493
Equity in earnings of affiliates, net	(6,121)	(5,835)
(Gain) loss on disposal of property and equipment	(55)	56
Pension adjustment	16,378	(26,967)
Changes in operating assets and liabilities:		
Accounts receivable	(33,311)	(35,940)
Supplies, prepaid expenses and other current assets	(234)	(1,944)
Other assets	(6,279)	(11,973)
Due from affiliates	497	44
Accounts payable and accrued expenses	(1,374)	(414)
Accrued compensation and related expenses	2,536	1,071
Accrual for estimated third-party payor settlements	434	3,257
Accrued pension and other long-term liabilities	(2,289)	8,069
Net cash provided by operating activities	31,816	27,883
Cash flows from investing activities:		
Increase in property and equipment, net	(20,148)	(23,961)
Purchases of investments	(50,714)	(161,265)
Proceeds from sales of investments	26,381	127,222
Equity distributions from affiliates	6,377	6,152
Net cash used by investing activities	(38,104)	(51,852)
Cash flows from financing activities:		
Proceeds from long-term debt	–	81,052
Payments on long-term debt	(7,932)	(67,646)
Change in short-term notes payable	885	326
Bond issuance costs	–	(766)
Restricted contributions and pledges	2,282	2,289
Net cash (used) provided by financing activities	(4,765)	15,255
Net decrease in cash and cash equivalents	(11,053)	(8,714)
Cash and cash equivalents at beginning of year	24,006	32,720
Cash and cash equivalents at end of year	$ 12,953	$ 24,006

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 Regional 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, 2014 and 2013 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 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. The most significant areas which are affected by the use of estimates include the allowance for doubtful accounts and contractual adjustments, estimated third-party payor settlements, and actuarial assumptions used in determining pension expense, health benefit plan expense, workers' compensation costs and malpractice losses.

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. The Hospital's investment portfolio consists of diversified investments, which are subject to market risk. The State Street S&P 500 CTF exceeded 10% of investments as of September 30, 2014 and 2013.

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 market.

Assets Whose Use is Limited or Restricted

Assets whose use is limited or restricted include assets held by trustees under indenture agreements, workers' compensation reserves, quasi-endowment funds, 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 gains 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 gains 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. 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 87% of self-pay accounts receivable at September 30, 2014 and 2013. The total provision for the allowance for doubtful accounts was $32,476 and $31,493 for the years ended September 30, 2014 and 2013, respectively. The System also allocates a portion of the allowance and provision for doubtful accounts to charity care, which is reflected within net patient service revenue, net of contractual allowance and discounts, in the accompanying consolidated statements of operations. The System's self-pay bad debt writeoffs increased $212, from $32,284 in 2013 to $32,496 in 2014. The change in bad debt writeoffs was a result of collection trends.

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, 2014 and 2013, depreciation expense was $25,336 and $24,859, 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. Interest capitalized as part of construction projects was $23 during 2013. There was no interest capitalized during 2014.

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 gains 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 being amortized by the straight-line method, which approximates the effective interest method, over the life of the respective bonds. The original issue discount or premium is 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, 2014 and 2013 were approximately $349 and $607, 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, 2014 and 2013, net patient service revenue in the accompanying consolidated statements of operations increased by approximately $2,914 and $1,366, 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 27% and 3% and 28% and 3% of the System's net patient service revenue for the years ended September 30, 2014 and 2013, 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 Gains 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, investment income and loss on extinguishment of debt which are recorded as nonoperating income (loss).

The consolidated statements of operations also include excess of revenues and gains over expenses. Changes in unrestricted net assets which are excluded from excess of revenues and gains 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, the minimum pension liability adjustment 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. With few exceptions, the System is no longer subject to income tax examination by the U.S. federal or state tax authorities for years before 2011.

Advertising Costs

The System expenses advertising costs as incurred, and such costs totaled approximately $215 and $184 for the years ended September 30, 2014 and 2013, respectively.

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Subsequent Events

Management of the System evaluated events occurring between the end of its fiscal year and December 8, 2014, 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, 2014 and 2013, transfers made to CRHC were $(125) and $(212), respectively, and transfers received from Capital Region Health Care Services Corporation (CRHCSC) were $437 and $507, respectively.

A brief description of affiliated entities is as follows:

- CRHCSC 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 $2,866 and $3,363 at September 30, 2014 and 2013, 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 ($931 and $968 at September 30, 2014 and 2013, respectively) with principal and interest (6.75% at September 30, 2014) payments due monthly. Interest income amounted to $64 and $67 for the years ended September 30, 2014 and 2013, respectively.

Contributions to affiliates and other community organizations from temporarily restricted net assets were $146 and $135 in 2014 and 2013, respectively.

(In thousands)

3. Investments and Assets Whose Use is Limited or Restricted

Investments totaling $12,390 and $2,384 at September 30, 2014 and 2013, 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:

	2014	2013
Board designated funds:		
Cash and cash equivalents	$ 2,598	$ 2,416
Fixed income securities	38,060	36,488
Marketable equity and other securities	199,507	175,797
Inflation-protected securities	23,060	15,442
	263,225	230,143
Held by trustee for workers' compensation reserves:		
Fixed income securities	3,749	3,629
Health insurance and other escrow funds:		
Cash and cash equivalents	961	863
Fixed income securities	1,259	912
Marketable equity securities	4,530	3,808
	6,750	5,583
Held by trustee for construction fund:		
Cash equivalents	–	10,398
Donor restricted:		
Cash and cash equivalents	3,450	2,635
Fixed income securities	2,946	3,696
Marketable equity securities	15,487	13,961
Inflation-protected securities	1,785	1,290
Trust funds administered by others	11,070	10,678
Other	194	107
	34,932	32,367
	$308,656	$282,120

Included in marketable equity and other securities above are $111,693 and $80,648 at September 30, 2014 and 2013, respectively, in so called alternative investments. See also note 14.

(In thousands)

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:

	2014	2013
Unrestricted:		
Interest and dividends	$ 3,173	$ 2,936
Investment income from trust funds administered by others	533	496
Net realized gains (losses) on sales of investments	7,987	(1,632)
	11,693	1,800
Restricted:		
Interest and dividends	250	200
Net realized gains (losses) on sales of investments	734	(134)
	984	66
	$12,677	$ 1,866
Other changes in net assets:		
Net unrealized gains on investments:		
Unrestricted	$ 2,627	$22,870
Temporarily restricted	383	2,019
Permanently restricted	392	466
	$ 3,402	$25,355

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 $1,693 and $1,550 in 2014 and 2013, respectively.

Investment management fees expensed and reflected in nonoperating income were $884 and $736 for the years ended September 30, 2014 and 2013, respectively.

(In thousands)

3. Investments and Assets Whose Use is Limited or Restricted (Continued)

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, 2014 and 2013:

	Less Than 12 Months		12 Months or Longer		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
2014						
Marketable equity securities	$ 1,188	$ (142)	$34,834	$(1,687)	$36,022	$ (1,829)
Fund-of-funds	17,772	(1,191)	16,417	(1,370)	34,189	(2,561)
	$18,960	$ (1,333)	$51,251	$(3,057)	$70,211	$ (4,390)
2013						
Marketable equity securities	$41,047	$ (882)	$ 47	$ (19)	$41,094	$ (901)
REIT	108	(3)	–	–	108	(3)
Fund-of-funds	7,344	(658)	8,800	(981)	16,144	(1,639)
	$48,499	$ (1,543)	$ 8,847	$(1,000)	$57,346	$ (2,543)

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 that unrealized losses related to securities that have suffered an other-than-temporary decline in value are not material to these consolidated financial statements.

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 is a cash balance plan that 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).

(In thousands)

4. Defined Benefit Pension Plan (Continued)

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, 2014 and 2013:

	2014	2013
Pension benefits:		
Fair value of plan assets	$ 151,055	$ 131,706
Projected benefit obligation	(199,121)	(172,761)
	$ (48,066)	$ (41,055)
Activities for the year consist of:		
Benefit payments and administrative expenses	$ 7,556	$ 9,356
Net periodic benefit cost	9,333	10,923

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:

	2014	2013
Change in benefit obligation:		
Benefit obligation at beginning of year	$172,761	$186,897
Service cost	8,447	8,711
Interest cost	9,052	7,940
Actuarial loss (gain)	16,417	(21,431)
Benefit payments and administrative expenses paid	(7,556)	(9,356)
Benefit obligation at end of year	$199,121	$172,761
Change in plan assets:		
Fair value of plan assets at beginning of year	$131,706	$117,798
Actual return on plan assets	8,205	11,264
Employer contributions	18,700	12,000
Benefit payments and administrative expenses paid	(7,556)	(9,356)
Fair value of plan assets at end of year	$151,055	$131,706
Funded status and amount recognized in noncurrent liabilities at September 30	$(48,066)	$(41,055)

(In thousands)

4. Defined Benefit Pension Plan (Continued)

Amounts recognized as a change in unrestricted net assets during the years ended September 30, 2014 and 2013 consist of:

	2014	2013
Net actuarial loss (gain)	$19,115	$(22,539)
Net amortized loss	(2,770)	(4,492)
Prior service credit amortization	33	64
Total amount recognized	$16,378	$(26,967)

Pension Plan Assets

The fair values of the System's pension plan assets and target allocations as of September 30, 2014 and 2013, by asset category are as follows (see Note 14 for level definitions):

	Target Allocation 2014	Level 1	Level 2	Level 3	Total	Percentage of Plan Assets September 30, 2014
Short-term investments:	0 – 20%					13%
Money market funds		$19,389	$ –	$ –	$ 19,389	
Equity securities:	40 – 80%					58%
Common stocks		8,040	–	–	8,040	
Mutual funds – international		13,288	–	–	13,288	
Common collective trust		–	24,154	–	24,154	
Funds-of-funds		–	3,831	37,393	41,224	
Fixed income securities:	5 – 80%					21%
Mutual funds – REIT		685	–	–	685	
Mutual funds – fixed income		27,054	–	–	27,054	
Funds-of-funds		–	–	4,545	4,545	
Hedge funds:	0 – 30%					8%
Inflation hedge		–	12,676	–	12,676	
		$68,456	$40,661	$41,938	$151,055	

(In thousands)

4. Defined Benefit Pension Plan (Continued)

	Target Allo-cation 2013	Level 1	Level 2	Level 3	Total	Percentage of Plan Assets September 30, 2013
Short-term investments:	0 – 5%					7%
Money market funds		$ 9,186	$ –	$ –	$ 9,186	
Equity securities:	40 – 70%					71%
Common stocks		6,960	–	–	6,960	
Mutual funds – international		36,542	–	–	36,542	
Common collective trust		–	20,170	–	20,170	
Funds-of-funds		–	3,672	26,582	30,254	
Fixed income securities:	10 – 60%					13%
Mutual funds – REIT		545	–	–	545	
Mutual funds – fixed income		11,529	–	–	11,529	
Funds-of-funds		–	–	4,568	4,568	
Hedge funds:	0 – 20%					9%
Inflation hedge		–	11,952	–	11,952	
		$64,762	$35,794	$31,150	$131,706	

The funds-of-funds are invested with seven investment managers and have various restrictions on redemptions. Five of the managers holding amounts totaling approximately $31 million at September 30, 2014 allow for monthly redemptions, with notices ranging from 5 to 15 days. Two managers holding amounts totaling approximately $15 million at September 30, 2014 allow for quarterly redemptions, with a notice of 45 or 65 days. Two of the funds also require a one-year lock on initial deposit of funds. One fund also may include a fee estimated to be equal to the cost the fund incurs in converting investments to cash (maximum of 1.5%).

The table below sets forth a summary of changes in plan assets using unobservable inputs (Level 3):

	2014	2013
Balance, beginning of year	$31,150	$33,772
Unrealized gains (losses) related to instruments still held at the reporting date	2,015	(566)
Purchases	8,984	4,000
Sales	(211)	(6,056)
Balance, end of year	$41,938	$31,150

(In thousands)

4. Defined Benefit Pension Plan (Continued)

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 2014 and 2013 consist of:

	2014	2013
Components of net periodic benefit cost:		
Service cost	$ 8,447	$ 8,711
Interest cost	9,052	7,940
Expected return on plan assets	(10,903)	(10,156)
Amortization of prior service cost and gains and losses	2,737	4,428
Net periodic benefit cost	$ 9,333	$ 10,923

The accumulated benefit obligations for the plan at September 30, 2014 and 2013 were $187,040 and $161,290, respectively.

	2014	2013
Weighted average assumptions to determine benefit obligation:		
Discount rate	4.78%	5.38%
Rate of compensation increase	2.00	2.00
Weighted average assumptions to determine net periodic benefit cost:		
Discount rate	5.38%	4.40%
Expected return on plan assets	8.00	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.

(In thousands)

4. Defined Benefit Pension Plan (Continued)

The loss and prior service credit amount expected to be recognized in net periodic benefit cost in 2015 are as follows:

Actuarial loss	$ 4,100
Prior service credit	(33)
	$ 4,067

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 $12,000 in cash contributions to the plan for the 2015 plan year.

Benefit payments, which reflect expected future service, as appropriate, are expected to be paid as follows:

Year Ended September 30	Pension Benefits
2015	$ 10,359
2016	11,426
2017	13,556
2018	14,132
2019	15,106
2020 – 2024	89,267

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.

5. Estimated Third-Party Payor Settlements (Continued)

Disproportionate Share Payments and Medicaid Enhancement Tax

Under the State of New Hampshire's tax code, the State imposes a Medicaid Enhancement Tax (MET) equal to 5.5% of net patient service revenues, with certain exclusions. The amount of tax incurred by the System for fiscal 2014 and 2013 was $16,437 and $16,541, 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 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. In addition, as part of the State of New Hampshire's biennial budget process for the two-year period ended June 30, 2013, the State eliminated disproportionate share payments to certain New Hampshire hospitals, including the System. For the year ended June 30, 2014, the State of New Hampshire restored a portion of disproportionate share funding, and the System received $5,099 in disproportionate share payments which are recorded within unrestricted revenue and other support.

During 2014, the Centers for Medicare and Medicaid Services (CMS) began an audit of the State's program and the disproportionate share payments made by the State in 2011, the first year 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. At the date of these consolidated financial statements, CMS's audit was still in process, and the System has received no indication of adjustments, if any, that may be made to disproportionate share payments received in prior years. As such, no amounts have been reflected in the accompanying consolidated financial statements related to this contingency.

The System amended certain past MET returns based upon further guidance which provided that certain exclusions can be deducted from net patient service revenues. During 2014, the State completed an initial audit of those amended returns. The outcome of the amended returns and related audits is uncertain at the date of these consolidated financial statements, and no amounts have been reflected in these consolidated financial statements related to those matters

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.

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.

(In thousands)

5. Estimated Third-Party Payor Settlements (Continued)

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 2010 for Medicare and Medicaid.

6. Long-Term Debt and Notes Payable

Long-term debt consists of the following at September 30, 2014 and 2013:

	2014	2013
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 $3,429 in 2014 and $3,550 in 2013	$ 46,714	$ 47,860
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	27,550	31,011
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 $233 in 2014 and $252 in 2013	37,362	40,841
	111,626	119,712
Less current portion	(8,131)	(7,931)
	$103,495	$111,781

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. As a result of the advance refunding, the unamortized bond issuance costs and original issue discount related to the Series 2001 NHHEFA Hospital Revenue Bonds were included in loss on extinguishment of debt and totaled $1,483 for the year ended September 30, 2013. As of September 30, 2013, none of the Series 2001 advance refunded bonds remained outstanding.

(In thousands)

6. Long-Term Debt and Notes Payable (Continued)

In April 2013, $32,421 of NHHEFA Revenue Bonds, Concord Hospital Issues, Series 2013B, were issued to advance refund the Series 2004 NHHEFA Hospital Revenue Bonds. As a result of the bond refinancing, the unamortized bond issuance costs and original issue premium related to the Series 2004 NHHEFA Hospital Revenue Bonds were included on loss on extinguishment of debt and totaled $1,686 for the year ended September 30, 2013. As of September 30, 2013, $31,800 of advance refunded bonds, which were considered extinguished for purposes of these consolidated financial statements, remained outstanding. These were redeemed in full during 2014.

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. The project began during fiscal year 2011 and was completed in fiscal year 2012.

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, 2014 and 2013.

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 $4,138 and $4,892 for the years ended September 30, 2014 and 2013, respectively.

The aggregate principal payments on long-term debt for the next five fiscal years ending September 30 are as follows:

2015	$ 8,131
2016	8,337
2017	8,570
2018	8,822
2019	9,061
Thereafter	65,043
	$107,964

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 have been determined by actuarial consultants and total $3,908 and $4,692 at September 30, 2014 and 2013, 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.

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, 2014, 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. The System's interest in the captive represents approximately 28% of the captive. Control of the captive is equally shared by participating hospitals. The System has recorded its interest in the captive's equity, totaling approximately $420 and $1,335 at September 30, 2014 and 2013, 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 Accounting Standards Update No. 2010-24, "*Health Care Entities*" (Topic 954): *Presentation of Insurance Claims and Related Insurance Recoveries*, at September 30, 2014 and 2013, the Hospital recorded a liability of approximately $19,750 and $12,900, respectively, related to estimated professional liability losses. At September 30, 2014 and 2013, the Hospital also recorded a receivable of $19,750 and $12,900, 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 bond issuance costs 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 $2,526 and $2,456 at September 30, 2014 and 2013, 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.

(In thousands)

7. Commitments and Contingencies (Continued)

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.

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, 2014 and 2013, have been recorded as a liability of $4,508 and $5,034, 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, 2013 are as follows:

Year Ending September 30:	
2015	$ 4,476
2016	4,356
2017	3,775
2018	3,339
2019	3,246
Thereafter	18,243
	$37,435

Rent expense was $8,156 and $8,456 for the years ended September 30, 2014 and 2013, respectively.

(In thousands)

8. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at September 30:

	2014	2013
Health education and program services	$13,604	$12,821
Capital acquisitions	1,195	1,053
Indigent care	188	181
For periods after September 30 of each year	102	72
	$15,089	$14,127

Income on the following permanently restricted net asset funds is available for the following purposes at September 30:

	2014	2013
Health education and program services	$17,088	$15,513
Capital acquisitions	803	803
Indigent care	1,810	1,810
For periods after September 30 of each year	142	114
	$19,843	$18,240

9. Patient Service and Other Revenue

Net patient service revenue for the years ended September 30 is as follows:

	2014	2013
Gross patient service charges:		
Inpatient services	$ 400,259	$393,992
Outpatient services	515,503	469,048
Physician services	134,699	125,705
Less charitable services	(38,119)	(33,903)
	1,012,342	954,842
Less contractual allowances and discounts:		
Medicare	348,110	313,177
Medicaid	69,545	68,347
Other	181,548	170,770
	599,203	552,294
Total Hospital net patient service revenue (net of contractual allowances and discounts)	413,139	402,548
Other entities	29,812	29,684
	$ 442,951	$432,232

(In thousands)

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 2014 and 2013 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 2014 and 2013.

	Hospital			
	Gross Patient Service Revenues	Contractual Allowances and Discounts	Provision for Doubtful Accounts	Net Patient Service Revenues Less Provision for Doubtful Accounts
2014				
Private payors (includes coinsurance and deductibles)	$ 426,874	$(181,548)	$ (9,337)	$235,989
Medicaid	85,624	(69,545)	(1,049)	15,030
Medicare	467,071	(348,110)	(1,869)	117,092
Self-pay	32,773	–	(19,465)	13,308
	$1,012,342	$(599,203)	$(31,720)	$381,419
2013				
Private payors (includes coinsurance and deductibles)	$ 413,913	$(170,770)	$ (9,270)	$233,873
Medicaid	79,936	(68,347)	–	11,589
Medicare	429,908	(313,177)	(1,948)	114,783
Self-pay	31,085	–	(19,660)	11,425
	$ 954,842	$(552,294)	$(30,878)	$371,670

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 $2,196 and $3,719 associated with these meaningful use attestations was recorded as other revenue for the years ended September 30, 2014 and 2013, respectively. In addition, a receivable amount of $674 and $1,616 was recorded within prepaid expenses and other current assets at September 30, 2014 and 2013, respectively.

(In thousands)

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:

	2014	2013
Health care services	$313,042	$306,213
General and administrative	62,305	59,447
Depreciation and amortization	25,397	25,047
Medicaid enhancement tax	16,437	16,541
Interest expense	4,057	4,720
	$421,238	$411,968

Fundraising related expenses were $751 and $690 for the years ended September 30, 2014 and 2013, 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 cost of all such benefits provided is as follows for the years ended September 30:

	2014	2013
Community health services	$ 2,721	$ 2,627
Health professions education	3,814	4,141
Subsidized health services	27,911	23,938
Research	89	89
Financial contributions	948	1,061
Community building activities	53	45
Community benefit operations	96	49
Charity care costs (see Note 1)	16,666	13,304
	$52,298	$45,254

In addition, the Hospital incurred costs for services to Medicare and Medicaid patients in excess of the payment from these programs of $70,152 and $51,171 in 2014 and 2013, respectively.

(In thousands)

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:

	2014	2013
Patients	14%	18%
Medicare	35	37
Anthem Blue Cross	14	12
Cigna	6	5
Medicaid	11	10
Commercial	19	17
Workers' compensation	1	1
	100%	100%

13. Volunteer Services (Unaudited)

Total volunteer service hours received by the Hospital were approximately 37,300 in 2014 and 36,500 in 2013. 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:

(In thousands)

14. Fair Value Measurements (Continued)

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.

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. At each reporting period, all assets and liabilities for which the fair value measurement is based on significant unobservable inputs are classified as Level 3.

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
2014				
Cash and cash equivalents	$ 32,352	$ –	$ –	$ 32,352
Fixed income securities	46,014	–	–	46,014
Marketable equity and other securities	55,964	51,867	111,693	219,524
Inflation-protected securities and other	14,159	10,880	–	25,039
Trust funds administered by others	–	–	11,070	11,070
	$148,489	$62,747	$122,763	$333,999
2013				
Cash and cash equivalents	$ 42,702	$ –	$ –	$ 42,702
Fixed income securities	44,725	–	–	44,725
Marketable equity and other securities	69,597	43,321	80,648	193,566
Inflation-protected securities and other	11,898	4,941	–	16,839
Trust funds administered by others	–	–	10,678	10,678
	$168,922	$48,262	$ 91,326	$308,510

(In thousands)

14. Fair Value Measurements (Continued)

The System's Level 3 investments consist of so called alternative investments and trust funds administered by others. The alternative investments consist primarily of interests in limited partnership funds that are not publicly traded. The fair value measurement is based on significant unobservable inputs.

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 2014 and 2013:

	Trust Funds Administered by Others	Alternative Investments
Balance at September 30, 2012	$10,212	$ 69,967
Purchases	–	10,900
Sales	–	(13,167)
Net realized and unrealized gains	466	12,948
Balance at September 30, 2013	10,678	80,648
Purchases	–	27,468
Sales	–	(467)
Net realized and unrealized gains	392	4,044
Balance at September 30, 2014	$11,070	$111,693

In accordance with ASU 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, 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, 2014:				
Funds-of-funds	$61,418	$ –	Monthly	5 – 15 days
Funds-of-funds	50,275	–	Quarterly	45 – 90 days*
September 30, 2013:				
Funds-of-funds	$42,265	$ –	Monthly	5 – 15 days
Funds-of-funds	38,383	–	Quarterly	45 – 65 days

* $9 million subject to a one year lock-up period.

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. These investments are classified as Level 2 or 3, depending on the nature of the underlying assets and valuation methodologies used as reported by the fund managers.

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. 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 $111,626 and $132,106, respectively, at September 30, 2014, and $119,712 and $129,976, respectively, at September 30, 2013.

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

Limited Liability Company

Manchester, New Hampshire
December 8, 2014

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATING BALANCE SHEET
(With Consolidated Totals for September 30, 2013)

September 30, 2014

ASSETS
(In thousands)

	2014						
	Concord Hospital (Obligated Group)	Capital Region Health Care Development Corporation	Capital Region Health Ventures Corporation	Concord Hospital/ Dartmouth Hitchcock-Concord	Elimi-nations	Consol-idated	2013 Consol-idated
Current assets:							
Cash and cash equivalents	$ 12,951	$ –	$ 1	$ 1	$ –	$ 12,953	$ 24,006
Investments	12,390	–	–	–	–	12,390	2,384
Accounts receivable, net	44,856	20	123	1,897	–	46,896	46,061
Due from affiliates	438	1,658	–	–	(1,658)	438	584
Supplies	1,390	–	53	–	–	1,443	1,153
Prepaid expenses and other current assets	5,645	179	27	76	–	5,927	5,983
Total current assets	77,670	1,857	204	1,974	(1,658)	80,047	80,171
Assets whose use is limited or restricted:							
Board designated	263,225	–	–	–	–	263,225	230,143
Funds held by trustee:							
Workers' compensation reserves and self-insurance escrows	10,499	–	–	–	–	10,499	9,212
Construction fund	–	–	–	–	–	–	10,398
Donor-restricted	34,932	–	–	–	–	34,932	32,367
Total assets whose use is limited or restricted	308,656	–	–	–	–	308,656	282,120
Other noncurrent assets:							
Due from affiliates, net of current portion	17,253	–	1,497	–	(16,322)	2,428	2,779
Bond issuance costs and other assets	22,748	–	1,865	–	–	24,613	18,651
Total other noncurrent assets	40,001	–	3,362	–	(16,322)	27,041	21,430
Property and equipment:							
Land and land improvements	5,100	270	–	–	–	5,370	5,394
Buildings	139,004	36,659	26	–	–	175,689	166,951
Equipment	212,181	1,875	227	639	–	214,922	205,283
Construction in progress	10,289	125	–	–	–	10,414	9,286
	366,574	38,929	253	639	–	406,395	386,914
Less accumulated depreciation	(231,134)	(23,421)	(207)	(619)	–	(255,381)	(230,767)
Net property and equipment	135,440	15,508	46	20	–	151,014	156,147
	$ 561,767	$ 17,365	$ 3,612	$ 1,994	$ (17,980)	$ 566,758	$ 539,868

LIABILITIES AND NET ASSETS
(In thousands)

	2014						
	Concord Hospital (Obligated Group)	Capital Region Health Care Development Corporation	Capital Region Health Ventures Corporation	Concord Hospital/ Dartmouth Hitchcock-Concord	Elimi-nations	Consol-idated	2013 Consol-idated
Current liabilities:							
Short-term notes payable	$ –	$ –	$ –	$ 1,912	$ –	$ 1,912	$ 1,027
Accounts payable and accrued expenses	20,354	86	8	–	–	20,448	21,822
Accrued compensation and related expenses	25,829	–	–	–	–	25,829	23,293
Due to affiliates	1,658	–	–	–	(1,658)	–	–
Accrual for estimated third-party payor settlements	15,033	–	–	–	–	15,033	14,599
Current portion of long-term debt	8,131	–	–	–	–	8,131	7,931
Total current liabilities	71,005	86	8	1,912	(1,658)	71,353	68,672
Long-term debt, net of current portion	103,495	16,322	–	–	(16,322)	103,495	111,781
Accrued pension and other long-term liabilities	78,191	–	–	–	–	78,191	64,102
Total liabilities	252,691	16,408	8	1,912	(17,980)	253,039	244,555
Net assets:							
Unrestricted	274,144	957	3,604	82	–	278,787	262,946
Temporarily restricted	15,089	–	–	–	–	15,089	14,127
Permanently restricted	19,843	–	–	–	–	19,843	18,240
Total net assets	309,076	957	3,604	82	–	313,719	295,313
	$ 561,767	$ 17,365	$ 3,612	$ 1,994	$ (17,980)	$ 566,758	$ 539,868

CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATING STATEMENT OF OPERATIONS
(With Consolidated Totals for September 30, 2013)

Year Ended September 30, 2014

(In thousands)

	2014						
	Concord Hospital (Obligated Group)	Capital Region Health Care Development Corporation	Capital Region Health Ventures Corporation	Concord Hospital/ Dartmouth Hitchcock-Concord	Elimi-nations	Consol-idated	2013 Consol-idated
Unrestricted revenue and other support:							
Net patient service revenue (net of contractual allowances and discounts)	$ 413,139	$ –	$ 872	$ 28,940	$ –	$ 442,951	$ 432,232
Provision for doubtful accounts	(31,720)	–	(4)	(752)	–	(32,476)	(31,493)
Net patient service revenue less provision for doubtful accounts	381,419	–	868	28,188	–	410,475	400,739
Other revenue	16,392	5,172	6,612	5	(4,794)	23,387	24,140
Disproportionate share revenue	5,099	–	–	–	–	5,099	–
Net assets released from restrictions for operations	1,354	–	–	–	–	1,354	1,886
Total unrestricted revenue and other support	404,264	5,172	7,480	28,193	(4,794)	440,315	426,765
Expenses:							
Salaries and wages	185,386	313	752	6	–	186,457	180,716
Employee benefits	48,064	88	192	2	–	48,346	45,644
Supplies and other	75,277	1,499	540	2,220	(3,330)	76,206	76,347
Purchased services	30,751	203	99	31,085	(470)	61,668	59,783
Professional fees	2,551	–	119	–	–	2,670	3,170
Depreciation and amortization	23,772	1,592	23	10	–	25,397	25,047
Medicaid enhancement tax	16,437	–	–	–	–	16,437	16,541
Interest expense	3,984	994	–	73	(994)	4,057	4,720
Total expenses	386,222	4,689	1,725	33,396	(4,794)	421,238	411,968
Income (loss) from operations	18,042	483	5,755	(5,203)	–	19,077	14,797
Nonoperating income (loss):							
Unrestricted gifts and bequests	218	–	–	–	–	218	159
Investment income and other	9,923	–	–	–	–	9,923	92
Loss on extinguishment of debt	–	–	–	–	–	–	(3,169)
Total nonoperating income (loss)	10,141	–	–	–	–	10,141	(2,918)
Excess (deficiency) of revenues and gains over expenses	$ 28,183	$ 483	$ 5,755	$ (5,203)	$ –	$ 29,218	$ 11,879

CONCORD HOSPITAL
BOARD OF TRUSTEES
2015

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David Stevenson, MD
Jeffrey Towle
Claudia Walker

Treasurer (not Member of the Board):
Bruce Burns

1/15

RESUME

ROBERT P. STEIGMEYER

Career History:

1/2014 – Present	Capital Region Health Care and Concord Hospital Concord, NH	President and CEO
2012 – 12/2013	Geisinger Community Medical Center Scranton, PA	CEO
2010 – 2012	Community Medical Center Healthcare System Scranton, PA	President and CEO
2005 – 2010	Northwest Hospital & Medical Center Seattle, WA	Senior Vice President- Operations & Finance
1993 – 2005	ECG Management Consultants Seattle, WA	Principal/Shareholder Senior Manager Manager
1989 – 1993	Ernst & Young St. Louis, MO	Manager Senior Consultant Consultant

Educational Background:

1989	Master of Health Administration Master of Business Administration St. Louis University
1985	Bachelor of Arts Wabash College

P. TRAVIS HARKER, MD, MPH

Education & Training

NH Dartmouth Family Practice Residency & Dartmouth Leadership and Preventive Medicine Residency, Concord Hospital, Concord, New Hampshire
June 2002—December 2006

- Paul W. Ambrose Fellow in Leadership and Preventive Medicine

Dartmouth College of Medicine Center for the Evaluative Clinical Sciences, Hanover, New Hampshire
MPH conferred June 2006
September 2002—June 2006

The Ohio State University College of Medicine and Public Health, Columbus, Ohio
MD conferred June 2001
September 1996—June 2001

The Ohio State University College of Arts and Sciences, Columbus, Ohio
B.S. conferred June 1996. Major: Biology, Minor: Spanish
September 1992—June 1996

Positions & Employment

Medical Director, Concord Hopsital Family Health Center, Concord and Hillsborough Deering Concord Hopital, Concord, NH
2012 - Present

Clinical Leader, Concord Hopsital Family Health Center, Concord
Concord Hoptial, Concord, NH
2006-2012

Faculty, NH Dartmouth Family Medicine Residency, Leadership Preventive Medicine Concord Hospital, Concord, NH
December 2006—Present

- Chair, Quality Improvement Committee
- Clinical leader
- Faculty Supervisor of Medical Students

Assistant Professor of Community and Family Medicine, Dartmouth Medical School, Hanover New Hampshire
December 2006—Present

Research Fellow, Office of Disease Prevention and Health Promotion, Department of Health and Human Services, Washington D.C.

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

RESUME

JOAN STAIGERS HALEY

Manager Behavioral Health Services. Concord Hospital, Family Health Center (11/01-present)

- Direct behavioral health internship, including recruitment, hiring, orientation, ongoing training, and clinical and administrative supervision for six interdisciplinary mental health interns at the Masters and Doctoral level.
- Direct primary care behavioral health service, which provides therapy services approximately 90 clinical hours per week as well as integrated care management consultation in the primary care setting. Direct reports include: a mental health clinician, a substance abuse clinician, three integrated care managers, a social worker, a community outreach clinician and behavioral health coordinator.
- Provide outpatient therapy for individuals, couples and families, approximately 6 hours per week.

PROFESSIONAL EXPERIENCE: Clinical

Collaborative Coordinator, Behavioral Health. Adjunct faculty member, Dartmouth Medical School. (05/00-11/2001)

Riverbend Community Mental Health, Inc. Henniker, NH Outpatient Child and Family Therapist (01/00-5/00)

Child and Family Services (10/95-12/99)

Outpatient Clinician
Manchester, NH (4/97-10/99).

Home-School Liaison
Franklin Public School System, Franklin, NH. (10/95-1/97);
Deerfield Community School, Deerfield, NH. (1/97-6/98).

EDUCATION

University of New Hampshire, Durham, NH. Department of Family Studies. Marriage and Family Therapy. MS, 1995.

Cornell University, College of Human Ecology, Ithaca, NY. Department of Human Development and Family Studies. Ph.D. candidate, 1978-1980.

Smith College, Northampton, MA. Education and Child Study major. AB 1978.

LICENSE

New Hampshire Marriage and Family Therapist License #39

CURRICULUM VITAE

William B. Gunn, Jr., Ph.D

Licensure: Clinical Psychologist – New Hampshire #842
Marriage and Family Therapist - #42

Education:	**Place**	**Date**	**Degree**
College	University of Virginia	1973	B.S.
Graduate	James Madison University	1976	M.Ed.
	Virginia Tech	1986	PhD

Professional training and academic career:

1997- Present — **Director of Primary Care Behavioral Health**, NH Dartmouth Family Medicine Residency, Concord Hospital
Responsible for developing curriculum and delivering instruction and supervision to family practice residents and mental health interns. Provide direct clinical services to individuals, couples and families.

1992 – 1997 — **Director of Behavioral Science**, Duke University Medical Center, Durham, NC
Responsible for behavioral medicine curriculum development and implementation. Provision of supervision of psychology interns and psychiatry residents in family therapy. Provide direct clinical services to individuals, couples and families.

1986 – Present — **Senior Consultant**, Catalyst Consulting Team, Santa Cruz, CA

1986 – 1992 — **Director of Behavioral Medicine and the Family Stress Clinic**, University of Colorado, Clinical Assistant Professor Ft. Collins, CO

1986 – 1989 — **Director of Employee Assistance Program**, Poudre Valley Hospital, Ft. Collins, CO

1984 – 1986 — **Director of Behavioral Medicine**, Roanoke Memorial Hospital Family Medicine Residency Program, University of Virginia, Clinical Assistant Professor Roanoke, VA

1978 – 1983 — **School Psychologist and Special Education Director**, Amelia County Schools, Virginia

RESUME

MARIE DEWITT, RN

Experience:

Concord Hospital Family Health Center, Concord, NH, 03301 – June 1, 2015, BCCP Site Coordinator

Catholic Medical Center, Manchester, NH 03102 Community Services - August 1999 to present

BCCP Site Coordinator/Case Manager - Manage and carry out all aspects of the Breast and Cervical Cancer Program (BCCP) including the planning, organization and implementation of services, assuring that all BCCP standards, as outlined in the Policy and Procedures Manual are met. Coordination and scheduling of staff and dates for BCCP screenings. To insure the objectives and volume projections of women entering and being seen by BCCP are met based upon state grant. To identify and resolve barriers that would prevent women enrolled in the program from obtaining services and receiving the necessary case management follow-up. Establish and maintain positive working relationships within hospital, community and state.

Community Education and Wellness Educator, 1998 -1999
Community health screenings, elementary school programs, strong living program, and BCCP.

RN, Medical Rehabilitation 1992 - 1998
Primary care nurse, w/e nurse leader, case management of patients.
Short Stay Unit, patient care, pre and post procedure. Diabetes Educator, working with inpatient's as well as outpatient population.

New England College - Henniker, NH 03242
1985 - 1987 Secretary for Education Department
Assistant to Administration, Student Affairs

Education:

NHTI, Concord, NH 03301 1989-1992
Associates degree in Nursing

1998 - present, various courses towards BSN degree,
medical coding. UNH & Manchester Community College

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	

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Concord Hospital

Name of Bureau/Section: MCH Primary Care & BCCP

BUDGET PERIOD: SFY 16

Program Area: MCH Primary Care Services

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Martha Seery	Director	$110,822	0.00%	$0.00
Suzanne Williams	Practice Manager	$85,315	100.00%	$85,315.00
Patricia Finn, RN	Clinical Manager	$96,087	100.00%	$96,087.00
Danielle Chabot, RN	Prenatal Coordinator	$56,909	100.00%	$56,909.00
Travis Harker, RN	Medical Director	$176,500	39.90%	$63,210.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				**$301,521.00**

Program Area: Breast and Cervical Cancer Program Services

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Marie Dewitt, RN	BCCP Site Coordinator	$35,360	57.69%	$20,400
Martha Seery	Director	$110,822	0.00%	$0
Suzanne Williams	Practice Manager	$85,315	0.00%	$0
Patricia Finn, RN	Clinical Manager	$96,087	0.00%	$0
Travis Harker, MD	Medical Director	$176,500	0.00%	$0
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				**$20,400**

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Concord Hospital

Name of Bureau/Section: MCH Primary Care & BCCP

BUDGET PERIOD: SFY 17

Program Area: MCH Primary Care Services

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Martha Seery	Director	$113,593	0.00%	$0.00
Suzanne Williams	Practice Manager	$88,301	100.00%	$88,301.00
Patricia Finn, RN	Clinical Manager	$98,970	82.68%	$81,829.00
Danielle Chabot, RN	Prenatal Coordinator	$58,900	100.00%	$58,900.00
Travis Harker, MD	Medical Director	$176,500	54.06%	$72,491.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				**$301,521.00**

Program Area: Breast and Cervical Cancer Program Services

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Marie Dewitt, RN	BCCP Site Coordinator	$36,244	100.00%	$36,244
Martha Seery	Director	$113,593	0.00%	$0
Suzanne Williams	Practice Manager	$88,301	0.00%	$0
Patricia Finn, RN	Clinical Manager	$98,970	17.32%	$17,141
Travis Harker, MD	Medical Director	$176,500	0.00%	$0
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				**$53,385**

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services

Contractor Name: Concord Hospital

Name of Bureau/Section: Primary Care - SBIRT

BUDGET PERIOD: SFY 16

Program Area: SBIRT Primary Care Services

NAME	JOB TITLE	SALARY	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Martha Seery	Director	$110,822	0.00%	$0
Joni Haley, LCMFT	Behavioral Health Manager	$80,983	82.12%	$66,500
William Gunn, PhD	Practice Manager	$129,813	0.00%	$0
Travis Harker, MD	Medical Director	$176,500	0.00%	$0
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				**$66,500.00**

BUDGET PERIOD: SFY 17

Program Area: SBIRT Primary Care Services

Martha Seery	Director	$113,593	0.00%	$0
Joni Haley, LCMFT	Behavioral Health Manager	$83,412	0.00%	$0
William Gunn, PhD	Practice Manager	$129,813	0.00%	$0
Travis Harker, MD	Medical Director	$176,500	0.00%	$0
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)				**$0**

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 Pournier	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
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: AD
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.

Christina Decato
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: MM
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

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: MH
Date: 3-7-14

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 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 <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.

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: Concord Hospital, Inc.

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	$ 64,413.00	$ -	$ 64,413.00	
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	**$ 64,413.00**	**$ -**	**$ 64,413.00**	

Indirect As A Percent of Direct 0.0%

Contractor Initials: M.D

Date: 3-7-14

Exhibit B-1 (2015) -Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Concord Hospital, Inc.

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	$ 343,392.00	$ -	$ 343,392.00	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	$ -	$ -	$ -	0
13. Other (specific details mandatory):		$ -	$ -	0
300 visits at 109.95	$ 32,985.00	$ -	$ 32,985.00	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
	$ -	$ -	$ -	0
TOTAL	$ 376,377.00	$ -	$ 376,377.00	0

Indirect As A Percent of Direct 0.0%

Contractor Initials: _____

Date: 3-7-14

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 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 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	

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:

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

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 hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.
5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

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8. EVENT OF DEFAULT/REMEDIES.
8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):
8.1.1 failure to perform the Services satisfactorily or on schedule;
8.1.2 failure to submit any report required hereunder; and/or
8.1.3 failure to perform any other covenant, term or condition of this Agreement.
8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:
8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.
9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.
9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.
9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.
14.1 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, the following insurance:
14.1.1 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 occurrence; and
14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.
14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.
14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

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certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.
15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").
15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

Contractor Initials: MAB
Date: Apr 16, 2012

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.

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B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 151300 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.

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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.

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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.

Contractor Initials: MAS

Date: Apr 16, 2012

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.

Contractor Initials: MBS

Date: Apr 16, 2012

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.

Contractor Initials: VBB
Date: Apr 16, 2012

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: 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;

Contractor Initials: MBQ
Date: Apr 16, 2012

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: MB

Date: Apr 16, 2012

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: CMA

Date: Apr 12, 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: 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

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: [signature]
Date: Apr 16, 2017

(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.

Concord Hospital, 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**

Michael B. Green President + CEO

Name and Title of Authorized Contractor Representative

Michael B Green April 16, 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.

Michael B Green — President + CEO

Contractor Signature — **Contractor's Representative Title**

Concord Hospital, Inc. — Apr 16, 2012

Contractor Name — **Date**

NH Department of Health and Human Services

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: Apr 16, 2012

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.

Michael B Green — President + CEO

Contractor Signature — **Contractor's Representative Title**

Concord Hospital, Inc. — Apr 16, 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.

[signature]	President + CEO
Contractor Signature	**Contractor's Representative Title**
Concord Hospital, Inc.	Apr 16, 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: Concord Hospital, Inc.

Budget Request for: Primary Care Services - PC
(Name of RFP)

Budget Period: July 1, 2012 - June 30, 2013

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 215,637.00	$0.00	$ 215,637.00	
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	$ 215,637.00	$0.00	$ 215,637.00	

Indirect As A Percent of Direct 0.0%

PMF

Budget Form

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

Bidder/Program Name: Concord Hospital, Inc.

Budget Request for: Primary Care Services - PC
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 215,637.00	$0.00	$ 215,637.00	
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	$ 215,637.00	$0.00	$ 215,637.00	

Indirect As A Percent of Direct 0.0%

PMT

Budget Form

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

Bidder/Program Name: Concord Hospital, Inc.

Budget Request for: Primary Care Services-BCCP
(Name of RFP)

Budget Period: July 1, 2012 - June 30, 2013

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 40,000.00	$0.00	$ 40,000.00	
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):	$ -	$ -	$ -	
350 screening visits at 57.33	$ 20,067.00	$ -	$ 20,067.00	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 60,067.00	$0.00	$ 60,067.00	
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: Concord Hospital, Inc.

Budget Request for: Primary Care Services-BCCP
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 40,000.00	$0.00	$ 40,000.00	
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):	$ -	$ -	$ -	
350 screening visits at 57.33	$ 20,067.00	$0.00	$ 20,067.00	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 60,067.00	$0.00	$ 60,067.00	

Indirect As A Percent of Direct 0.0%

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

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: 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. **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.

Contractor's Initials: KG

Date 5/15/15

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/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

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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.

Contractor's Initials: KG

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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: KG

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: [illegible]
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: KG
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: KG

Date: 5/13/14

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 (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: KG
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: KG
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: Coos County Family Health

Budget Request for: Primary Care MCH-RHPC

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

Line Item	Total Program Cost		
	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 84,474.00	$ -	$ 84,474.00
2. Employee Benefits	$ 27,032.00	$ -	$ 27,032.00
3. Consultants	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -
Rental	$ 2,000.00	$ -	$ 2,000.00
Repair and Maintenance	$ 2,000.00	$ -	$ 2,000.00
Purchase/Depreciation	$ 5,000.00	$ -	$ 5,000.00
5. Supplies:	$ -	$ -	$ -
Educational	$ 1,000.00	$ -	$ 1,000.00
Lab	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -
Medical	$ -	$ -	$ -
Office	$ 2,500.00	$ -	$ 2,500.00
6. Travel	$ 500.00	$ -	$ 500.00
7. Occupancy	$ 5,000.00	$ -	$ 5,000.00
8. Current Expenses	$ -	$ -	$ -
Telephone	$ 1,500.00	$ -	$ 1,500.00
Postage	$ 1,250.00	$ -	$ 1,250.00
Subscriptions	$ 1,200.00	$ -	$ 1,200.00
Audit and Legal	$ 1,000.00	$ -	$ 1,000.00
Insurance	$ 1,500.00	$ -	$ 1,500.00
Board Expenses	$ -	$ -	$ -
9. Software	$ 1,000.00	$ -	$ 1,000.00
10. Marketing/Communications	$ 500.00	$ -	$ 500.00
11. Staff Education and Training	$ 1,500.00	$ -	$ 1,500.00
12. Subcontracts/Agreements	$ 12,480.00	$ -	$ 12,480.00
13. Other (specific details mandatory):	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
TOTAL	$ 151,436.00	$ -	$ 151,436.00
Indirect As A Percent of Direct		0.0%	

Line Item	Contract Period 1		
	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ -	$ -	$ -
2. Employee Benefits	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -
Rental	$ 2,000.00	$ -	$ 2,000.00
Repair and Maintenance	$ 2,000.00	$ -	$ 2,000.00
Purchase/Depreciation	$ 5,000.00	$ -	$ 5,000.00
5. Supplies:	$ -	$ -	$ -
Educational	$ 1,000.00	$ -	$ 1,000.00
Lab	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -
Medical	$ -	$ -	$ -
Office	$ 2,500.00	$ -	$ 2,500.00
6. Travel	$ 500.00	$ -	$ 500.00
7. Occupancy	$ 5,000.00	$ -	$ 5,000.00
8. Current Expenses	$ -	$ -	$ -
Telephone	$ 1,500.00	$ -	$ 1,500.00
Postage	$ 1,250.00	$ -	$ 1,250.00
Subscriptions	$ 1,200.00	$ -	$ 1,200.00
Audit and Legal	$ 1,000.00	$ -	$ 1,000.00
Insurance	$ 1,500.00	$ -	$ 1,500.00
Board Expenses	$ -	$ -	$ -
9. Software	$ 1,000.00	$ -	$ 1,000.00
10. Marketing/Communications	$ 500.00	$ -	$ 500.00
11. Staff Education and Training	$ 1,500.00	$ -	$ 1,500.00
12. Subcontracts/Agreements	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
TOTAL	$ 27,450.00	$ -	$ 27,450.00

Line Item	Contract Period 2		
	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 84,474.00	$ -	$ 84,474.00
2. Employee Benefits	$ 27,032.00	$ -	$ 27,032.00
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	$ 12,480.00	$ -	$ 12,480.00
13. Other (specific details mandatory):	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
TOTAL	$ 123,986.00	$ -	$ 123,986.00

Date: 5/15/15

Contractor Initials: KG

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: Coos County Family Health Services, Inc.

Budget Request for: Primary Care - BCCP

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

Line Item										
1. Total Salary/Wages	$ 19,100.85	$ -	$ 19,100.85	$ 12,121.00	$ -	$ 12,121.00	$ 6,979.85	$ -	$ 6,979.85
2. Employee Benefits	$ 6,112.55	$ -	$ 6,112.55	$ 3,879.00	$ -	$ 3,879.00	$ 2,233.55	$ -	$ 2,233.55
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ 100.00	$ -	$ 100.00	$ 100.00	$ -	$ 100.00	$ -	$ -	$ -
Repair and Maintenance	$ 100.00	$ -	$ 100.00	$ 100.00	$ -	$ 100.00	$ -	$ -	$ -
Purchase/Depreciation	$ 500.00	$ -	$ 500.00	$ 500.00	$ -	$ 500.00	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -
Educational	$ 100.00	$ -	$ 100.00	$ 100.00	$ -	$ 100.00	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 1,000.00	$ -	$ 1,000.00	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -
6. Travel	$ 500.00	$ -	$ 500.00	$ 500.00	$ -	$ 500.00	$ -	$ -	$ -
7. Occupancy	$ 1,000.00	$ -	$ 1,000.00	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 800.00	$ -	$ 800.00	$ 800.00	$ -	$ 800.00	$ -	$ -	$ -
Postage	$ 100.00	$ -	$ 100.00	$ 100.00	$ -	$ 100.00	$ -	$ -	$ -
Subscriptions	$ 200.00	$ -	$ 200.00	$ 200.00	$ -	$ 200.00	$ -	$ -	$ -
Audit and Legal	$ 300.00	$ -	$ 300.00	$ 300.00	$ -	$ 300.00	$ -	$ -	$ -
Insurance	$ 400.00	$ -	$ 400.00	$ 400.00	$ -	$ 400.00	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 400.00	$ -	$ 400.00	$ 400.00	$ -	$ 400.00	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 225.00	$ -	$ 225.00	$ 225.00	$ -	$ 225.00	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Clinical Services	$ 24,352.60	$ -	$ 24,352.60	$ 11,500.00	$ -	$ 11,500.00	$ 12,852.60	$ -	$ 12,852.60
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 55,291.00**	**$ -**	**$ 55,291.00**	**$ 33,225.00**	**$ -**	**$ 33,225.00**	**$ 22,066.00**	**$ -**	**$ 22,066.00**

Indirect As A Percent of Direct 0.0%

Date: 5/15/15

Contractor's Initials: KG

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)

Line Item	Direct Incremental	Direct Fixed	Direct Total	Indirect Incremental	Indirect Fixed	Indirect Total	Total Incremental	Total 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
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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-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: Coos County Family Health

Budget Request for: Primary Care MHC-RHPC

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

1. Total Salary/Wages	$ 84,474.00	$ -	$ 84,474.00	$ -	$ -	$ -	$ 84,474.00	$ -	$ 84,474.00
2. Employee Benefits	$ 27,032.00	$ -	$ 27,032.00	$ -	$ -	$ -	$ 27,032.00	$ -	$ 27,032.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ 2,000.00	$ -	$ 2,000.00	$ 2,000.00	$ -	$ 2,000.00	$ -	$ -	$ -
Repair and Maintenance	$ 2,000.00	$ -	$ 2,000.00	$ 2,000.00	$ -	$ 2,000.00	$ -	$ -	$ -
Purchase/Depreciation	$ 5,000.00	$ -	$ 5,000.00	$ 5,000.00	$ -	$ 5,000.00	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ 1,000.00	$ -	$ 1,000.00	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 2,500.00	$ -	$ 2,500.00	$ 2,500.00	$ -	$ 2,500.00	$ -	$ -	$ -
6. Travel	$ 500.00	$ -	$ 500.00	$ 500.00	$ -	$ 500.00	$ -	$ -	$ -
7. Occupancy	$ 5,000.00	$ -	$ 5,000.00	$ 5,000.00	$ -	$ 5,000.00	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 1,500.00	$ -	$ 1,500.00	$ 1,500.00	$ -	$ 1,500.00	$ -	$ -	$ -
Postage	$ 1,250.00	$ -	$ 1,250.00	$ 1,250.00	$ -	$ 1,250.00	$ -	$ -	$ -
Subscriptions	$ 1,200.00	$ -	$ 1,200.00	$ 1,200.00	$ -	$ 1,200.00	$ -	$ -	$ -
Audit and Legal	$ 1,000.00	$ -	$ 1,000.00	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -
Insurance	$ 1,500.00	$ -	$ 1,500.00	$ 1,500.00	$ -	$ 1,500.00	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 1,000.00	$ -	$ 1,000.00	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -
10. Marketing/Communications	$ 500.00	$ -	$ 500.00	$ 500.00	$ -	$ 500.00	$ -	$ -	$ -
11. Staff Education and Training	$ 1,500.00	$ -	$ 1,500.00	$ 1,500.00	$ -	$ 1,500.00	$ -	$ -	$ -
12. Subcontracts/Agreements	$ 12,480.00	$ -	$ 12,480.00	$ -	$ -	$ -	$ 12,480.00	$ -	$ 12,480.00
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 151,436.00	$ -	$ 151,436.00	$ 27,450.00	$ -	$ 27,450.00	$ 123,986.00	$ -	$ 123,986.00
Indirect As A Percent of Direct		0.0%							

Date: 5/15/15

Contractor Initials: KG

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: Coos County Family Health Services, Inc.

Budget Request for: Primary Care - BCCP

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

Line Item	Direct Incremental	Direct Fixed	Total	Indirect Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 19,342.85	$ -	$ 19,342.85	$ 12,363.00	$ -	$ 12,363.00	$ 6,979.85	$ -	$ 6,979.85
2. Employee Benefits	$ 6,189.55	$ -	$ 6,189.55	$ 3,956.00	$ -	$ 3,956.00	$ 2,233.55	$ -	$ 2,233.55
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ 100.00	$ -	$ 100.00	$ 100.00	$ -	$ 100.00	$ -	$ -	$ -
Repair and Maintenance	$ 100.00	$ -	$ 100.00	$ 100.00	$ -	$ 100.00	$ -	$ -	$ -
Purchase/Depreciation	$ 500.00	$ -	$ 500.00	$ 500.00	$ -	$ 500.00	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ 100.00	$ -	$ 100.00	$ 100.00	$ -	$ 100.00	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 1,000.00	$ -	$ 1,000.00	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -
6. Travel	$ 500.00	$ -	$ 500.00	$ 500.00	$ -	$ 500.00	$ -	$ -	$ -
7. Occupancy	$ 1,000.00	$ -	$ 1,000.00	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 800.00	$ -	$ 800.00	$ 800.00	$ -	$ 800.00	$ -	$ -	$ -
Postage	$ 100.00	$ -	$ 100.00	$ 100.00	$ -	$ 100.00	$ -	$ -	$ -
Subscriptions	$ 200.00	$ -	$ 200.00	$ 200.00	$ -	$ 200.00	$ -	$ -	$ -
Audit and Legal	$ 300.00	$ -	$ 300.00	$ 300.00	$ -	$ 300.00	$ -	$ -	$ -
Insurance	$ 400.00	$ -	$ 400.00	$ 400.00	$ -	$ 400.00	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 400.00	$ -	$ 400.00	$ 400.00	$ -	$ 400.00	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 225.00	$ -	$ 225.00	$ 225.00	$ -	$ 225.00	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Clinical Services	$ 24,352.60	$ -	$ 24,352.60	$ 11,500.00	$ -	$ 11,500.00	$ 12,852.60	$ -	$ 12,852.60
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 55,610.00**	**$ -**	**$ 55,610.00**	**$ 33,544.00**	**$ -**	**$ 33,544.00**	**$ 22,066.00**	**$ -**	**$ 22,066.00**
Indirect As A Percent of Direct		0.0%							

Date: 5/15/15

Contractor's Initials: KG

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)

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	Funded by DHHS contract share Direct Incremental	Funded by DHHS contract share Direct 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	$ 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: 5-15-15

Contractor Initials: KG

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: Kyl Gordon
Title:

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 formed December 14, 1979. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.

In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 8th day of April, A.D. 2015

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

I, Robert Pelchat, of, Coos County Family Health Services do hereby certify that:

1. I am the duly elected Board President of Coos County Family Health Services Inc.

2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Coos County Family Health Services corporation, duly held on February 19, 2015;

RESOLVED: That this corporation may enter into any and all contracts, amendments, renewals, revisions or modifications thereto, with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Public Health Services, and/or Division of Community-Based Care Services.

RESOLVED: That the President, Vice-President, Treasurer, or Chief Executive Officer is hereby authorized on behalf of this corporation to enter into said contracts with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate.

Kenneth E. Gosselin is the duly appointed Chief Executive Officer of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of May 15, 2015.

IN WITNESS WHEREOF, I have hereunto set my hand as the Board President of the corporation this 15 day of May, 2015.

Robert Pelchat

STATE OF New Hampshire
COUNTY OF Coos

The foregoing instrument was acknowledged before me this 15th day of May, 2015 by Robert Pelchat.

Linda Blanchette
Notary Public/Justice of the Peace
My Commission Expires:

LINDA BLANCHETTE, Notary Public
My Commission Expires September 18, 2018

STATE CONTRACT RESOLUTIONS:

RESOLVED: That this corporation enters into any and all contracts, amendments, renewals, revisions or modifications thereto, with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Public Health Services, and/or Division of Community-Based Care Services.

RESOLVED: That the President, Vice-President, Treasurer, or Chief Executive Officer is hereby authorized on behalf of this corporation to enter into said contracts with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/16/2014

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

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

PRODUCER	CONTACT NAME: 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
INSURER B : Philadelphia Ins Co	
INSURER C : MEMIC Indemnity Company	11030
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Coos County Family Health Services
133 Pleasant Street

Berlin NH 03570-2006

COVERAGES **CERTIFICATE NUMBER:** 14-15 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 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 [X] LOC			PHPK1197781	7/1/2014	7/1/2015	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			PHPK1197781	7/1/2014	7/1/2015	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
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			PHUB465302	7/1/2014	7/1/2015	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000
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		3102802240 (3a.) NH All officers included	7/1/2014	7/1/2015	[X] 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
B	Employee Dishonesty			PHSD944097	7/1/2014	7/1/2015	Limit	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
State of NH Department of Health & Human Services is included as additional insured with respects to the CGL as per written contract. Refer to policy for exclusionary endorsements and special provisions.

CERTIFICATE HOLDER

NH Department of Health & Human Services
29 Hazen Drive
Concord, NH 03301-6504

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Dwayne Davis/JSC

133 Pleasant Street, Berlin, NH 03570 603-752-2040 Donations

About Us

Our Mission

Coos County Family Health Services is a nonprofit community based organization providing innovative, personalized comprehensive health care and social services of the highest quality to everyone, regardless of economic status.

Primary Care Services

Coos County Family Health Services has provided comprehensive office-based primary care services for more than 10 years. These services include health care provided by NH licensed MDs, Nurse Practitioners (NP), Physician Assistants (PA), including diagnosis and treatment of acute and chronic illnesses, preventive services, screening, and health education according to evidence-based guidelines, assessment of need for social and nutrition services, and appropriate referrals to health and behavioral health specialty providers.

In addition to Primary Care, special programs offered by CCFHS include Family Planning, Sexual Transmitted Diseases (STD) Clinic Services, HIV Counseling and Testing; School-based Oral Health, Neuromotor Disabilities Clinics, WIC Nutrition Services, Infant Massage, and RESPONSE to Sexual and Domestic Violence.

Link to our Annual report

COOS COUNTY FAMILY 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
Coos County Family Health Services, Inc.
Berlin, New Hampshire

We have audited the accompanying financial statements of Coos County Family Health Services, Inc. which comprise the balance sheets as of June 30, 2014 and 2013, 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 accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free 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 Coos County Family 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 is 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 is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 11, 2014, on our consideration of the Association'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
December 11, 2014

COOS COUNTY FAMILY HEALTH SERVICES, INC.

BALANCE SHEETS

JUNE 30, 2014 AND 2013

ASSETS

	2014	2013
Current Assets:		
Cash and cash equivalents	$ 371,527	$ 310,353
Patient accounts receivable, net of allowances of for uncollectible accounts of $218,000 and $195,000 at June 30, 2014 and 2013, respectively	978,555	435,123
Grants receivable	143,394	242,150
Due from third party payers	40,105	31,737
Prepaid expenses	91,036	102,267
Total Current Assets	1,624,617	1,121,630
Assets Limited As To Use	651,351	625,069
Beneficial Interest In Perpetual Trust Held By Others	19,973	18,274
Property And Equipment, Net	2,619,138	2,100,494
TOTAL ASSETS	$ 4,915,079	$ 3,865,467

LIABILITIES AND NET ASSETS

Current Liabilities:		
Accounts payable and accrued expenses	$ 257,195	$ 83,220
Accrued payroll and related expenses	700,765	680,503
Due to third party payers	-	21,057
Deferred revenue	26,724	60,282
Current maturities of long-term debt	59,139	79,892
Total Current Liabilities	1,043,823	924,954
Long-term Debt, Less Current Maturities	715,850	902,002
Total Liabilities	1,759,673	1,826,956
Net Assets:		
Unrestricted	2,392,640	1,153,541
Temporarily restricted	740,809	864,280
Permanently restricted	21,957	20,690
Total Net Assets	3,155,406	2,038,511
TOTAL LIABILITIES AND NET ASSETS	$ 4,915,079	$ 3,865,467

(See accompanying notes to these financial statements)

COOS COUNTY FAMILY HEALTH SERVICES, INC.

STATEMENTS OF OPERATIONS

FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014	2013
Operating Revenue:		
Patient service revenue	$ 7,524,240	$ 5,817,776
Provision for bad debts	(272,094)	(269,804)
Net patient service revenue	7,252,146	5,547,972
Grants, contracts, and contributions	2,750,768	2,712,601
Other operating revenue	521,180	466,133
Interest income	3,008	3,134
Net assets released from restrictions for operations	278,480	219,146
Total Operating Revenue	10,805,582	8,948,986
Operating Expenses:		
Salaries and benefits	7,210,447	6,688,068
Other operating expenses	2,487,345	1,707,879
Depreciation	235,073	227,921
Interest expense	33,618	42,629
Total Operating Expenses	9,966,483	8,666,497
EXCESS OF REVENUE OVER EXPENSES	839,099	282,489
Grant Received For Capital Acquisition	400,000	-
INCREASE IN UNRESTRICTED NET ASSETS	$ 1,239,099	$ 282,489

(See accompanying notes to these financial statements)

COOS COUNTY FAMILY HEALTH SERVICES, INC.

STATEMENTS OF CHANGES IN NET ASSETS

FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014	2013
Unrestricted Net Assets:		
Excess of revenue over expenses	$ 839,099	$ 282,489
Grant received for capital acquisition	400,000	-
Increase in Unrestricted Net Assets	1,239,099	282,489
Temporarily Restricted Net Assets:		
Grants, contracts, and contributions	153,310	47,035
Net assets released from restrictions for operations	(278,480)	(219,146)
Capital appreciation on endowment funds	-	530
Change in fair value of beneficial interest in perpetual trust held by others	1,699	274
Decrease in Temporarily Restricted Net Assets	(123,471)	(171,307)
Permanently Restricted Net Assets:		
Contributions	1,267	2,113
Increase in Permanently Restricted Net Assets	1,267	2,113
Change in Net Assets	1,116,895	113,295
Net Assets, Beginning Of Year	2,038,511	1,925,216
NET ASSETS, END OF YEAR	$ 3,155,406	$ 2,038,511

(See accompanying notes to these financial statements)

COOS COUNTY FAMILY 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	$ 1,116,895	$ 113,295
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities		
Bad debt expense	272,094	269,804
Depreciation	235,073	227,921
Grant received for capital acquisition	(400,000)	-
Restricted grants, contracts, and contributions	(154,577)	(49,148)
Capital appreciation on endowment funds	-	(530)
Change in fair value of beneficial interest in perpetual trust held by others	(1,699)	(274)
(Increase) decrease in the following assets:		
Patient accounts receivable	(815,526)	(328,193)
Grants receivable	98,756	5,397
Due from third party payers	(8,368)	9,263
Prepaid expenses	11,231	(39,682)
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	173,975	19,743
Accrued payroll and related expenses	20,262	27,221
Due to third party payers	(21,057)	21,057
Deferred revenue	(33,558)	(733,552)
Net Cash Provided (Used) by Operating Activities	493,501	(457,678)
Cash Flows From Investing Activities		
Decrease in assets limited as to use	128,295	57,351
Increase in beneficial interest in perpetual trust held by others	-	(18,000)
Capital acquisitions	(753,717)	(91,489)
Net Cash Used by Investing Activities	(625,422)	(52,138)
Cash Flows From Financing Activities		
Grant received for capital acquisition	400,000	-
Proceeds from issuance of long-term debt	179,000	-
Payments on long-term debt	(385,905)	(85,369)
Net Cash Provided (Used) by Financing Activities	193,095	(85,369)

COOS COUNTY FAMILY HEALTH SERVICES, INC.
STATEMENTS OF CASH FLOWS (CONTINUED)
FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014	2013
Net Increase (Decrease) in Cash and Cash Equivalents	61,174	(595,185)
Cash and Cash Equivalents, Beginning of Year	310,353	905,538
CASH AND CASH EQUIVALENTS, END OF YEAR	$ 371,527	$ 310,353
Supplemental Disclosures of Cash Flow Information:		
Cash paid for interest	$ 33,618	$ 42,629

(See accompanying notes to these financial statements)

COOS COUNTY FAMILY HEALTH SERVICES, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2014 AND 2013

NOTE 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.

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 Agency 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 under trust agreements or with third-party payers.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Accounts Receivable

Accounts receivable 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 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 doubtful accounts.

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

	2014	2013
Balance, beginning of year	$ 195,000	$ 187,000
Provision for bad debts	272,094	269,804
Write-offs	(249,094)	(261,804)
Balance, end of year	$ 218,000	$ 195,000

The increase in the allowance for uncollectible accounts is primarily related to the increase in patient accounts receivable balances.

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 and assets designated by the board of directors and donor restricted grants and contributions.

Beneficial Interest in Perpetual Trusts Held by Others

During 2013, the Organization became a beneficiary of an agency endowment fund at The New Hampshire Charitable Foundation, "the Foundation", by transferring $18,000 of endowment assets to be held and administered by the Foundation for the benefit of the Organization. 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 temporarily restricted net assets.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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 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 contributions and grants for capital acquisitions received prior to July 1, 2013 are released from restriction over the life of the related asset acquired in accordance with the reporting of related asset's depreciation expense. Restricted contributions and grants released are reported as unrestricted revenue and support.

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.

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 Administrative Contractor through June 30, 2012.

- 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, discounts from established charges and capitated arrangements for primary care services on a per member, per month basis.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Patient Service Revenue (Continued)

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 patient service revenues by approximately $15,000 and $103,000 for the years ended June 30, 2014 and 2013, respectively.

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 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 incurred related to the program are included in other operating expenses.

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 $102,510 and $92,187 for the years ended June 30, 2014 and 2013, respectively. The Response Program also receives donated supplies to be used for program activities. The fair value of supplies recognized as revenues was $5,122 and $3,606 for the years ended June 30, 2014 and 2013, respectively.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Donated Goods and Services (Continued)

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.

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 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 within the same year as received are reflected as unrestricted contributions in the accompanying financial statements.

Excess of Revenue Over Expenses

The statement of operations includes 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).

NOTE 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 trusts consisted of the following at June 30, 2014 and 2013:

	2014	2013
Board designated:		
Working capital (Federal 330 monies)	$ 507,870	$ 505,025
United States Department of Agriculture		
Rural Development loan agreements	29,640	36,589
Donor restricted:		
Temporarily	111,857	81,039
Permanently	21,957	20,690
Total	$ 671,324	$ 643,343

NOTE 2 ASSETS LIMITED AS TO USE AND BENEFICIAL INTEREST IN PERPETUAL TRUST HELD BY OTHERS (CONTINUED)

	2014	2013
Assets limited as to use	$ 651,351	$ 625,069
Beneficial interest in perpetual trust held by others	19,973	18,274
Total	$ 671,324	$ 643,343

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

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.

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	$ 18,274	$ -
Contributions	-	18,000
Change in fair value	2,527	1,069
Distributions	(706)	(703)
Fees	(122)	(92)
Balance, end of year	$ 19,973	$ 18,274

NOTE 3 PROPERTY AND EQUIPMENT

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

	2014	2013
Land and improvements	$ 153,257	$ 153,257
Building and leasehold improvements	3,176,922	2,603,291
Furniture and equipment	1,752,474	1,572,389
Total Cost	5,082,653	4,328,937
Less accumulated depreciation	2,463,515	2,228,443
Property And Equipment, Net	$ 2,619,138	$ 2,100,494

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 and HRSA.

NOTE 4 LINE OF CREDIT

The Organization has a $500,000 line of credit with a local banking institution through December 2014. The line of credit is secured by all assets. The interest rate at June 30, 2014 was 4.75% (Prime plus 1.5%). 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, 2014 and 2013, respectively.

NOTE 5 LONG-TERM DEBT

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

	2014	2013
Note payable, Rural Economic and Community Development, payable in monthly installments of $1,285, including interest at 3.375%, due May 2042, secured by real estate.	$ 277,878	$ 283,846
Note payable, Rural Economic and Community Development, payable in monthly installments of $2,741, including interest at 4.5%, due November 2028, secured by all business assets.	347,376	364,127
Note payable, New Hampshire Health and Education Facilities Authority (NH HEFA), payable in monthly installments of $3,060 including interest at 1.00%, due August 2018, secured by real estate.	149,735	-
Note payable, Citizens Bank, payable in variable monthly installments of $4,723 plus interest, 3.25% as of June 30, 2014, due February 2018, secured by real estate. The note was paid in full in May 2014	-	209,722
Note payable, Rural Economic and Community Development, payable in monthly installments of $2,268, including interest at 6.125%, due November 2018, secured by real estate. The note was refinanced by the NH HEFA loan in August 2013.	-	124,199
Total long-term debt	774,989	981,894
Less current maturities	59,139	79,892
Long-term Debt Excluding Current Maturities	$ 715,850	$ 902,002

NOTE 5 LONG-TERM DEBT (CONTINUED)

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

Year Ending June 30,	Long-term Debt
2015	$ 59,139
2016	60,514
2017	61,937
2018	63,411
2019	34,170
Thereafter	495,818
Total	$ 774,989

NOTE 6 TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily and permanently restricted net assets consisted of the following at June 30, 2014 and 2013:

	2014	2013
Temporarily restricted:		
Specific purpose	$ 109,884	$ 79,703
Expended capital improvements	628,952	783,241
Endowment earnings	1,973	1,336
Total	$ 740,809	$ 864,280
Permanently restricted:		
Endowment	$ 21,957	$ 20,690

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.

NOTE 7 ENDOWMENTS (CONTINUED)

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:

	Temporarily Restricted	Permanently Restricted
Balance June 30, 2012	$ 530	$ 18,577
Contributions	-	2,113
Investment income, net of fees	532	-
Change in fair value of beneficial interest in perpetual trust held by others	274	-
Balance June 30, 2013	1,336	20,690
Contributions	-	1,267
Appropriation of endowment assets for expenditures	(1,062)	-
Change in fair value of beneficial interest in perpetual trust held by others	1,699	-
Balance June 30, 2014	$ 1,973	$ 21,957

Endowment assets consist of cash and cash equivalents and a beneficial interest in perpetual trust held by others. Endowment interest income earned is spent at the discretion of the Organization's Board of Directors.

NOTE 8 PATIENT SERVICE REVENUE

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

	2014	2013
Medical patient service revenue	$ 5,729,532	$ 5,817,776
340B pharmacy revenue	1,794,708	-
Total Patient Service Revenue	$ 7,524,240	$ 5,817,776

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 $353,281 and $401,411 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	$ 8,751,900	$ 7,532,513
Administrative and general	1,214,583	1,133,984
Total	$ 9,966,483	$ 8,666,497

NOTE 10 MALPRACTICE INSURANCE

The Organization is protected from medical malpractice risk as a 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 gap 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 RETIREMENT PLAN

The Organization has a defined contribution plan under Internal Revenue Code Section 401(k) that cover substantially all employees. The Organization contributed $160,026 and $145,048 to the plan for the years ended June 30, 2014 and 2013, 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.

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 medical patient service revenue receivables from patients and third-party payers at June 30, 2014 follows:

Medicare	32%
Medicaid	13%
Anthem Blue Cross	17%
Other	38%
Total	100%

NOTE 13 PATIENT ASSISTANCE PROGRAMS

The Organization acts as a conduit for pharmaceutical company patient assistance programs. The Organization provides assistance to patients in applying 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, 2014 and 2013 was $2,914,948 and $2,754,348, respectively.

NOTE 14 SUBSEQUENT EVENTS

For financial reporting purposes, subsequent events have been evaluated by management through December 11, 2014, which is the date the financial statements were available to be issued.

COOS COUNTY FAMILY 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			
Consolidated Health Centers	93.224		$ 1,442,547
Affordable Care Act (ACA) Grants for Capital Development in Health Centers	93.526		400,000
Total Health Center Cluster			1,842,547
Pass-through programs from:			
State of New Hampshire Department of Health and Human Services			
Primary Care	93.994	102-500731/90080000	16,263
Neuromotor Disabilities Clinical Program	93.994	561-500911/93001000	6,305
Total Maternal and Child Health Services			22,568
State of New Hampshire Department of Health and Human Services			
Family Planning	93.217	102-500734/90080203	32,014
Breast and Cervical Cancer Prevention	93.283	102-500731/90080081	28,584
Family Planning - TANF	93.558	502-500891/45130203	12,361
Oral Health	93.991	102-500731/90072003	43,359
New Hampshire Coalition Against Domestic and Sexual Violence:			
Statewide Program to Improve Response to Domestic Violence	93.671		60,433
Total Pass-through Programs			199,319
Total U.S. Department of Health and Human Services			2,041,866

The accompanying notes are an integral part of this schedule.

COOS COUNTY FAMILY HEALTH SERVICES, INC.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (CONTINUED)

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 Justice:			
Direct programs:			
Transitional Housing Assistance Grants for Victims of Domestic Violence, Dating Violence, Stalking or Sexual Assault	16.736		32,915
Pass-through programs from:			
New Hampshire Coalition Against Domestic and Sexual Violence :			
Sexual Assault Services Program	16.017		12,467
Victims of Crime Act	16.575		172,945
Total U.S. Department of Justice			218,327
Total Federal Awards, All Programs			$ 2,260,193

The accompanying notes are an integral part of this schedule.

COOS COUNTY FAMILY 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 Coos County Family 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.

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 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
Coos County Family Health Services, Inc.
Berlin, 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 Coos County Family Health Services, Inc. which comprise the balance sheets as of June 30, 2014 , 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, and have issued our report thereon dated December 11, 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
December 11, 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
Coos County Family Health Services, Inc.
Berlin, New Hampshire

Report on Compliance for Each Major Federal Program

We have audited Coos County Family Health Services, Inc. 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
December 11, 2014

COOS COUNTY FAMILY HEALTH SERVICES, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

FOR THE YEAR ENDED JUNE 30, 2014

Section I - Summary of Auditor's Results

A. Financial Statements

1. Type of auditor's report issued	Unmodified
2. Internal control over financial reporting:	
• Material weakness(es) identified?	No
• Significant deficiency(s) 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 deficiency(s) 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	
Consolidated Health Centers	93.224
Affordable Care Act (ACA) Grants for Capital Development in Health Centers	93.526

D. Dollar threshold used to distinguish between Type A and Type B programs	$300,000
E. Auditee qualified as low-risk auditee?	Yes

COOS COUNTY FAMILY 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.

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.

Certificate of Liability Insurance Coverage

Our insurance renewal date is July 1. We will send a copy of the renewal form as soon as we receive it.

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/Vision Statement)
Board Approved 1/15/15

COOS COUNTY FAMILY HEALTH SERVICES, INC.
54 WILLOW STREET – BERLIN, NH 03570
752-3669

BOARD OF DIRECTORS

Robert Pelchat, 2017 (5th)
****PRESIDENT****
Chair, Executive Committee
[redacted]

H. Guyford Stever, Jr., 2016 (2nd)
[redacted]

Joan Merrill, 2016 (2nd)
****VICE-PRESIDENT****
[redacted]

Linda Sjostrom, 2015 (1st)
[redacted]

Aline Boucher, 2017 (3rd)
****TREASURER****
[redacted]

Andrea Gagne, 2016 (1st)
[redacted]

Charles Greenhalgh, 2017 (1st)
[redacted]

Jeffrey D. Smith, 2015 (1st)
****SECRETARY****
Financial Services Manager
[redacted]

Roland Olivier, 2017 (1st)
[redacted]

Christie Nelson, PsyD, 2017 (1st)
[redacted]

Marge McClellan, 2017 (5th)
[redacted]

David Morin, 2017 (1st)
[redacted]

Åsa Brosnan, 2015 (4th)
[redacted]

Robert Thompson
[redacted]

(Board List) 4/15

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	130,000.00	0.000%	$ -
Patricia Couture	COO	105,000.00	9.905%	$ 10,400.00
Melissa Frenette	CFO	100,000.00	0.000%	$ -
William Gessner	CMO	120,000.00	0.000%	$ -

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 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
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: ADW
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: adw
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: _____
Date: 3/6/14

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 4000 users annually with 12,000 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 155 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.

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: Coos County Family Health Services, Inc.

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

Budget Period: SFY 2014

1. Total Salary/Wages	$ 18,309.00	$ -	$ 18,309.00
2. Employee Benefits	$ 6,042.00	$ -	$ 6,042.00
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	**$ 24,351.00**	**$ -**	**$ 24,351.00**

Indirect As A Percent of Direct 0.0%

Contractor Initials: adw

Date: 3/6/14

Exhibit B-1 (2015) -Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Coos County Family Health Services, Inc.

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

Budget Period: SFY 2015

Line Item	DHHS Funds Requested	Indirect Fixed	Total	Allocation Method for Indirect/Direct Cost
1. Total Salary/Wages	$ 99,348.00	$ -	$ 99,348.00	0
2. Employee Benefits	$ 31,792.00	$ -	$ 31,792.00	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	$ 28,545.00	$ -	$ 28,545.00	0
13. Other (specific details mandatory):	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0		$ -	$ -	0
0		$ -	$ -	0
0	$ -	$ -	$ -	0
TOTAL	**$ 159,685.00**	**$ -**	**$ 159,685.00**	0

Indirect As A Percent of Direct 0.0%

Contractor Initials: adw

Date: 3/6/14

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 1, 2012

APPROVED F/C
DATE
APPROVED G&C #130
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 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

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:

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: Coos County Family Health Services, Inc.

ADDRESS: 54 Willow Street
Berlin, New Hampshire 03570
Chief Executive Officer: Adele Woods
TELEPHONE: 603-752-3669

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.

B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 4,000 users annually with 12,000 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 175 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: [signature]
Date 2/26/12

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: [illegible]

Date 3/26/12

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 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.*

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.

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: **Coos County Family Health Services, Inc.**

ADDRESS: **54 Willow Street**
Berlin, New Hampshire 03570
Chief Executive Officer: **Adele Woods**
TELEPHONE: **603-752-3669**

Vendor #155327-B001	Job #90080000	Appropriation #010-090-51900000-102-500731
	#90073001	#010-090-51490000-102-500731
	#90080081	#010-090-56590000-102-500731

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:

$163,038 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.

$60,068 for Breast and Cervical Cancer Screening, funded from 100% federal funds from the Center for Disease Control (CFDA #93.283).

TOTAL: $243,106

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: AMC
Date 3/20/12

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;

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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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Date: 3/26/12

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

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: AW
Date: 2/26/12

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: AW
Date: 3/26/12

(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.

Coos County Family 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**

Adele Woods Chief Executive Officer

Name and Title of Authorized Contractor Representative

Adele Woods 3/26/12

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.

Adele Woods — Chief Executive Officer

Contractor Signature — **Contractor's Representative Title**

Coos County Family Health Services, Inc. — 3/26/12

Contractor Name — **Date**

NH Department of Health and Human Services

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: _____
Date: 3/22/19

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.

Adele Woods — Chief Executive Officer

Contractor Signature — **Contractor's Representative Title**

Coos County Family Health Services, Inc. — 3/26/12

Contractor Name — **Date**

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.

Adele Woods — Chief Executive Officer

Contractor Signature — **Contractor's Representative Title**

Coos County Family Health Services, Inc. — 3/26/12

Contractor Name — **Date**

Budget Form

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

Bidder/Program Name: Coos County Family Health Services, Inc.

Budget Request for: Primary Care Services-PC
(Name of RFP)

Budget Period: July 1, 2012 - June 30, 2013

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 60,800.00	$ -	$ 60,800.00	
2. Employee Benefits	$ 18,239.00	$ -	$ 18,239.00	
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	$ 12,480.00	$ -	$ 12,480.00	
13. Other (specific details mandatory):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 91,519.00	$ -	$ 91,519.00	

Indirect As A Percent of Direct 0.0%

DMG

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 Services-PC
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 60,800.00	$ -	$ 60,800.00	
2. Employee Benefits	$ 18,239.00	$ -	$ 18,239.00	
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	$ 12,480.00	$ -	$ 12,480.00	
13. Other (specific details mandatory):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 91,519.00	$ -	$ 91,519.00	

Indirect As A Percent of Direct 0.0%

PMY

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 Services-BCCP
(Name of RFP)

Budget Period: July 1, 2012 - June 30, 2013

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 9,155.00	$ -	$ 9,155.00	
2. Employee Benefits	$ 2,746.00	$ -	$ 2,746.00	
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	$ 18,133.00	$ -	$ 18,133.00	
13. Other (specific details mandatory):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 30,034.00	$ -	$ 30,034.00	

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: Coos County Family Health Services, Inc.

Budget Request for: Primary Care Services-BCCP
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 9,155.00	$ -	$ 9,155.00	
2. Employee Benefits	$ 2,746.00	$ -	$ 2,746.00	
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	$ 18,133.00	$ -	$ 18,133.00	
13. Other (specific details mandatory):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	**$ 30,034.00**	**$ -**	**$ 30,034.00**	

Indirect As A Percent of Direct 0.0%

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

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: 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:

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: [illegible]

Date 5/13/15

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

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.

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: Families First of the Greater Seacoast

Budget Request for: Primary Care MCH-RHPC

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

3/5/2015

	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	$ 1,541,052	$ -	$ 1,541,052	$ 1,344,953	$ -	$ 1,344,953	$ 196,099	$ -	$ 196,099
2. Employee Benefits	$ 261,208	$ -	$ 261,208	$ 261,208	$ -	$ 261,208	$ -	$ -	$ -
3. Consultants	$ 7,560	$ -	$ 7,560	$ 7,560	$ -	$ 7,560	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ 13,797	$ -	$ 13,797	$ 13,797	$ -	$ 13,797	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Minor Equipment Purchases	$ 4,944	$ -	$ 4,944	$ 4,944	$ -	$ 4,944	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ 500	$ -	$ 500	$ 500	$ -	$ 500	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ 33,700	$ -	$ 33,700	$ 33,700	$ -	$ 33,700	$ -	$ -	$ -
Office	$ 25,383	$ -	$ 25,383	$ 25,383	$ -	$ 25,383	$ -	$ -	$ -
6. Travel	$ 4,707	$ -	$ 4,707	$ 4,707	$ -	$ 4,707	$ -	$ -	$ -
7. Occupancy	$ 65,918	$ -	$ 65,918	$ 65,918	$ -	$ 65,918	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 6,246	$ -	$ 6,246	$ 6,246	$ -	$ 6,246	$ -	$ -	$ -
Postage	$ 12,027	$ -	$ 12,027	$ 12,027	$ -	$ 12,027	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ 13,740	$ -	$ 13,740	$ 13,740	$ -	$ 13,740	$ -	$ -	$ -
Insurance	$ 17,345	$ -	$ 17,345	$ 17,345	$ -	$ 17,345	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ 15,000	$ -	$ 15,000	$ 15,000	$ -	$ 15,000	$ -	$ -	$ -
11. Staff Education and Training	$ 6,500	$ -	$ 6,500	$ 6,500	$ -	$ 6,500	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
a. Computer Operations	$ 47,554	$ -	$ 47,554	$ 47,554	$ -	$ 47,554	$ -	$ -	$ -
b. CHAN Membership	$ 10,224	$ -	$ 10,224	$ 10,224	$ -	$ 10,224	$ -	$ -	$ -
c. Bank Fees/Interest	$ 6,855	$ -	$ 6,855	$ 6,855	$ -	$ 6,855	$ -	$ -	$ -
d. Dues/Memberships/Licenses	$ 9,652	$ -	$ 9,652	$ 9,652	$ -	$ 9,652	$ -	$ -	$ -
e. Bad Debts	$ 29,900	$ -	$ 29,900	$ 29,900	$ -	$ 29,900	$ -	$ -	$ -
f. OB/GYN Services/Prenatal Clinics	$ 103,202	$ -	$ 103,202	$ 103,202	$ -	$ 103,202	$ -	$ -	$ -
g. Program/Department Expenses	$ 67,276	$ -	$ 67,276	$ 67,276	$ -	$ 67,276	$ -	$ -	$ -
h. Miscellaneous Expenses	$ 4,292	$ -	$ 4,292	$ 4,292	$ -	$ 4,292	$ -	$ -	$ -
i. Indirect Costs @ 10% of Direct Expenses	$ -	$ 230,858	$ 230,858	$ -	$ 230,858	$ 230,858	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 2,308,582**	**$ 230,858**	**$ 2,539,441**	**$ 2,112,483**	**$ 230,858**	**$ 2,343,342**	**$ 196,099**	**$ -**	**$ 196,099**
Indirect As A Percent of Direct		10.0%							

Date: 5/13/15

Contractor Initials: 5/13/15

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: Families First of the Greater Seacoast

Budget Request for: Primary Care - BCCP

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

3/5/2015

	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	$ 24,791	$ -	$ 24,791	$ 4,652	$ -	$ 4,652	$ 20,139	$ -	$ 20,139
2. Employee Benefits	$ 2,727	$ -	$ 2,727	$ 1,690	$ -	$ 1,690	$ 1,037	$ -	$ 1,037
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ 1,500	$ -	$ 1,500	$ 1,500	$ -	$ 1,500	$ -	$ -	$ -
Office	$ 150	$ -	$ 150	$ 150	$ -	$ 150	$ -	$ -	$ -
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	$ 14,058	$ -	$ 14,058	$ -	$ -	$ -	$ 14,058	$ -	$ 14,058
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 43,226**	**$ -**	**$ 43,226**	**$ 7,992**	**$ -**	**$ 7,992**	**$ 35,234**	**$ -**	**$ 35,234**
Indirect As A Percent of Direct		0.0%							

Date: 6/13/15

Contractor's Initials: [illegible]

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 4/15/2015)

4/15/2015

	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	$ 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
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 45,268**	**$ -**	**$ 45,268**	**$ 1,768**	**$ -**	**$ 1,768**	**$ 43,500**	**$ -**	**$ 43,500**
Indirect As A Percent of Direct		0.0%							

Contractor Initials: LRT

Date: 5/13/15

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: Families First of the Greater Seacoast

Budget Request for: Primary Care MCH-RHPC

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

3/8/2015

	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	$ 1,561,367	$ -	$ 1,561,367	$ 1,365,268	$ -	$ 1,365,268	$ 196,099	$ -	$ 196,099
2. Employee Benefits	$ 264,652	$ -	$ 264,652	$ 264,652	$ -	$ 264,652	$ -	$ -	$ -
3. Consultants	$ 8,000	$ -	$ 8,000	$ 8,000	$ -	$ 8,000	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ 14,000	$ -	$ 14,000	$ 14,000	$ -	$ 14,000	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Minor Equipment Purchases	$ 5,000	$ -	$ 5,000	$ 5,000	$ -	$ 5,000	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ 750	$ -	$ 750	$ 750	$ -	$ 750	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ 34,375	$ -	$ 34,375	$ 34,375	$ -	$ 34,375	$ -	$ -	$ -
Office	$ 26,250	$ -	$ 26,250	$ 26,250	$ -	$ 26,250	$ -	$ -	$ -
6. Travel	$ 5,000	$ -	$ 5,000	$ 5,000	$ -	$ 5,000	$ -	$ -	$ -
7. Occupancy	$ 73,828	$ -	$ 73,828	$ 73,828	$ -	$ 73,828	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 6,325	$ -	$ 6,325	$ 6,325	$ -	$ 6,325	$ -	$ -	$ -
Postage	$ 12,268	$ -	$ 12,268	$ 12,268	$ -	$ 12,268	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ 13,740	$ -	$ 13,740	$ 13,740	$ -	$ 13,740	$ -	$ -	$ -
Insurance	$ 19,080	$ -	$ 19,080	$ 19,080	$ -	$ 19,080	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ 16,500	$ -	$ 16,500	$ 16,500	$ -	$ 16,500	$ -	$ -	$ -
11. Staff Education and Training	$ 6,500	$ -	$ 6,500	$ 6,500	$ -	$ 6,500	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
a. Computer Operations	$ 52,309	$ -	$ 52,309	$ 52,309	$ -	$ 52,309	$ -	$ -	$ -
b. CHAN Membership	$ 10,224	$ -	$ 10,224	$ 10,224	$ -	$ 10,224	$ -	$ -	$ -
c. Bank Fees/Interest	$ 7,500	$ -	$ 7,500	$ 7,500	$ -	$ 7,500	$ -	$ -	$ -
d. Dues/Memberships/Licenses	$ 9,750	$ -	$ 9,750	$ 9,750	$ -	$ 9,750	$ -	$ -	$ -
e. Bad Debts	$ 30,000	$ -	$ 30,000	$ 30,000	$ -	$ 30,000	$ -	$ -	$ -
f. OB/GYN Services/Prenatal Clinics	$ 105,000	$ -	$ 105,000	$ 105,000	$ -	$ 105,000	$ -	$ -	$ -
g. Program/Department Expenses	$ 67,500	$ -	$ 67,500	$ 67,500	$ -	$ 67,500	$ -	$ -	$ -
h. Miscellaneous Expenses	$ 4,300	$ -	$ 4,300	$ 4,300	$ -	$ 4,300	$ -	$ -	$ -
i. Indirect Costs @ 10% of Direct Expenses	$ -	$ 235,422	$ 235,422	$ -	$ 235,422	$ 235,422	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 2,354,217**	**$ 235,422**	**$ 2,589,639**	**$ 2,158,118**	**$ 235,422**	**$ 2,393,540**	**$ 196,099**	**$ -**	**$ 196,099**
Indirect As A Percent of Direct		10.0%							

Date: 5/13/15

Contractor Initials: HRF

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: Families First of the Greater Seacoast

Budget Request for: Primary Care - BCCP

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

3/5/2015

	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	$ 25,287	$ -	$ 25,287	$ 4,745	$ -	$ 4,745	$ 20,542	$ -	$ 20,542
2. Employee Benefits	$ 2,782	$ -	$ 2,782	$ 2,148	$ -	$ 2,148	$ 634	$ -	$ 634
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ 1,530	$ -	$ 1,530	$ 1,530	$ -	$ 1,530	$ -	$ -	$ -
Office	$ 200	$ -	$ 200	$ 200	$ -	$ 200	$ -	$ -	$ -
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	$ 14,058	$ -	$ 14,058	$ -	$ -	$ -	$ 14,058	$ -	$ 14,058
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 43,857**	**$ -**	**$ 43,857**	**$ 8,623**	**$ -**	**$ 8,623**	**$ 35,234**	**$ -**	**$ 35,234**
Indirect As A Percent of Direct		0.0%							

Date: 5/14/15

Contractor Initials: [illegible]

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

	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	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 125**	**$ -**	**$ 125**	**$ -**	**$ -**	**$ -**	**$ 125**	**$ -**	**$ 125**

Indirect As A Percent of Direct 0.0%

Contractor Initials: LHJT

Date: 5/12/15

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:

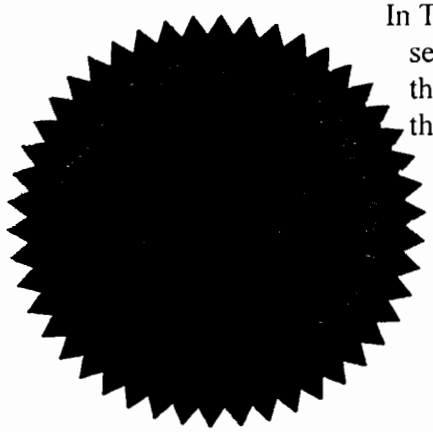
5/13/15
Date

Helen B Taft
Name: Helen B Taft
Title: Executive Director

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that FAMILIES FIRST OF THE GREATER SEACOAST is a New Hampshire nonprofit corporation formed August 28, 1986. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 1st day of April A.D. 2015

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 5/13/15:
(Date)

RESOLVED: That the Executive Dircetor
(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 13 day of May, 2015.
(Date Contract Signed)

4. Helen B. Taft is the duly elected Executive Director
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

Linda Sanborn
(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE

County of Rockingham

The forgoing instrument was acknowledged before me this 13 day of May, 2015.

By Linda Sanborn.
(Name of Elected Officer of the Agency)

Suzanne Coombs
(Notary Public/~~Justice of the Peace~~)

(NOTARY SEAL)

Commission Expires: 12/19/18

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/21/2015

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
Tobey & Merrill Insurance
20 High Street

Hampton NH 03842-2214

CONTACT NAME: Edward Jackson
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:	
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:** CL1512103505 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			BOP8358757	12/29/2014	12/29/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 50,000 $ 5,000 $ 2,000,000 $ 4,000,000 $ 4,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			BA5375202	12/29/2014	12/29/2015	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	12/29/2014	12/29/2015	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
B	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		WC5055429	12/29/2014	12/29/2015	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

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

CERTIFICATE HOLDER

DHHS
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

Dean Merrill CIC/LSA

Families First

support for families...health care for all

Mission Statement

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

Vision Statement

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

Guiding Principles

Families First will:

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

Families First Board of Directors 2014-2015

	First	Name	Board Position
1	Linda	Sanborn	Chair
2	Tom	Newbold	Vice Chair
3	Kristen	Hanley	Secretary
4	Mike	Burke	Treasurer
5	Karin	Barndollar	
6	Marsha	Filion	
7	Barbara	Henry	
8	Jack	Jamison	
9	Sarah	Knowlton	
10	Josephine	Lamprey	
11	Patricia	Locuratolo, MD	
12	Kathleen	MacLeod	
13	Ronda	MacLeod	
14	David	McNicholas	
15	John	Pelletier	
16	Donna	Ryan	
17	Mary	Schleyer	
18	Dan	Schwarz	
19	Peter	Whitman	

Families First
of the Greater Seacoast

Financial Report

June 30, 2014

CONTENTS

MACPAGE

Independent Auditors' Report

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

Report on the Financial Statements

We have audited the accompanying financial statements of Families First of the Greater Seacoast (a nonprofit organization) which comprise the statements of financial position as of June 30, 2014 and 2013, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

To the Board of Directors
Families First of the Greater Seacoast

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Families First of the Greater Seacoast as of June 30, 2014 and 2013, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Macpage LLC

South Portland, Maine
December 9, 2014

Statements of Financial Position

June 30,

	2014	2013
ASSETS		
Current Assets		
Cash (note 2)	$ 172,728	$ 74,547
Cash, fiscal agent (note 9)	195	195
Grants receivable (note 3)	117,416	67,300
Accounts receivable, (notes 1 and 4)	175,066	131,560
Current portion of pledges receivable (notes 1 and 5)	237,990	336,748
Other receivables (note 6)	2,776	26,620
Prepaid expenses	31,035	15,133
Total Current Assets	737,206	652,103
Cash, restricted for capital purposes	227,720	
Pledges Receivable, net of current portion (notes 1 and 5)	370,000	
Property and Equipment, Net (notes 1 and 7)	282,850	247,992
Investments		
Endowment (notes 8 and 19)	1,537,015	1,392,530
Board designated	780	66,360
Total Investments	1,537,795	1,458,890
Total Assets	$ 3,155,571	$ 2,358,985
LIABILITIES AND NET ASSETS		
Current Liabilities		
Line of credit	$ 243,849	
Accounts payable	116,956	$ 85,519
Accrued expenses	312,264	287,904
Amount due, fiscal agent (note 9)	195	195
Deferred revenue	11,780	24,476
Total Current Liabilities	685,044	398,094
Net Assets		
Unrestricted	(7,062)	177,628
Temporarily restricted (notes 8 and 12)	1,276,902	583,076
Permanently restricted (notes 8 and 13)	1,200,687	1,200,187
Total Net Assets	2,470,527	1,960,891
Total Liabilities and Net Assets	$ 3,155,571	$ 2,358,985

Statements of Activities

Year Ended June 30, 2014

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
PUBLIC SUPPORT AND REVENUES:				
Public Support				
Contributions	$ 1,222,353	$ 1,672,695	$ 500	$ 2,895,548
Grants and contracts	992,590			992,590
Total public support	2,214,943	1,672,695	500	3,888,138
Revenues				
Patient service revenue (note 11)	1,623,471			1,623,471
Provision for bad debt	(37,860)			(37,860)
Net patient service revenue	1,585,611			1,585,611
Investment income - endowment (note 8)		26,990		26,990
Investment income - board designated	899			899
Gain on investments - endowment (note 8)		176,668		176,668
Gain on investments - board designated	4,545			4,545
Miscellaneous	43,752			43,752
Total revenue	1,634,807	203,658		1,838,465
Public support and revenues	3,849,750	1,876,353	500	5,726,603
Net Assets Released from Restrictions	1,182,527	(1,182,527)		
TOTAL PUBLIC SUPPORT AND REVENUES	5,032,277	693,826	500	5,726,603
EXPENSES				
Program services	4,511,400			4,511,400
Management and general	527,250			527,250
Fundraising	178,317			178,317
Total expenses	5,216,967			5,216,967
CHANGE IN NET ASSETS	(184,690)	693,826	500	509,636
NET ASSETS, BEGINNING OF YEAR	177,628	583,076	1,200,187	1,960,891
NET ASSETS, END OF YEAR	$ (7,062)	$ 1,276,902	$ 1,200,687	$ 2,470,527

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

Statements of Activities - Continued

Year Ended June 30, 2013

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

The accompanying notes are an integral part of these financial statements

Statements of Cash Flows

Years ended June 30,

	2014	2013
Cash flows from operating activities		
Change in net assets	**$ 509,636**	$ (279,859)
Adjustments to reconcile change in net assets to net cash flows from operating activities:		
Depreciation expense	**72,007**	98,920
Contribution for capital purposes	**(339,980)**	
Gain on investments	**(181,213)**	(137,454)
Provision for bad debt	**37,860**	43,860
(Increase) decrease in operating assets:		
Cash, fiscal agent		3,000
Grants receivable	**(50,116)**	(7,035)
Accounts receivable	**(81,366)**	(41,318)
Pledges receivable	**(271,242)**	(29,435)
Other receivable	**23,844**	26,378
Prepaid expenses	**(15,902)**	5,016
Increase (decrease) in operating liabilities:		
Accounts payable	**31,437**	21,602
Accrued expenses	**24,360**	63,240
Amount due, fiscal agent		(3,000)
Deferred revenue	**(12,696)**	(89,098)
Total adjustments	**(763,007)**	(45,324)
Net cash flows from operating activities	**(253,371)**	(325,183)
Cash flows from investing activities:		
Purchase of property and equipment	**(106,865)**	(10,186)
Purchase of investments	**(1,666,920)**	
Proceeds from sale of investments	**1,769,228**	8,420
Net cash flows from investing activities	**(4,557)**	(1,766)
Cash flows from financing activities:		
Net borrowings from line of credit	**243,849**	
Contribution received for capital purposes	**339,980**	
Net cash provided by financing activities	**583,829**	
Net change in cash and cash equivalents	**325,901**	(326,949)
Cash and cash equivalents at beginning of year	**74,547**	401,496
Cash and cash equivalents at end of year (includes cash restricted for capital purposes)	**$ 400,448**	$ 74,547
Supplemental disclosure of cash flow information:		
Interest paid during year	**$ 4,410**	

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

Statements of Functional Expenses

Year Ended June 30, 2014

	Health Services		
	Primary Care	Dental	Homeless
Salaries	$ 1,526,223	$ 522,216	$ 519,374
Payroll taxes/benefits	246,147	80,156	71,685
Professional fees/contract labor	129,376	16,820	57,381
Medical/laboratory costs	128,080	58,731	29,531
Physicians/dentists	108,742	36,213	51,106
Office	19,844	11,146	47,935
Miscellaneous	21,006	3,458	5,597
Travel	3,510	896	23,553
Conferences	5,648	2,702	6,706
Dues/publications	7,718	1,354	1,470
Depreciation	7,341	23,298	16,432
Rent (note 15)	62,027	11,143	5,200
Telephone	5,569	771	3,465
Postage	361	6	6
Insurance	8,500	2,362	3,979
Printing	2,864	981	908
Computer operations	53,146	19,397	21,551
Flexible funds			
Program expenses	50,589	4,742	7,369
	$ 2,386,691	$ 796,392	$ 873,248

The accompanying notes are an integral part of these financial statements

Statements of Functional Expenses - Continued

Year Ended June 30, 2014

	Family Services	Total Program	Management and General	Fundraising	Total
Salaries	$ 258,228	$ 2,826,041	$ 332,596	$ 132,576	$ 3,291,213
Payroll taxes/benefits	44,320	442,308	47,962	25,262	515,532
Professional fees/contract labor	37,225	240,802	22,479	24	263,305
Medical/laboratory costs	2	216,344			216,344
Physicians/dentists		196,061			196,061
Office	13,158	92,083	22,134	3,532	117,749
Miscellaneous	728	30,789	32,207	4,657	67,653
Travel	14,351	42,310	3,020	298	45,628
Conferences	337	15,393	548		15,941
Dues/publications	493	11,035	7,833	50	18,918
Depreciation	216	47,287	24,720		72,007
Rent (note 15)	45,437	123,806			123,806
Telephone	3,671	13,476	475		13,951
Postage	4	377	20,567	1,486	22,430
Insurance	1,500	16,341	9,404		25,745
Printing	402	5,155	592	9,040	14,787
Computer operations	9,130	103,225	2,263	377	105,865
Flexible funds	24,460	24,460			24,460
Program expenses	1,407	64,107	450	1,015	65,572
	$ 455,069	$ 4,511,400	$ 527,250	$ 178,317	$ 5,216,967

Statements of Functional Expenses

Year Ended June 30, 2013

	Health Services		
	Primary Care	Dental	Homeless
Salaries	$ 1,443,761	$ 482,291	$ 405,383
Payroll taxes/benefits	261,220	83,963	53,403
Professional fees/contract labor	127,444	17,482	62,463
Medical/laboratory costs	121,902	70,854	26,352
Physicians/dentists	170,970	28,710	33,538
Office	15,862	8,210	55,195
Miscellaneous	10,242	1,979	272
Travel	3,107	608	21,655
Conferences	10,587	924	883
Dues/publications	5,322	2,370	1,605
Depreciation	8,458	25,453	17,212
Rent (note 15)	63,613	9,424	3,534
Telephone	4,456	650	811
Postage	436	6	3
Insurance	38,883	8,058	5,665
Printing	3,274	480	405
Computer operations	58,889	14,049	14,701
Flexible funds			
Program expenses	49,054	5,949	6,361
	$ 2,397,480	$ 761,460	$ 709,441

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

Statements of Functional Expenses - Continued

Year Ended June 30, 2013

	Family Services	Total Program	Management and General	Fundraising	Total
Salaries	$ 278,483	$ 2,609,918	$ 318,984	$ 121,609	$ 3,050,511
Payroll taxes/benefits	51,340	449,926	52,532	17,925	520,383
Professional fees/contract labor	40,185	247,574	33,968		281,542
Medical/laboratory costs		219,108			219,108
Physicians/dentists		233,218			233,218
Office	14,135	93,402	20,110	2,641	116,153
Miscellaneous	505	12,998	25,577	638	39,213
Travel	14,135	39,505	2,394	316	42,215
Conferences	1,607	14,001	994	2,893	17,888
Dues/publications	380	9,677	8,556	1,065	19,298
Depreciation	436	51,559	47,361		98,920
Rent (note 15)	41,231	117,802			117,802
Telephone	3,363	9,280	766		10,046
Postage	11	456	18,126	1,138	19,720
Insurance	6,523	59,129	7,099		66,228
Printing	860	5,019	1,206	7,639	13,864
Computer operations	13,109	100,748	2,907	727	104,382
Flexible funds	25,756	25,756			25,756
Program expenses	5,125	66,489	379	1,004	67,872
	$ 497,184	$ 4,365,565	$ 540,959	$ 157,595	$ 5,064,119

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Operations

Families First of the Greater Seacoast (the Organization) was organized in 1986 to provide health care services for pregnant low income women and teenagers. Since that time, it has expanded to include comprehensive medical and family support services for all family members, including primary care, dental, well child care, substance abuse counseling, parenting education, and home visitation programs. A Board of Directors, consisting of members of the surrounding communities, directs long-term operations of the Organization, with an executive director handling day-to-day activities. The Organization is a Federally Qualified Health Center

Basis of Presentation

The financial statements of the Organization have been prepared using the accrual method of accounting in accordance with professional standards. Under these standards, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted assets, and permanently restricted net assets. Unrestricted net assets are those that are not subject to donor-imposed stipulations. Temporarily restricted net assets are those whose use by the Organization has been limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled or otherwise removed by actions of the Organization. Permanently restricted net assets are those that are subject to donor-imposed stipulations that they be maintained permanently by the Organization.

Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported 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 the estimates

Net Patient Service Revenue

Revenue is recorded at the Organization's standard charges for patient services rendered. Under the terms of agreements with Medicare, Medicaid and other third party payors, reimbursement for the care of program beneficiaries may differ from the standard charges. Differences are recorded as contractual adjustments, which are reflected as an adjustment to patient service revenue together with patient discounts. Credit is extended without collateral.

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 11).

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Grants and Contracts

The Organization receives funding from the federal Public Health Service Agency for its homeless and healthcare program under a Bureau of Primary Health Care (BPHC) grant program.

Support received under other grants and contracts with governmental agencies and private foundations is reported as revenue when terms of the agreement have been met.

Deferred Revenue

Deferred revenue represents grant and contract funds received for which grant and contract revenue has not been earned.

Contributions

Contributions, including pledges, are recognized as revenues in the period received or pledged. The Organization reports contributions of cash and other assets received with donor-imposed time or purpose restrictions as temporarily restricted support. When a donor restriction expires, i.e., when a stipulated time restriction or purpose restriction ends, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

An allowance for uncollectible pledges is provided based on historical experience and management's evaluation of outstanding pledges at the end of each year. As of June 30, 2014 and 2013, the allowance for uncollectible unconditional promises to give was $2,000, respectively.

Contributions received with donor-imposed restrictions that are met in the same year as received are reported as unrestricted revenues.

Investment Income

Income and net unrealized and realized gains or losses on investments of endowment and similar funds are reported as follows:

- as increases in temporarily restricted net assets if the terms of the gift or state law impose restrictions on the use of the income; or
- as increases in permanently restricted net assets if the terms of the gift require that they be added to the principal of a permanent endowment fund; if not, they are reported as temporarily restricted net assets; or
- as increases in unrestricted net assets in all other cases

Cash and Cash Equivalents

For the purpose of reporting cash flows, the Organization considers all unrestricted highly liquid debt instruments purchased with an initial maturity of three months or less to be cash equivalents.

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to earnings and a credit to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. At June 30, 2014 and 2013, the allowance for doubtful accounts was $51,984 and $52,289, respectively.

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 services 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 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 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.

The Organization's allowance for doubtful accounts for self-pay patients was increased from 48% of self-pay accounts receivable at June 30, 2013, to 51% of self-pay accounts receivable at June 30, 2014. In addition, the Organization's self-pay write-offs decreased $6,000 from $43,860 for fiscal year 2013 to $37,860 for fiscal year 2014. Both were the result of positive trends experienced in the collection of amounts from self-pay patients in fiscal year 2014. The Organization has not changed its charity care or uninsured discount policies during fiscal years 2014 and 2013. The Organization does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

Property and Equipment

Property and equipment are stated at cost. Depreciation is being provided by use of the straight-line method over the estimated useful lives ranging from three to thirty years.

Investments

Investments are reported at their fair values in the statements of financial position. Unrealized gains and losses are included in the change in net assets.

The Organization's investment policy and spending policy for permanently restricted and board designated investments is as follows:

Endowment Policy

- The primary investment objective for endowment funds is to preserve and protect assets by earning a total return appropriate for each account. In doing so, the Organization will consider each accounts time horizon, liquidity needs, risk tolerance, and restrictions.

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Investment Objectives

- The Finance Committee of the Board of Directors has authorized the investment advisor to invest in portfolios of equity securities, fixed income securities, and short-term (cash) investments.
- Within the fixed income portfolio, the majority of assets should be investment grade or better, with below investment grade exposure not to exceed 15%.
- Endowment funds designated for restriction by the Board of Directors will maintain a mix of 20%-40% equity securities, 10%-35% fixed income securities, and 0%-20% short-term investments. Donor restricted funds will maintain a mix of 10%-35% equity securities, 65%-80% fixed income securities, and 0%-20% short-term investments.
- The investment advisor will maintain reasonable diversification at all times. Equity positions of any one company may not exceed 5% of the portfolio, nor shall the portfolio have more than 25% of the entire portfolio in any one sector.
- The Finance Committee will meet with the investment advisor no less than annually to review performance, investment objectives, and asset allocation.

Spending Policy

- The Board of Directors has established an endowment spending policy of appropriating for distribution each year 5% of the endowment fund's average fair market value over the prior 20 quarters.

Income Taxes

The Organization qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for federal income taxes has been made. The Organization is not classified as a private foundation.

Management evaluated the Organization's tax positions and concluded that the Organization had taken no uncertain tax positions that required adjustment to the financial statements. When necessary, the Organization accounts for interest and penalties related to uncertain tax positions as part of its provision for federal and state income taxes. The Organization does not expect that unrecognized tax benefits arising from tax positions will change significantly within the next 12 months. The Organization is subject to U.S. federal and state examinations by tax authorities for years ended June 30, 2011 through June 30, 2014.

Functional Expenses

The expenses of providing the various programs and other activities have been summarized on a functional basis in the statements of functional expenses. Accordingly, expenses have been allocated among the programs and supporting services benefited. Expenses that can be identified with a specific program and support service are allocated directly. Other expenses that are common to several functions are allocated according to statistical bases.

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Fair Value Measurements

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. In determining fair value, the Organization uses various methods, including market, income and cost approaches. Based on these approaches, the Organization 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 Organization 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 Organization 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 – Quoted prices for identical assets and liabilities traded in active exchange markets, such as the New York Stock Exchange.

- Level 2 – Observable inputs other than Level 1, including quoted prices for similar assets or liabilities, quoted prices in less active markets, or other observable inputs that can be corroborated by observable market data.

- Level 3 – Unobservable inputs supported by little or no market activity for financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

  In determining the appropriate levels, the Organization performs a detailed analysis of the assets and liabilities. At each reporting period, all assets and liabilities for which the fair value measurement is based on significant unobservable inputs are classified as Level 3.

  For the years ended June 30, 2014 and 2013, the application of valuation techniques applied to similar assets and liabilities has been consistent. The following is a description of the valuation methodologies used for instruments measured at fair value:

  Investment Securities

  The fair value of investment securities is the market value based on quoted market prices, when available, or market prices provided by recognized broker dealers. If listed prices or quotes are not available, fair value is based upon externally developed models that use unobservable inputs due to the limited market activity of the instrument (see note 19).

NOTE 2 – CASH AND CASH EQUIVALENTS

The Organization maintains cash balances at two local financial institutions. These accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. The Organization has established a policy where excess cash is transferred between accounts at separate financial institutions to maintain balances within FDIC insured limits.

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 3 – GRANTS RECEIVABLE

Grants receivable as presented on the statements of financial position represent payment due on grants from state and federal agencies and other organizations and are considered fully collectible by management as of June 30, 2014 and 2013.

NOTE 4 – ACCOUNTS RECEIVABLE

The composition of accounts receivable at June 30 was as follows:

	2014	2013
Medicaid	$ 80,870	$ 44,717
Medicare	26,615	26,174
Private insurance	51,126	37,850
Patients	65,062	70,978
Other	3,377	4,130
	227,050	183,849
Less allowance for doubtful accounts	(51,984)	(52,289)
	$175,066	$131,560

NOTE 5 – PLEDGES RECEIVABLE

Pledges receivable, net of allowance for uncollectible pledges, are summarized as follows at June 30:

	2014	2013
Unrestricted bequest	$350,000	
Unrestricted pledges	259,990	$338,248
Endowment pledges	-	500
	609,990	338,748
Less allowance for uncollectible promises to give	(2,000)	(2,000)
	$607,990	$336,748
Amounts due in		
Less than one year	$239,990	$338,748
One to five years	370,000	-
	$609,990	$338,748

The discount rate was not material and, therefore, not applied in 2014 or 2013.

NOTE 6 – OTHER RECEIVABLES

The Organization renders services to individuals who are beneficiaries of the Federal Medicare and Medicaid programs. Charges for services to beneficiaries of these programs were billed to the Medicare and Medicaid intermediary. Settlements for differences between the interim rates paid by Medicare and the Organization's actual cost for rendering care are based on annual cost report filings. The estimated amounts due to or from Medicare are reflected in the accompanying financial statements as other receivables and are recorded as an increase or decrease to patient service revenue in the year the related care is rendered. Any adjustments to the estimates are recorded as adjustments to patient service revenue in the year of final determination. For years prior to July 1, 2011, the Organization was also required to file Medicaid cost reports. All outstanding Medicaid cost settlements are final.

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 7 – PROPERTY AND EQUIPMENT

The following summarizes property and equipment at June 30:

	2014	2013
Equipment	$722,325	$615,461
Furniture and fixtures	44,178	44,178
Leasehold improvements	179,031	179,031
	945,534	838,670
Less: accumulated depreciation	(662,684)	(590,678)
	$282,850	$247,992

NOTE 8 – INVESTMENTS – ENDOWMENT

The Organization's Board of Directors has interpreted state law as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent donor stipulations to the contrary. Accordingly, the Organization classifies as permanently restricted net assets (a) the original value of the 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. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Organization.

Investments are reported at their fair value and consist of the following at June 30:

	2014	2013
Money Market Funds	$ 151,671	
Mutual funds - other	1,385,344	$1,392,530
	$1,537,015	$1,392,530

Endowment net assets by type of fund are as follows:

June 30, 2014	Unrestricted	Temporarily Restricted	Permanently Restricted	Totals
Donor restricted endowment funds		$336,494	$1,200,521	$1,537,015
June 30, 2013				
Donor restricted endowment funds		$192,509	$1,200,021	$1,392,530

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 8 – INVESTMENTS - ENDOWMENT – CONTINUED

Changes in endowment net assets for the year ended June 30, 2014 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Totals
Beginning of year		$ 192,509	$1,200,021	$1,392,530
Investment return:				
Additions			500	500
Investment income		26,990		26,990
Net gains		176,668		176,668
Release of funds		(59,673)	-	(59,673)
Totals		$336,494	$1,200,521	$1,537,015

Changes in endowment net assets for the year ended June 30, 2013 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Totals
Beginning of year		$ 67,427	$1,200,021	$1,267,448
Investment return:				
Additions		1,000		1,000
Investment income		42,953		42,953
Net gains		135,824		135,824
Release of funds		(54,695)	-	(54,695)
Totals		$192,509	$1,200,021	$1,392,530

NOTE 9 – AMOUNT DUE – FISCAL AGENT

The Organization acts as fiscal agent for fundraisers supporting the Billy Cheverie Memorial Scholarship Fund. During the year ended June 30, 2013, the Organization had received $6,000 from event proceeds and had paid $9,000 in scholarships, donations, and other administrative expenses. There was no activity during the year ended June 30, 2014. The remaining $195 as of June 30, 2014 and 2013, respectively, is included in the statements of financial position as a current asset (cash, fiscal agent) and current liability (amount due, fiscal agent).

NOTE 10 – LINE OF CREDIT

The Organization has a $250,000 commercial line of credit with TD Bank. The interest rate is variable at the Wall Street Journal prime rate (3.25% at June 30, 2014 and 2013, respectively) until May 23, 2015. The line is secured by all business assets of the Organization excluding the permanently restricted funds. Balance due on the line at June 30, 2014 was $243,849.

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 11 – CLIENT SERVICE REVENUE

The Organization 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. It recognizes significant amounts of patient service revenue at the time services are rendered even though it does not assess the patient's ability to pay. For uninsured patients who do not qualify for charity care, the Organization recognizes revenue on the basis of its standard rates for services provided. 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. Accordingly, the Organization records a significant provision for bad debts related to uninsured patients in the period the services are provided.

Patient service revenue, net of contractual allowances and discounts, recognized in the period from these major payor sources, is as follows:

	2014	2013
Gross patient service charges	**$3,320,218**	$3,135,768
Contractual adjustments	**(218,033)**	(205,230)
Charity care	**(1,478,714)**	(1,353,185)
Patient service revenue	**$1,623,471**	$1,577,353

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 services for which no payment is anticipated. In assessing a patient's eligibility for charity care, the Organization uses federally established poverty guidelines. The Organization is required to provide a full discount to patients with annual incomes at or below 100% of the poverty guidelines. For those patients with income between 100% and 200% of poverty guidelines, fees must be charged in accordance with a sliding scale discount policy based on family size and income. No discounts may be provided to patients with incomes over 200% of federal poverty guidelines.

Charity care is measured based on services provided at established rates but is not included in patient service revenue. Costs and expenses incurred in providing these services are included in operating expenses. The Organization determines the costs associated with providing charity care by calculating a ratio of costs to gross charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. Under this methodology, the estimated costs of caring for charity care patients for the years ended June 30, 2014 and 2013 were approximately $1,971,000 and $1,830,000, respectively. Charges for services rendered to individuals from whom payment is expected and ultimately not received are charged off to provision for bad debt.

NOTE 12 – TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consisted of the following at June 30:

	2014	2013
Unrestricted pledges receivable	**$607,990**	$337,248
Endowment gains	**336,494**	192,509
Dental and homeless programs	**24,038**	29,598
Mobile medical clinic	**234,118**	
Other	**74,262**	23,721
	$1,276,902	$583,076

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 13 – PERMANENTLY RESTRICTED NET ASSETS

During the year ended June 30, 1999, the Organization established a permanently restricted endowment fund as a result of a donor changing their intent on a previous contribution.

During the year ended June 30, 2004, the Organization received a challenge contribution from a donor. The donor stipulated that the funds were to be added to the Organization's permanently restricted endowment fund and that the annual interest earned was available for current operations. In conjunction with receipt of this contribution, the Organization conducted a capital campaign. Donors were advised that contributions received would be added to the endowment fund and that 100% of the annual income would be available for current operations.

NOTE 14 – DONATED SERVICES

The Organization received various donated supplies and services during the years ended June 30, 2014 and 2013. Donated supplies and services are recorded at their estimated fair values on the date of receipt. In-kind contributions are included in contributions in the statements of activities and in-kind expenses are included in the corresponding functional expense line in the statements of functional expenses. Donated supplies and services consisted of the following for the years ended June 30:

	2014	2013
Professional physician and dental services	**$ 59,256**	$ 56,313
Medical supplies and vaccines	**106,969**	136,320
Volunteer services	**99,169**	92,407
	$265,394	$285,040

NOTE 15 – LEASES

The Organization rents space for all its programs under terms of a three year lease. Monthly rent was $10,009 for the first four months of the current year; the monthly rent increased to $10,471 for the remainder of the current year, and rent paid was $123,806 and $117,802 for the years ended June 30, 2014 and 2013, respectively. The current lease term expires on October 31, 2015. Lease expense includes a charge per square foot for utilities and housekeeping services.

The Organization leases office equipment under terms of noncancellable operating leases expiring at various times. Lease expenses, included in office expense, were $14,203 and $11,762 during the years ended June 30, 2014 and 2013, respectively.

Minimum lease payments under terms of the current leases are as follows as of June 30:

2015	$43,980
2016	2,342
2017	2,342
2018	2,342
2019	1,756
	$52,762

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 16 – PENSION PLAN

The Organization sponsors a defined contribution 401(k) plan for all eligible employees. Employer discretionary contributions are funded at a percentage of eligible employees' salaries. The Organization did not incur expenses under the plan for the years ended June 30, 2014 and 2013.

NOTE 17 – FUNCTIONAL EXPENSES

The Organization's principle programs are as follows:

Primary Care Program

The purpose of this program is to provide comprehensive medical care to families of the community on a sliding fee scale basis. Services provided include well and sick child care, immunizations, adult care, laboratory testing, social services and counseling, substance abuse counseling and smoking cessation programs.

This program provides access to comprehensive prenatal care. Pregnant women who live at 185% of poverty level or below, and all teens, who reside in the community are eligible to participate in this program. Some of the services provided are medical care, laboratory testing, infant delivery, social services and counseling, nutritional counseling, childbirth, breastfeeding and parenting education, substance abuse counseling and smoking cessation programs.

This program also includes a medication assistance program, which provides uninsured and under-insured patients with vouchers to obtain low cost short-term prescriptions and helps the patients enroll for assistance from pharmaceutical companies to obtain long-term medication for chronic conditions.

Dental Program

This program provides access to comprehensive dental health services to families of the community on a sliding scale basis. Services include oral health screening, preventative and restorative care.

Homeless Program

This program provides a healthcare access point that includes medical and dental care for individuals and families experiencing or on the verge of homelessness in a two county area of New Hampshire. A mobile healthcare team provides outreach and health services to individuals and families unable to receive these services in a more traditional health care setting.

Family Support Programs

These programs were designed to strengthen and support families. Families, who reside in Rockingham County, or Eliot, York and Kittery, Maine, regardless of income, are eligible to participate in these programs. Services provided include volunteer parent aide program, drop-in family support center, parenting classes, mothers' support groups, fathers' support programs, parent/toddler playgroups, children's activity groups, and a monthly newsletter to provide information about available resources for families.

Family Resource and Support (DCYF)

The Family Resource and Support Program provides home based family support services and child care coordination and payment.

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 18 – RISKS AND UNCERTAINITIES

The Organization invests in various investment securities and money market funds. Due to the level of risk associated with investments, it is reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect the amount reported in the statements of financial position.

NOTE 19 – FAIR VALUE MEASUREMENT

Fair values of assets measured on a recurring basis at June 30, 2014 are as follows:

		Fair Value Measurements at Reporting Date Using		
	Fair Value	**(Level 1)**	**(Level 2)**	**(Level 3)**
Money Market Funds	**$ 152,451**	**$ 152,451**		
Bond Funds	**419,574**	**419,574**		
Equity Funds	**965,770**	**965,770**		
Totals	**$1,537,795**	**$1,537,795**		

Fair values of assets measured on a recurring basis at June 30, 2013 are as follows:

		Fair Value Measurements at Reporting Date Using		
	Fair Value	(Level 1)	(Level 2)	(Level 3)
Problend Conservative Term Series Fund	$ 200,963	$156,107	$ 44,856	
Problend Maximum Term Series Fund	474,600	354,724	119,876	
Problend Extended Term Series Fund	783,327	374,210	409,117	
Totals	$1,458,890	$885,041	$573,849	

NOTE 20 – COMMITMENT LIABILITY

A contract to purchase a vehicle has been signed totaling approximately $270,000 for a mobile medical clinic. The remaining commitment at June 30, 2014 was approximately $160,000.

NOTE 21 – EVALUATION OF SUBSEQUENT EVENTS

Management has evaluated subsequent events through December 9, 2014, the date the financial statements were available to be issued.

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

Primary Care MCH-RHPC
Key Personnel (Dated, May 12, 2015)

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Helen B. Taft	Executive Director	$103,189	0%	$ 0
David C. Choate	Finance Director	$ 68,216	.0%	$ 0
Susan Durkin	Clinical Director	$ 67,759		$14,176

Bobbie's Full Copy

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

G&C Approved

Date 5/8/14

Item # 34A

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 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
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: [illegible]
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: [illegible]
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: _____
Date: 2/6/14

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 4,150 users annually with 13,549 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 180 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.

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: Families First of the Greater Seacoast

2/21/2014

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	$ 41,892.00	$ -	$ 41,892.00	
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	**$ 41,892.00**	**$ -**	**$ 41,892.00**	

Indirect As A Percent of Direct 0.0%

Contractor Initials: LHR

Date: 3/6/14

Exhibit B-1 (2015) -Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Families First of the Greater Seacoast

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

Budget Period: SFY 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 227,919.00	$ -	$ 227,919.00	0
2. Employee Benefits	$ 1,395.00	$ -	$ 1,395.00	0
3. Consultants	$ -	$ -	$ -	0
4. Equipment:	$ -	$ -	$ -	0
Rental	$ -	$ -	$ -	0
Repair and Maintenance	$ -	$ -	$ -	0
Purchase/Depreciation	$ -	$ -	$ -	0
5. Supplies:	$ -	$ -	$ -	0
Educational	$ -	$ -	$ -	0
Lab	$ -	$ -	$ -	0
Pharmacy	$ -	$ -	$ -	0
Medical	$ -	$ -	$ -	0
Office	$ -	$ -	$ -	0
6. Travel	$ -	$ -	$ -	0
7. Occupancy	$ -	$ -	$ -	0
8. Current Expenses	$ -	$ -	$ -	0
Telephone	$ -	$ -	$ -	0
Postage	$ -	$ -	$ -	0
Subscriptions	$ -	$ -	$ -	0
Audit and Legal	$ -	$ -	$ -	0
Insurance	$ -	$ -	$ -	0
Board Expenses	$ -	$ -	$ -	0
9. Software	$ -	$ -	$ -	0
10. Marketing/Communications	$ -	$ -	$ -	0
11. Staff Education and Training	$ -	$ -	$ -	0
12. Subcontracts/Agreements	$ -	$ -	$ -	0
13. Other (Clinical Services):	$ 12,780.00	$ -	$ 12,780.00	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
TOTAL	**$ 242,094.00**	**$ -**	**$ 242,094.00**	0

Indirect As A Percent of Direct 0.0%

Contractor Initials: _____

Date: 3/6/14

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 1, 2012

APPROVED BY: _____
DATE _____
APPROVED G&C # 134
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 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

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.

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 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	Lisa Sirois	Health Promotion Advisor, WIC Program	NH DHHS, DPHS	
12	Susan Knight	Program Planner, Asthma Program	NH DHHS, DPHS	

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 1, 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: Verne P. Herrick, Attorney	On: 10 May 2012
1.18 Approval by the Governor and Executive Council	
By:	On:

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

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 hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.
5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials: HRS
Date: 3/27/12

8. EVENT OF DEFAULT/REMEDIES.
8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):
8.1.1 failure to perform the Services satisfactorily or on schedule;
8.1.2 failure to submit any report required hereunder; and/or
8.1.3 failure to perform any other covenant, term or condition of this Agreement.
8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:
8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.
9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.
9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.
9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.
14.1 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, the following insurance:
14.1.1 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 occurrence; and
14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.
14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.
14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

Contractor Initials: LKR
Date: 3/27/12

certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.
15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").
15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

Contractor Initials: _____
Date: 3/27/12

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: Families First of the Greater Seacoast

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

The Contractor shall:

I. General Provisions

A) Eligibility and Income Determination

1. 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: 3/27/12

B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 4,150 users annually with 3,549 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 200 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.

4. 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: [illegible]

Date: 5/21/12

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 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. 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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Date: [illegible]

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: **Families First of the Greater Seacoast**

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

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

   $280,486 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.

   $60,068 for Breast and Cervical Cancer Screening, funded from 100% federal funds from the Center for Disease Control (CFDA #93.283).

TOTAL: $340,554

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: [illegible]

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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: _____
Date: 3/27/12

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: 3/27/12

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: _____

Date: 3/27/12

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: [illegible]
Date: 3/27/12

(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.

Families First of the Greater Seacoast From: 7/1/12 or date of G&C Approval, whichever is later To: 6/30/14

Contractor Name **Period Covered by this Certification**

Helen B. Taft Executive Director / President

Name and Title of Authorized Contractor Representative

Helen B. Taft 3/27/12

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.

[signature]	Executive Director/President
Contractor Signature	**Contractor's Representative Title**
Families First of the Greater Seacoast	3/27/12
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: 3/27/12

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]	Executive Director, President
Contractor Signature	**Contractor's Representative Title**
Families First of the Greater Seacoast	3/27/12
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.

Helen B. Taft — Executive Director / President

Contractor Signature — **Contractor's Representative Title**

Families First of the Greater Seacoast — 3/27/12

Contractor Name — **Date**

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: 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. 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.

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: [illegible]
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 (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: [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-1 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: Families First of the Greater Seacoast

Budget Request for: Primary Care for the Homeless

3/5/2015

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	$ 485,081	$ -	$ 485,081	$ 404,593	$ -	$ 404,593	$ 80,488	$ -	$ 80,488
2. Employee Benefits	$ 62,569	$ -	$ 62,569	$ 62,569	$ -	$ 62,569	$ -	$ -	$ -
3. Consultants	$ 17,521	$ -	$ 17,521	$ 17,521	$ -	$ 17,521	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ 5,409	$ -	$ 5,409	$ 5,409	$ -	$ 5,409	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Equipment Minor	$ 1,311		$ 1,311	$ 1,311		$ 1,311	$ -	$ -	$ -
Van Repairs	$ 17,500	$ -	$ 17,500	$ 17,500	$ -	$ 17,500	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ 200	$ -	$ 200	$ 200	$ -	$ 200	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ 14,140	$ -	$ 14,140	$ 14,140	$ -	$ 14,140	$ -	$ -	$ -
Office	$ 7,633	$ -	$ 7,633	$ 7,633	$ -	$ 7,633	$ -	$ -	$ -
6. Travel	$ 22,210	$ -	$ 22,210	$ 22,210	$ -	22,210	$ -	$ -	$ -
7. Occupancy	$ 5,600	$ -	$ 5,600	$ 5,600	$ -	$ 5,600	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 3,847	$ -	$ 3,847	$ 3,847	$ -	$ 3,847	$ -	$ -	$ -
Postage	$ 4,285	$ -	$ 4,285	$ 4,285	$ -	$ 4,285	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ 5,000	$ -	$ 5,000	$ 5,000	$ -	$ 5,000	$ -	$ -	$ -
Insurance	$ 10,416	$ -	$ 10,416	$ 10,416	$ -	$ 10,416	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ 7,500	$ -	$ 7,500	$ 7,500	$ -	$ 7,500	$ -	$ -	$ -
11. Staff Education and Training	$ 3,780	$ -	$ 3,780	$ 3,780	$ -	$ 3,780	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
a. Computer Operations	$ 19,590	$ -	$ 19,590	$ 19,590	$ -	$ 19,590	$ -	$ -	$ -
b. CHAN Membership	$ 2,402	$ -	$ 2,402	$ 2,402	$ -	$ 2,402	$ -	$ -	$ -
c. Bank Fees/Interest	$ 2,024	$ -	$ 2,024	$ 2,024	$ -	$ 2,024	$ -	$ -	$ -
d. Dues/Memberships/Licenses	$ 2,653	$ -	$ 2,653	$ 2,653	$ -	$ 2,653	$ -	$ -	$ -
e. Program/Department Expenses	$ 7,500	$ -	$ 7,500	$ 7,500	$ -	$ 7,500	$ -	$ -	$ -
f. Administrative Costs @ 10% of Direct Exp.	$ -	$ 71,017	$ 71,017	$ -	$ 71,017	$ 71,017	$ -	$ -	$ -
g. Miscellaneous	$ 2,000	$ -	$ 2,000	$ 2,000	$ -	$ 2,000	$ -	$ -	$ -
TOTAL	**$ 710,171**	**71,017**	**$ 781,188**	**$ 629,683**	**71,017**	**$ 700,700**	**$ 80,488**	**$ -**	**$ 80,488**
Indirect As A Percent of Direct		10.0%							

Contractor Initials: [illegible]

Date: 5/13/15

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

	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	$ 58,803	$ -	$ 58,803	$ 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
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 81,349**	$ -	**$ 81,349**	**$ 2,348**	$ -	**$ 2,348**	**$ 79,000**	$ -	**$ 79,000**
Indirect As A Percent of Direct		0.0%							

Contractor Initials: MBT

Date: 5/13/15

EXHIBIT B-3 AMENDMENT #2

PRIMARY CARE HOMELESS BUDGET SHEET

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

Bidder/Program Name: Families First of the Greater Secoast

Budget Request for: Primary Care for the Homeless

3/6/2015

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	$ 489,378	$ -	$ 489,378	$ 408,890	$ -	$ 408,890	$ 80,488	$ -	$ 80,488
2. Employee Benefits	$ 64,636	$ -	$ 64,636	$ 64,636	$ -	$ 64,636	$ -	$ -	$ -
3. Consultants	$ 18,000	$ -	$ 18,000	$ 18,000	$ -	$ 18,000	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ 5,500	$ -	$ 5,500	$ 5,500	$ -	$ 5,500	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Equipment Minor	$ 1,350		$ 1,350	$ 1,350		$ 1,350	$ -	$ -	$ -
Van Repairs	$ 17,500	$ -	$ 17,500	$ 17,500	$ -	$ 17,500	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ 250	$ -	$ 250	$ 250	$ -	$ 250	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ 16,000	$ -	$ 16,000	$ 16,000	$ -	$ 16,000	$ -	$ -	$ -
Office	$ 8,000	$ -	$ 8,000	$ 8,000	$ -	$ 8,000	$ -	$ -	$ -
6. Travel	$ 22,654	$ -	$ 22,654	$ 22,654	$ -	22,654	$ -	$ -	$ -
7. Occupancy	$ 6,300	$ -	$ 6,300	$ 6,300	$ -	$ 6,300	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 4,000	$ -	$ 4,000	$ 4,000	$ -	$ 4,000	$ -	$ -	$ -
Postage	$ 4,500	$ -	$ 4,500	$ 4,500	$ -	$ 4,500	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ 5,000	$ -	$ 5,000	$ 5,000	$ -	$ 5,000	$ -	$ -	$ -
Insurance	$ 11,500	$ -	$ 11,500	$ 11,500	$ -	$ 11,500	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ 8,000	$ -	$ 8,000	$ 8,000	$ -	$ 8,000	$ -	$ -	$ -
11. Staff Education and Training	$ 4,000	$ -	$ 4,000	$ 4,000	$ -	$ 4,000	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
a. Computer Operations	$ 21,500	$ -	$ 21,500	$ 21,500	$ -	$ 21,500	$ -	$ -	$ -
b. CHAN Membership	$ 2,402	$ -	$ 2,402	$ 2,402	$ -	$ 2,402	$ -	$ -	$ -
c. Bank Fees/Interest	$ 1,250	$ -	$ 1,250	$ 1,250	$ -	$ 1,250	$ -	$ -	$ -
d. Dues/Memberships/Licenses	$ 2,700	$ -	$ 2,700	$ 2,700	$ -	$ 2,700	$ -	$ -	$ -
e. Program/Department Expenses	$ 8,000	$ -	$ 8,000	$ 8,000	$ -	$ 8,000	$ -	$ -	$ -
f. Administrative Costs @ 10% of Direct Exp.	$ -	$ 72,442	$ 72,442	$ -	$ 72,442	$ 72,442	$ -	$ -	$ -
g. Miscellaneous	$ 2,000	$ -	$ 2,000	$ 2,000	$ -	$ 2,000	$ -	$ -	$ -
TOTAL	**$ 724,420**	**72,442**	**$ 796,862**	**$ 643,932**	**72,442**	**$ 716,374**	**$ 80,488**	**$ -**	**$ 80,488**
Indirect As A Percent of Direct		10.0%							

Contractor Initials: IHRJ

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

	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	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 125**	$ -	**$ 125**	$ -	$ -	$ -	**$ 125**	$ -	**$ 125**
Indirect As A Percent of Direct		0.0%							

Contractor Initials: [illegible]

Date: 5/13/15

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:

5/13/15
Date

Helen B Taft
Name: Helen B Taft
Title: Executive Director

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that FAMILIES FIRST OF THE GREATER SEACOAST is a New Hampshire nonprofit corporation formed August 28, 1986. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.

In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 1st day of April A.D. 2015

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 5/13/15:
(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 13 day of May, 2015.
(Date Contract Signed)

4. Helen B. Taft is the duly elected Executive Director
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

Linda Sanborn
(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE

County of Rockingham

The forgoing instrument was acknowledged before me this 13 day of May, 2015.

By Linda Sanborn.
(Name of Elected Officer of the Agency)

Suzanne Coombs
(Notary Public/~~Justice of the Peace~~)

(NOTARY SEAL)

Commission Expires: 12/19/18

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/21/2015

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
Tobey & Merrill Insurance
20 High Street
Hampton NH 03842-2214

CONTACT NAME: Edward Jackson
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:	
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:** CL1512103505 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			BOP8358757	12/29/2014	12/29/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 50,000 $ 5,000 $ 2,000,000 $ 4,000,000 $ 4,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			BA5375202	12/29/2014	12/29/2015	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	12/29/2014	12/29/2015	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC5055429	12/29/2014	12/29/2015	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

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

CERTIFICATE HOLDER

DHHS
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

Dean Merrill CIC/LSA

Families First Board of Directors 2014-2015

	First	Name	Board Position
1	Linda	Sanborn	Chair
2	Tom	Newbold	Vice Chair
3	Kristen	Hanley	Secretary
4	Mike	Burke	Treasurer
5	Karin	Barndollar	
6	Marsha	Filion	
7	Barbara	Henry	
8	Jack	Jamison	
9	Sarah	Knowlton	
10	Josephine	Lamprey	
11	Patricia	Locuratolo, MD	
12	Kathleen	MacLeod	
13	Ronda	MacLeod	
14	David	McNicholas	
15	John	Pelletier	
16	Donna	Ryan	
17	Mary	Schleyer	
18	Dan	Schwarz	
19	Peter	Whitman	

Families First

support for families...health care for all

Mission Statement

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

Vision Statement

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

Guiding Principles

Families First will:

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

Families First

of the Greater Seacoast

Financial Report

June 30, 2014

CONTENTS

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Independent Auditors' Report

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

Report on the Financial Statements

We have audited the accompanying financial statements of Families First of the Greater Seacoast (a nonprofit organization) which comprise the statements of financial position as of June 30, 2014 and 2013 and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

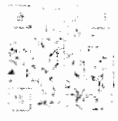
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and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

Auditors' Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whetner 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.



To the Board of Directors
Families First of the Greater Seacoast

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Families First of the Greater Seacoast as of June 30, 2014 and 2013, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Mayoage LLC

South Portland, Maine
December 9, 2014

Statements of Financial Position

June 30,

	2014	2013
ASSETS		
Current Assets		
Cash (note 2)	$ 172,728	$ 74,547
Cash, fiscal agent (note 9)	195	195
Grants receivable (note 3)	117,416	67,300
Accounts receivable, (notes 1 and 4)	175,066	131,560
Current portion of pledges receivable (notes 1 and 5)	237,990	336,748
Other receivables (note 6)	2,776	26,620
Prepaid expenses	31,035	15,133
Total Current Assets	737,206	652,103
Cash, restricted for capital purposes	227,720	
Pledges Receivable, net of current portion (notes 1 and 5)	370,000	
Property and Equipment, Net (notes 1 and 7)	282,850	247,992
Investments		
Endowment (notes 8 and 19)	1,537,015	1,392,530
Board designated	780	66,360
Total Investments	1,537,795	1,458,890
Total Assets	$ 3,155,571	$ 2,358,985
LIABILITIES AND NET ASSETS		
Current Liabilities		
Line of credit	$ 243,849	
Accounts payable	116,956	$ 85,519
Accrued expenses	312,264	287,904
Amount due, fiscal agent (note 9)	195	195
Deferred revenue	11,780	24,476
Total Current Liabilities	685,044	398,094
Net Assets		
Unrestricted	(7,062)	177,628
Temporarily restricted (notes 8 and 12)	1,276,902	583,076
Permanently restricted (notes 8 and 13)	1,200,687	1,200,187
Total Net Assets	2,470,527	1,960,891
Total Liabilities and Net Assets	$ 3,155,571	$ 2,358,985

Statements of Activities

Year Ended June 30, 2014

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
PUBLIC SUPPORT AND REVENUES:				
Public Support				
Contributions	$ 1,222,353	$ 1,672,695	$ 500	$ 2,895,548
Grants and contracts	992,590			992,590
Total public support	2,214,943	1,672,695	500	3,888,138
Revenues				
Patient service revenue (note 11)	1,623,471			1,623,471
Provision for bad debt	(37,860)			(37,860)
Net patient service revenue	1,585,611			1,585,611
Investment income - endowment (note 8)		26,990		26,990
Investment income - board designated	899			899
Gain on investments - endowment (note 8)		176,668		176,668
Gain on investments - board designated	4,545			4,545
Miscellaneous	43,752			43,752
Total revenue	1,634,807	203,658		1,838,465
Public support and revenues	3,849,750	1,876,353	500	5,726,603
Net Assets Released from Restrictions	1,182,527	(1,182,527)		
TOTAL PUBLIC SUPPORT AND REVENUES	5,032,277	693,826	500	5,726,603
EXPENSES				
Program services	4,511,400			4,511,400
Management and general	527,250			527,250
Fundraising	178,317			178,317
Total expenses	5,216,967			5,216,967
CHANGE IN NET ASSETS	(184,690)	693,826	500	509,636
NET ASSETS, BEGINNING OF YEAR	177,628	583,076	1,200,187	1,960,891
NET ASSETS, END OF YEAR	$ (7,062)	$ 1,276,902	$ 1,200,687	$ 2,470,527

The accompanying notes are an integral part of these financial statements

Statements of Activities - Continued

Year Ended June 30, 2013

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

The accompanying notes are an integral part of these financial statements

Statements of Cash Flows

Years ended June 30,

	2014	2013
Cash flows from operating activities		
Change in net assets	**$ 509,636**	$ (279,859)
Adjustments to reconcile change in net assets to net cash flows from operating activities:		
Depreciation expense	**72,007**	98,920
Contribution for capital purposes	**(339,980)**	
Gain on investments	**(181,213)**	(137,454)
Provision for bad debt	**37,860**	43,860
(Increase) decrease in operating assets:		
Cash, fiscal agent		3,000
Grants receivable	**(50,116)**	(7,035)
Accounts receivable	**(81,366)**	(41,318)
Pledges receivable	**(271,242)**	(29,435)
Other receivable	**23,844**	26,378
Prepaid expenses	**(15,902)**	5,016
Increase (decrease) in operating liabilities:		
Accounts payable	**31,437**	21,602
Accrued expenses	**24,360**	63,240
Amount due, fiscal agent		(3,000)
Deferred revenue	**(12,696)**	(89,098)
Total adjustments	**(763,007)**	(45,324)
Net cash flows from operating activities	**(253,371)**	(325,183)
Cash flows from investing activities:		
Purchase of property and equipment	**(106,865)**	(10,186)
Purchase of investments	**(1,666,920)**	
Proceeds from sale of investments	**1,769,228**	8,420
Net cash flows from investing activities	**(4,557)**	(1,766)
Cash flows from financing activities:		
Net borrowings from line of credit	**243,849**	
Contribution received for capital purposes	**339,980**	
Net cash provided by financing activities	**583,829**	
Net change in cash and cash equivalents	**325,901**	(326,949)
Cash and cash equivalents at beginning of year	**74,547**	401,496
Cash and cash equivalents at end of year (includes cash restricted for capital purposes)	**$ 400,448**	$ 74,547
Supplemental disclosure of cash flow information:		
Interest paid during year	**$ 4,410**	

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

Statements of Functional Expenses

Year Ended June 30, 2014

	Health Services		
	Primary Care	Dental	Homeless
Salaries	$ 1,526,223	$ 522,216	$ 519,374
Payroll taxes/benefits	246,147	80,156	71,685
Professional fees/contract labor	129,376	16,820	57,381
Medical/laboratory costs	128,080	58,731	29,531
Physicians/dentists	108,742	36,213	51,106
Office	19,844	11,146	47,935
Miscellaneous	21,006	3,458	5,597
Travel	3,510	896	23,553
Conferences	5,648	2,702	6,706
Dues/publications	7,718	1,354	1,470
Depreciation	7,341	23,298	16,432
Rent (note 15)	62,027	11,143	5,200
Telephone	5,569	771	3,465
Postage	361	6	6
Insurance	8,500	2,362	3,979
Printing	2,864	981	908
Computer operations	53,146	19,397	21,551
Flexible funds			
Program expenses	50,589	4,742	7,369
	$ 2,386,691	$ 796,392	$ 873,248

The accompanying notes are an integral part of these financial statements

Statements of Functional Expenses - Continued

Year Ended June 30, 2014

	Family Services	Total Program	Management and General	Fundraising	Total
Salaries	$ 258,228	$ 2,826,041	$ 332,596	$ 132,576	$ 3,291,213
Payroll taxes/benefits	44,320	442,308	47,962	25,262	515,532
Professional fees/contract labor	37,225	240,802	22,479	24	263,305
Medical/laboratory costs	2	216,344			216,344
Physicians/dentists		196,061			196,061
Office	13,158	92,083	22,134	3,532	117,749
Miscellaneous	728	30,789	32,207	4,657	67,653
Travel	14,351	42,310	3,020	298	45,628
Conferences	337	15,393	548		15,941
Dues/publications	493	11,035	7,833	50	18,918
Depreciation	216	47,287	24,720		72,007
Rent (note 15)	45,437	123,806			123,806
Telephone	3,671	13,476	475		13,951
Postage	4	377	20,567	1,486	22,430
Insurance	1,500	16,341	9,404		25,745
Printing	402	5,155	592	9,040	14,787
Computer operations	9,130	103,225	2,263	377	105,865
Flexible funds	24,460	24,460			24,460
Program expenses	1,407	64,107	450	1,015	65,572
	$ 455,069	$ 4,511,400	$ 527,250	$ 178,317	$ 5,216,967

Statements of Functional Expenses

Year Ended June 30, 2013

	Health Services		
	Primary Care	Dental	Homeless
Salaries	$ 1,443,761	$ 482,291	$ 405,383
Payroll taxes/benefits	261,220	83,963	53,403
Professional fees/contract labor	127,444	17,482	62,463
Medical/laboratory costs	121,902	70,854	26,352
Physicians/dentists	170,970	28,710	33,538
Office	15,862	8,210	55,195
Miscellaneous	10,242	1,979	272
Travel	3,107	608	21,655
Conferences	10,587	924	883
Dues/publications	5,322	2,370	1,605
Depreciation	8,458	25,453	17,212
Rent (note 15)	63,613	9,424	3,534
Telephone	4,456	650	811
Postage	436	6	3
Insurance	38,883	8,058	5,665
Printing	3,274	480	405
Computer operations	58,889	14,049	14,701
Flexible funds			
Program expenses	49,054	5,949	6,361
	$ 2,397,480	$ 761,460	$ 709,441

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

Statements of Functional Expenses - Continued

Year Ended June 30, 2013

	Family Services	Total Program	Management and General	Fundraising	Total
Salaries	$ 278,483	$ 2,609,918	$ 318,984	$ 121,609	$ 3,050,511
Payroll taxes/benefits	51,340	449,926	52,532	17,925	520,383
Professional fees/contract labor	40,185	247,574	33,968		281,542
Medical/laboratory costs		219,108			219,108
Physicians/dentists		233,218			233,218
Office	14,135	93,402	20,110	2,641	116,153
Miscellaneous	505	12,998	25,577	638	39,213
Travel	14,135	39,505	2,394	316	42,215
Conferences	1,607	14,001	994	2,893	17,888
Dues/publications	380	9,677	8,556	1,065	19,298
Depreciation	436	51,559	47,361		98,920
Rent (note 15)	41,231	117,802			117,802
Telephone	3,363	9,280	766		10,046
Postage	11	456	18,126	1,138	19,720
Insurance	6,523	59,129	7,099		66,228
Printing	860	5,019	1,206	7,639	13,864
Computer operations	13,109	100,748	2,907	727	104,382
Flexible funds	25,756	25,756			25,756
Program expenses	5,125	66,489	379	1,004	67,872
	$ 497,184	$ 4,365,565	$ 540,959	$ 157,595	$ 5,064,119

The accompanying notes are an integral part of these financial statements

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Operations

Families First of the Greater Seacoast (the Organization) was organized in 1986 to provide health care services for pregnant low income women and teenagers. Since that time, it has expanded to include comprehensive medical and family support services for all family members, including primary care, dental, well child care, substance abuse counseling, parenting education, and home visitation programs. A Board of Directors, consisting of members of the surrounding communities, directs long-term operations of the Organization, with an executive director handling day-to-day activities. The Organization is a Federally Qualified Health Center

Basis of Presentation

The financial statements of the Organization have been prepared using the accrual method of accounting in accordance with professional standards. Under these standards, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted assets, and permanently restricted net assets. Unrestricted net assets are those that are not subject to donor-imposed stipulations. Temporarily restricted net assets are those whose use by the Organization has been limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled or otherwise removed by actions of the Organization. Permanently restricted net assets are those that are subject to donor-imposed stipulations that they be maintained permanently by the Organization.

Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported 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 the estimates

Net Patient Service Revenue

Revenue is recorded at the Organization's standard charges for patient services rendered. Under the terms of agreements with Medicare, Medicaid and other third party payors, reimbursement for the care of program beneficiaries may differ from the standard charges. Differences are recorded as contractual adjustments, which are reflected as an adjustment to patient service revenue together with patient discounts. Credit is extended without collateral.

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 11)

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Grants and Contracts

The Organization receives funding from the federal Public Health Service Agency for its homeless and healthcare program under a Bureau of Primary Health Care (BPHC) grant program.

Support received under other grants and contracts with governmental agencies and private foundations is reported as revenue when terms of the agreement have been met.

Deferred Revenue

Deferred revenue represents grant and contract funds received for which grant and contract revenue has not been earned.

Contributions

Contributions, including pledges, are recognized as revenues in the period received or pledged. The Organization reports contributions of cash and other assets received with donor-imposed time or purpose restrictions as temporarily restricted support. When a donor restriction expires, i.e., when a stipulated time restriction or purpose restriction ends, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

An allowance for uncollectible pledges is provided based on historical experience and management's evaluation of outstanding pledges at the end of each year. As of June 30, 2014 and 2013, the allowance for uncollectible unconditional promises to give was $2,000, respectively.

Contributions received with donor-imposed restrictions that are met in the same year as received are reported as unrestricted revenues.

Investment Income

Income and net unrealized and realized gains or losses on investments of endowment and similar funds are reported as follows:

- as increases in temporarily restricted net assets if the terms of the gift or state law impose restrictions on the use of the income; or
- as increases in permanently restricted net assets if the terms of the gift require that they be added to the principal of a permanent endowment fund; if not, they are reported as temporarily restricted net assets; or
- as increases in unrestricted net assets in all other cases

Cash and Cash Equivalents

For the purpose of reporting cash flows, the Organization considers all unrestricted highly liquid debt instruments purchased with an initial maturity of three months or less to be cash equivalents

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to earnings and a credit to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. At June 30, 2014 and 2013, the allowance for doubtful accounts was $51,984 and $52,289, respectively.

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 services 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 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 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.

The Organization's allowance for doubtful accounts for self-pay patients was increased from 48% of self-pay accounts receivable at June 30, 2013, to 51% of self-pay accounts receivable at June 30, 2014. In addition, the Organization's self-pay write-offs decreased $6,000 from $43,860 for fiscal year 2013 to $37,860 for fiscal year 2014. Both were the result of positive trends experienced in the collection of amounts from self-pay patients in fiscal year 2014. The Organization has not changed its charity care or uninsured discount policies during fiscal years 2014 and 2013. The Organization does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

Property and Equipment

Property and equipment are stated at cost. Depreciation is being provided by use of the straight-line method over the estimated useful lives ranging from three to thirty years.

Investments

Investments are reported at their fair values in the statements of financial position. Unrealized gains and losses are included in the change in net assets.

The Organization's investment policy and spending policy for permanently restricted and board designated investments is as follows:

Endowment Policy

- The primary investment objective for endowment funds is to preserve and protect assets by earning a total return appropriate for each account. In doing so, the Organization will consider each accounts time horizon, liquidity needs, risk tolerance, and restrictions.

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Investment Objectives

- The Finance Committee of the Board of Directors has authorized the investment advisor to invest in portfolios of equity securities, fixed income securities, and short-term (cash) investments.
- Within the fixed income portfolio, the majority of assets should be investment grade or better, with below investment grade exposure not to exceed 15%.
- Endowment funds designated for restriction by the Board of Directors will maintain a mix of 20%-40% equity securities, 10%-35% fixed income securities, and 0%-20% short-term investments. Donor restricted funds will maintain a mix of 10%-35% equity securities, 65%-80% fixed income securities, and 0%-20% short-term investments.
- The investment advisor will maintain reasonable diversification at all times. Equity positions of any one company may not exceed 5% of the portfolio, nor shall the portfolio have more than 25% of the entire portfolio in any one sector.
- The Finance Committee will meet with the investment advisor no less than annually to review performance, investment objectives, and asset allocation.

Spending Policy

- The Board of Directors has established an endowment spending policy of appropriating for distribution each year 5% of the endowment fund's average fair market value over the prior 20 quarters.

Income Taxes

The Organization qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for federal income taxes has been made. The Organization is not classified as a private foundation.

Management evaluated the Organization's tax positions and concluded that the Organization had taken no uncertain tax positions that required adjustment to the financial statements. When necessary, the Organization accounts for interest and penalties related to uncertain tax positions as part of its provision for federal and state income taxes. The Organization does not expect that unrecognized tax benefits arising from tax positions will change significantly within the next 12 months. The Organization is subject to U.S. federal and state examinations by tax authorities for years ended June 30, 2011 through June 30, 2014.

Functional Expenses

The expenses of providing the various programs and other activities have been summarized on a functional basis in the statements of functional expenses. Accordingly, expenses have been allocated among the programs and supporting services benefited. Expenses that can be identified with a specific program and support service are allocated directly. Other expenses that are common to several functions are allocated according to statistical bases.

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Fair Value Measurements

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. In determining fair value, the Organization uses various methods, including market, income and cost approaches. Based on these approaches, the Organization 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 Organization 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 Organization 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 – Quoted prices for identical assets and liabilities traded in active exchange markets, such as the New York Stock Exchange.

- Level 2 – Observable inputs other than Level 1, including quoted prices for similar assets or liabilities, quoted prices in less active markets, or other observable inputs that can be corroborated by observable market data.

- Level 3 – Unobservable inputs supported by little or no market activity for financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation

  In determining the appropriate levels, the Organization performs a detailed analysis of the assets and liabilities. At each reporting period, all assets and liabilities for which the fair value measurement is based on significant unobservable inputs are classified as Level 3.

  For the years ended June 30, 2014 and 2013, the application of valuation techniques applied to similar assets and liabilities has been consistent. The following is a description of the valuation methodologies used for instruments measured at fair value:

  Investment Securities

  The fair value of investment securities is the market value based on quoted market prices, when available, or market prices provided by recognized broker dealers. If listed prices or quotes are not available, fair value is based upon externally developed models that use unobservable inputs due to the limited market activity of the instrument (see note 19)

NOTE 2 – CASH AND CASH EQUIVALENTS

The Organization maintains cash balances at two local financial institutions. These accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. The Organization has established a policy where excess cash is transferred between accounts at separate financial institutions to maintain balances within FDIC insured limits.

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 3 – GRANTS RECEIVABLE

Grants receivable as presented on the statements of financial position represent payment due on grants from state and federal agencies and other organizations and are considered fully collectible by management as of June 30, 2014 and 2013.

NOTE 4 – ACCOUNTS RECEIVABLE

The composition of accounts receivable at June 30 was as follows:

	2014	2013
Medicaid	$ 80,870	$ 44,717
Medicare	26,615	26,174
Private insurance	51,126	37,850
Patients	65,062	70,978
Other	3,377	4,130
	227,050	183,849
Less allowance for doubtful accounts	(51,984)	(52,289)
	$175,066	$131,560

NOTE 5 – PLEDGES RECEIVABLE

Pledges receivable, net of allowance for uncollectible pledges, are summarized as follows at June 30:

	2014	2013
Unrestricted bequest	$350,000	
Unrestricted pledges	259,990	$338,248
Endowment pledges	-	500
	609,990	338,748
Less allowance for uncollectible promises to give	(2,000)	(2,000)
	$607,990	$336,748
Amounts due in:		
Less than one year	$239,990	$338,748
One to five years	370,000	-
	$609,990	$338,748

The discount rate was not material and, therefore, not applied in 2014 or 2013.

NOTE 6 – OTHER RECEIVABLES

The Organization renders services to individuals who are beneficiaries of the Federal Medicare and Medicaid programs. Charges for services to beneficianes of these programs were billed to the Medicare and Medicaid intermediary. Settlements for differences between the interim rates paid by Medicare and the Organization s actual cost for rendering care are based on annual cost report filings. The estimated amounts due to or from Medicare are reflected in the accompanying financial statements as other receivables and are recorded as an increase or decrease to patient service revenue in the year the related care is rendered. Any adjustments to the estimates are recorded as adjustments to patient service revenue in the year of final determination. For years prior to July 1, 2011, the Organization was also required to file Medicaid cost reports. All outstanding Medicaid cost settlements are final.

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 7 – PROPERTY AND EQUIPMENT

The following summarizes property and equipment at June 30:

	2014	2013
Equipment	$722,325	$615,461
Furniture and fixtures	44,178	44,178
Leasehold improvements	179,031	179,031
	945,534	838,670
Less: accumulated depreciation	(662,684)	(590,678)
	$282,850	$247,992

NOTE 8 – INVESTMENTS – ENDOWMENT

The Organization's Board of Directors has interpreted state law as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent donor stipulations to the contrary. Accordingly, the Organization classifies as permanently restricted net assets (a) the original value of the 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. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Organization.

Investments are reported at their fair value and consist of the following at June 30:

	2014	2013
Money Market Funds	$ 151,671	
Mutual funds - other	1,385,344	$1,392,530
	$1,537,015	$1,392,530

Endowment net assets by type of fund are as follows:

June 30, 2014	Unrestricted	Temporarily Restricted	Permanently Restricted	Totals
Donor restricted endowment funds		$336,494	$1,200,521	$1,537,015
June 30, 2013				
Donor restricted endowment funds		$192,509	$1,200,021	$1,392,530

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 8 – INVESTMENTS - ENDOWMENT – CONTINUED

Changes in endowment net assets for the year ended June 30, 2014 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Totals
Beginning of year		$ 192,509	$1,200,021	$1,392,530
Investment return:				
Additions			500	500
Investment income		26,990		26,990
Net gains		176,668		176,668
Release of funds		(59,673)	-	(59,673)
Totals		$336,494	$1,200,521	$1,537,015

Changes in endowment net assets for the year ended June 30, 2013 are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Totals
Beginning of year		$ 67,427	$1,200,021	$1,267,448
Investment return:				
Additions		1,000		1,000
Investment income		42,953		42,953
Net gains		135,824		135,824
Release of funds		(54,695)	-	(54,695)
Totals		$192,509	$1,200,021	$1,392,530

NOTE 9 – AMOUNT DUE – FISCAL AGENT

The Organization acts as fiscal agent for fundraisers supporting the Billy Cheverie Memorial Scholarship Fund. During the year ended June 30, 2013, the Organization had received $6,000 from event proceeds and had paid $9,000 in scholarships, donations, and other administrative expenses. There was no activity during the year ended June 30, 2014. The remaining $195 as of June 30, 2014 and 2013, respectively, is included in the statements of financial position as a current asset (cash, fiscal agent) and current liability (amount due, fiscal agent).

NOTE 10 – LINE OF CREDIT

The Organization has a $250,000 commercial line of credit with TD Bank. The interest rate is variable at the Wall Street Journal prime rate (3.25% at June 30, 2014 and 2013, respectively) until May 23, 2015. The line is secured by all business assets of the Organization excluding the permanently restricted funds. Balance due on the line at June 30, 2014 was $243,849.

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 11 – CLIENT SERVICE REVENUE

The Organization 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. It recognizes significant amounts of patient service revenue at the time services are rendered even though it does not assess the patient's ability to pay. For uninsured patients who do not qualify for charity care, the Organization recognizes revenue on the basis of its standard rates for services provided. 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. Accordingly, the Organization records a significant provision for bad debts related to uninsured patients in the period the services are provided.

Patient service revenue, net of contractual allowances and discounts, recognized in the period from these major payor sources, is as follows:

	2014	2013
Gross patient service charges	**$3,320,218**	$3,135,768
Contractual adjustments	**(218,033)**	(205,230)
Charity care	**(1,478,714)**	(1,353,185)
Patient service revenue	**$1,623,471**	$1,577,353

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 services for which no payment is anticipated. In assessing a patient's eligibility for charity care, the Organization uses federally established poverty guidelines. The Organization is required to provide a full discount to patients with annual incomes at or below 100% of the poverty guidelines. For those patients with income between 100% and 200% of poverty guidelines, fees must be charged in accordance with a sliding scale discount policy based on family size and income. No discounts may be provided to patients with incomes over 200% of federal poverty guidelines.

Charity care is measured based on services provided at established rates but is not included in patient service revenue. Costs and expenses incurred in providing these services are included in operating expenses. The Organization determines the costs associated with providing charity care by calculating a ratio of costs to gross charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. Under this methodology, the estimated costs of caring for charity care patients for the years ended June 30, 2014 and 2013 were approximately $1,971,000 and $1,830,000, respectively. Charges for services rendered to individuals from whom payment is expected and ultimately not received are charged off to provision for bad debt.

NOTE 12 – TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consisted of the following at June 30:

	2014	2013
Unrestricted pledges receivable	**$607,990**	$337,248
Endowment gains	**336,494**	192,509
Dental and homeless programs	**24,038**	29,598
Mobile medical clinic	**234,118**	
Other	**74,262**	23,721
	$1,276,902	$583,076

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 13 – PERMANENTLY RESTRICTED NET ASSETS

During the year ended June 30, 1999, the Organization established a permanently restricted endowment fund as a result of a donor changing their intent on a previous contribution.

During the year ended June 30, 2004, the Organization received a challenge contribution from a donor. The donor stipulated that the funds were to be added to the Organization's permanently restricted endowment fund and that the annual interest earned was available for current operations. In conjunction with receipt of this contribution, the Organization conducted a capital campaign. Donors were advised that contributions received would be added to the endowment fund and that 100% of the annual income would be available for current operations.

NOTE 14 – DONATED SERVICES

The Organization received various donated supplies and services during the years ended June 30, 2014 and 2013. Donated supplies and services are recorded at their estimated fair values on the date of receipt. In-kind contributions are included in contributions in the statements of activities and in-kind expenses are included in the corresponding functional expense line in the statements of functional expenses. Donated supplies and services consisted of the following for the years ended June 30:

	2014	2013
Professional physician and dental services	**$ 59,256**	$ 56,313
Medical supplies and vaccines	**106,969**	136,320
Volunteer services	**99,169**	92,407
	$265,394	$285,040

NOTE 15 – LEASES

The Organization rents space for all its programs under terms of a three year lease. Monthly rent was $10,009 for the first four months of the current year; the monthly rent increased to $10,471 for the remainder of the current year, and rent paid was $123,806 and $117,802 for the years ended June 30, 2014 and 2013, respectively. The current lease term expires on October 31, 2015. Lease expense includes a charge per square foot for utilities and housekeeping services.

The Organization leases office equipment under terms of noncancellable operating leases expiring at various times. Lease expenses, included in office expense, were $14,203 and $11,762 during the years ended June 30, 2014 and 2013, respectively.

Minimum lease payments under terms of the current leases are as follows as of June 30:

2015	$43,980
2016	2,342
2017	2,342
2018	2,342
2019	1,756
	$52,762

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 16 – PENSION PLAN

The Organization sponsors a defined contribution 401(k) plan for all eligible employees. Employer discretionary contributions are funded at a percentage of eligible employees' salaries. The Organization did not incur expenses under the plan for the years ended June 30, 2014 and 2013.

NOTE 17 – FUNCTIONAL EXPENSES

The Organization's principle programs are as follows:

Primary Care Program

The purpose of this program is to provide comprehensive medical care to families of the community on a sliding fee scale basis. Services provided include well and sick child care, immunizations, adult care, laboratory testing, social services and counseling, substance abuse counseling and smoking cessation programs.

This program provides access to comprehensive prenatal care. Pregnant women who live at 185% of poverty level or below, and all teens, who reside in the community are eligible to participate in this program. Some of the services provided are medical care, laboratory testing, infant delivery, social services and counseling, nutritional counseling, childbirth, breastfeeding and parenting education, substance abuse counseling and smoking cessation programs.

This program also includes a medication assistance program, which provides uninsured and under-insured patients with vouchers to obtain low cost short-term prescriptions and helps the patients enroll for assistance from pharmaceutical companies to obtain long-term medication for chronic conditions.

Dental Program

This program provides access to comprehensive dental health services to families of the community on a sliding scale basis. Services include oral health screening, preventative and restorative care.

Homeless Program

This program provides a healthcare access point that includes medical and dental care for individuals and families experiencing or on the verge of homelessness in a two county area of New Hampshire. A mobile healthcare team provides outreach and health services to individuals and families unable to receive these services in a more traditional health care setting.

Family Support Programs

These programs were designed to strengthen and support families. Families, who reside in Rockingham County, or Eliot, York and Kittery, Maine, regardless of income, are eligible to participate in these programs. Services provided include volunteer parent aide program, drop-in family support center, parenting classes, mothers' support groups, fathers' support programs, parent/toddler playgroups, children's activity groups, and a monthly newsletter to provide information about available resources for families.

Family Resource and Support (DCYF)

The Family Resource and Support Program provides home based family support services and child care coordination and payment.

Notes to Financial Statements

June 30, 2014 and 2013

NOTE 18 – RISKS AND UNCERTAINITIES

The Organization invests in various investment securities and money market funds. Due to the level of risk associated with investments, it is reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect the amount reported in the statements of financial position

NOTE 19 – FAIR VALUE MEASUREMENT

Fair values of assets measured on a recurring basis at June 30, 2014 are as follows:

		Fair Value Measurements at Reporting Date Using		
	Fair Value	**(Level 1)**	**(Level 2)**	**(Level 3)**
Money Market Funds	**$ 152,451**	**$ 152,451**		
Bond Funds	**419,574**	**419,574**		
Equity Funds	**965,770**	**965,770**		
Totals	**$1,537,795**	**$1,537,795**		

Fair values of assets measured on a recurring basis at June 30, 2013 are as follows:

		Fair Value Measurements at Reporting Date Using		
	Fair Value	(Level 1)	(Level 2)	(Level 3)
Problend Conservative Term Series Fund	$ 200,963	$156,107	$ 44,856	
Problend Maximum Term Series Fund	474,600	354,724	119,876	
Problend Extended Term Series Fund	783,327	374,210	409,117	
Totals	$1,458,890	$885,041	$573,849	

NOTE 20 – COMMITMENT LIABILITY

A contract to purchase a vehicle has been signed totaling approximately $270,000 for a mobile medical clinic. The remaining commitment at June 30, 2014 was approximately $160,000.

NOTE 21 – EVALUATION OF SUBSEQUENT EVENTS

Management has evaluated subsequent events through December 9, 2014, the date the financial statements were available to be issued

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 **(May 12, 2015)**

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Helen B. Taft	Executive Director	$ 103,189	0%	$ 0
David C. Choate	Finance Director	$ 68,216	0%	$ 0
Susan Durkin	Clinical Director	$ 67,759	12.4%	$ 8,407

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

REQUESTED ACTION

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

Summary of contracted amounts by vendor:

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

Funds to support this request are available in the following accounts for SFY 2014 and SFY 2015, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

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

See attachment for financial details

EXPLANATION

Approval is requested **retroactive** to July 1, 2013. The services provided by these contracts are consistent with prior contracts and were included in the operating budget for SFY 2014 and SFY 2015. Contracts were delayed, however, since the exact amount of funding available was only recently

determined. The SFY 2014 amendments are **sole source** because they exceed more than 10% of the original contract amount.

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

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

Community health agencies that receive support through the Division of Public Health Services deliver primary health care services for the homeless specialize in serving people who face barriers to accessing health care, due to issues such as extreme poverty, a lack of insurance, language barriers, behavioral and mental health diagnoses, and geographic isolation. In addition to medical care, community health centers are unique among primary care providers for the array of patient-centered services they offer, including care coordination, translation, transportation, outreach, eligibility assistance, and health education. Racial and ethnic minorities and immigrants experience homelessness at a rate far disproportionate to that of the general population. Community health agencies demonstrate competencies in engaging these individuals by not only addressing their specific linguistic and cultural needs, but also their unique vulnerabilities and situations. The services provided help individuals overcome barriers to getting the care they need and achieving their optimal health.

Should Governor and Executive Council not authorize this Request, homeless individuals in Rockingham and Hillsborough counties may not have adequate access to primary care services. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities.

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

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

infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

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

Community health agencies throughout New Hampshire have demonstrated success in meeting the health care needs of the uninsured and under-insured citizens of the state. Division of Public Health Services funded primary care providers participate in rigorous quality improvement efforts utilizing standard performance measures that focus attention on improving health outcomes for patients. All Primary Health Care for the Homeless vendors are making adequate progress in meeting clinical performance measures and the Department wishes to continue working with the vendors for another year.

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

Area to be served is Hillsborough and Rockingham counties.

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

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

Respectfully submitted,

José Thier Montero, MD, MHCDS
Director

Approved by:
Nicholas A. Toumpas
Commissioner

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FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care - Homeless

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
100% General Funds

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

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

Harbor Homes Vendor # 155358-B001 PO # 1024345

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

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

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

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
6.7% Federal Funds and 93.3% General Funds - Federal Award Identification Number: B04MC26681 •

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

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

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FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care - Homeless

Harbor Homes Vendor # 155358-B001 PO # 1024345

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

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

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

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

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

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

RFP Reviewers

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

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

This 1st Amendment to the Families First of the Greater Seacoast contract (hereinafter referred to as "Amendment One") dated this 17th day of March, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Families First of the Greater Seacoast (hereinafter referred to as "the Contractor"), a corporation with a place of business at 100 Campus Drive, Suite 12, Portsmouth, New Hampshire 03801.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 6, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

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

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

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $218,537

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

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

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

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

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

- $86,219 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

  Add Paragraph 8
  8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

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

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

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

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

State of New Hampshire
Department of Health and Human Services

4/9/14
Date

Brook Dupee
Bureau Chief

Families First of the Greater Seacoast

3/17/14
Date

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

Acknowledgement:

State of NH, County of Rockingham on 3/17/14, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Nancy Casko
Signature of Notary Public or Justice of the Peace

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

My Commission Expires March 7, 2017

Contractor Initials: HTB
Date: 3/17/14

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

OFFICE OF THE ATTORNEY GENERAL

4/17/14
Date

Name: Amanda C. Goodnow
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Contractor Initials: _____
Date: 3/17/14

Scope of Services

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

The Contractor shall:

I. General Provisions

A) Eligibility and Income Determination

1. Primary care services will be provided to homeless, low-income individuals and families (defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), in the State of New Hampshire. Using flexible hours and minimal use of appointment systems, services may be provided in:
   - Permanent office based locations
   - Mobile or temporary delivery locations
2. The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing if, at any time, the practice is closed to new patients, or maintains a wait list for new patients, or any other mechanism is used that limits access for new or existing patients for more than a one month period.
3. The Contractor shall document, for each client enrolled in the program, family income and family size, and calculate percentage of the federal poverty level. If calculations indicate that the client may be eligible for enrollment in Medicaid, the Contractor shall complete the most recent version of the 800P form with the client.
4. The Contractor shall implement, and post in a public and conspicuous location, a sliding fee payment schedule, approved in advance by the Division of Public Health Services (DPHS), for low-income patients. Signage must state that no client will be denied services for inability to pay.
   a. As an alternative, the contractor may post, in a public and conspicuous location, a notice to clients that a sliding fee scale is available and that no client will be denied services for inability to pay. The sliding fee scale must be updated annually based on USDHHS Poverty guidelines as published in the Federal Register, submitted to and approved by DPHS.
5. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid for all reimbursable services rendered.

B) **Numbers Served**

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

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

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services.

Cultural appropriateness in dealing with homeless populations not only addresses the specific linguistic and cultural needs of minorities, but also includes sensitivity to their unique vulnerabilities. Cultural sensitivity recognizes the distrust of providers and institutions often felt by people in these situations. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

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

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

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

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

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

D) **State and Federal Laws**

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

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 301, adopted 6/3/08.

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

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

E) **Relevant Policies and Guidelines**

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

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

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

   - Individuals who are residents in transitional housing.

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

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

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

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

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

F) Publications Funded Under Contract

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

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

3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C (14.1).

G) Subcontractors

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

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

II. Minimal Standards of Core Services

A) Service Requirements

1. Medical Home

The Contractor shall provide a Medical Home that:

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

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

2. Primary Care Services

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

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

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

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

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

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

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

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

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

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

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

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

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

3. Reproductive Health Services

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

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

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

c) Genetic Screening:

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

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

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

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

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

4. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", *Third* Edition or most recent. Children and adolescent visits shall include:

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

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

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

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

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

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

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

5. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment for sexually transmitted infections.

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

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

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

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

6. Substance Use Services

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

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

7. Immunizations

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

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

8. Prenatal Genetic Screening

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

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

9. Additional Requirements

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

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

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

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

B) Staffing Provisions

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

a) executive director

b) financial director

c) registered nurse

d) clinical coordinator

e) medical service director (or by contract)

f) nutritionist (on site or by referral)

g) social worker

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

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

b) registered nurse

c) clinical coordinator

d) social worker

1. Qualifications

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

In addition the following minimum qualifications shall be met for:

a) Registered Nurse

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

b) Nutritionists:

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

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

c) Social Workers shall have:

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

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

d) Clinical Coordinators shall be:

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

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

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

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator or any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.

3. Vacancies

a) The Contractor must notify the MCHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month. This may be done through a budget revision.

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

C) Coordination of Services

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

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

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

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

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

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

D) Meetings and Trainings

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

1. MCHS Agency Directors' meetings

2. MCHS Agency Medical Directors meetings

III. Quality or Performance Improvement (QI/PI)

A) Workplans

1. Performance Workplans are required for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the RHPCS and the MCHS performance-based contracting system and of this contract. Outcomes shall be reported by clinical site.

2. Submit Performance Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

3. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan and activities that monitor and evaluate the agency's progress toward performance measure targets.

4. The Contractor shall comply with modifications and/or additions to the workplan and annual report format as requested by RHPCS and MCHS. MCHS will provide the contractor with reasonable notice of such changes.

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

B) Additional Reporting Requirements

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

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

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

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

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

5. A copy of the agency's updated Sliding Fee Scale including the amount(s) of any client fees and the schedule of discounts must be submitted by March 31st of each year. The agency's sliding fee scale must be updated annually based on the US DHHS Poverty guidelines as published in the Federal Register.
6. An annual summary of program-specific patient satisfaction results obtained during the prior contract period and the method by which the results were obtained shall be submitted annually as an addendum to the Workplan Outcome/Progress reports.

C) On-site reviews

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Indicator #1

Measure: Patient Payor Mix

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

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

Data Source: Provided by agency

Note: An encounter is face-to-face contact between a user and a provider who exercises independent judgment in the provision of services to the individual (UDS Table Definition).

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #1

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

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

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

Denominator-
Total number of client encounters.

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #2

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

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

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

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

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #3

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

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

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

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

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #4

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

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

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

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

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

*Measure based on the National Quality Forum 0018

**2020 National Target 61.2%

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #5

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

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

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

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

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #6

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

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

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

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

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

Exhibit B-1 (2014) - Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Families First of the Greater Seacoast

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

Budget Period: SFY 2014

1. Total Salary/Wages	$ 17,194.00	$ -	$ 17,194.00
2. Employee Benefits		$ -	$ -
3. Consultants	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -
Rental	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -
Educational	$ -	$ -	$ -
Lab	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -
Medical	$ -	$ -	$ -
Office	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -
Telephone	$ -	$ -	$ -
Postage	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -
Insurance	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -
9. Software	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -
12. Subcontracts/Agreements		$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
TOTAL	**$ 17,194.00**	**$ -**	**$ 17,194.00**

Indirect As A Percent of Direct 0.0%

Contractor Initials: [illegible]

Date: 3/17/14

Exhibit B-1 (2015) - Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Families First of the Greater Seacoast

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

Budget Period: SFY 2015

1. Total Salary/Wages	$ 78,058.00	$ -	$ 78,058.00
2. Employee Benefits	$ 8,161.00	$ -	$ 8,161.00
3. Consultants	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -
Rental	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -
Educational	$ -	$ -	$ -
Lab	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -
Medical		$ -	$ -
Office		$ -	$ -
6. Travel	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -
Telephone		$ -	$ -
Postage	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -
Insurance		$ -	$ -
Board Expenses	$ -	$ -	$ -
9. Software	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -
12. Subcontracts/Agreements		$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
TOTAL	**$ 86,219.00**	**$ -**	**$ 86,219.00**

Indirect As A Percent of Direct 0.0%

Contractor Initials: _____

Date: 3/17/14

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

APPROVED G&C #69
DATE 6/6/12

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section to enter into an agreement with Families First of the Greater Seacoast (Vendor #166629-B001), 100 Campus Drive, Suite 12, Portsmouth, New Hampshire 03801, in an amount not to exceed $115,124.00, to provide primary care services for individuals experiencing homelessness, to be effective July 1, 2012 or date of Governor and Council approval, whichever is later, through June 30, 2014. Funds are available in the following account for SFY 2013, and are anticipated to be available in SFY 2014 upon the availability and continued appropriation of funds in the future operating budget.

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

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90080000	$57,562
SFY 2014	102-500731	Contracts for Program Services	90080000	$57,562
			Sub-Total	$115,124

EXPLANATION

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

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

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

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

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

Should Governor and Executive Council not authorize this Request, a minimum of 1,540 low-income homeless individuals from the Rockingham area may not have access to primary care services. A strong primary care infrastructure reduces costs for uncompensated care, improves health outcomes, and reduces health disparities.

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

Three proposals were received in response to the posting. There were no competing applications for the Rockingham and Hillsborough counties solicited in the Requests for Proposals. Three professionals, who work internal and external to the Department of Health and Human Services, scored each proposal. All reviewers have experience either in clinical settings, providing community-based family support services, and or managing agreements with vendors for various public health programs. Areas of specific expertise include maternal and child health homeless services; quality assurance and performance improvement; chronic and communicable diseases; and public health infrastructure. The reviewers used a standardized form to score agencies' relevant experience and capacity to carry out the activities outlined in the proposal. Reviewers look for realistic targets when scoring performance measures in addition to detailed workplans including evaluation components. Budgets were reviewed to be reasonable, justified and consistent with the intent of the program goals and outcomes. Scores were averaged and all proposals were recommended for funding. The Bid Summary is attached.

As referenced in the Request for Proposals, Renewals Section, this competitively procured Agreement has the option to renew for two additional years, contingent upon satisfactory delivery of services, available funding,

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

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

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

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

agreement of the parties and approval of the Governor and Executive Council. These services were contracted previously with this agency in SFY 2011 and SFY 2012 in the amount of $204,880. This represents a decrease of $89,756. The decrease is due to budget reductions.

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

Area served: Rockingham County.

Source of Funds: 19.95% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 80.05% General Funds.

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

Respectfully submitted,

José Thier Montero, MD
Director

Approved by:
Nicholas A. Toumpas
Commissioner

JTM/JF/PT/sc

Primary Care for the Homeless Performance Measures

Primary Care for the Homeless Performance Measure #1

Patient Payor Mix

Primary Care for the Homeless Performance Measure #2

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

Primary Care for the Homeless Performance Measure #3

Percent of clients identified that received further evaluation for depression.

Primary Care for the Homeless Performance Measure #4

Percent of adult client encounters with blood pressure recorded.

Primary Care for the Homeless Performance Measure #5

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

Primary Care for the Homeless Performance Measure #6

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

Primary Care for the Homeless Performance Measure #7

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

Subject: Primary Care Services for the Homeless

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

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

1.13 Acknowledgement: State of ~~NH~~, County of Rockingham

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

1.13.1 Signature of Notary Public or Justice of the Peace

My Commission Expires March 7, 2017

[Seal] Nancy Casko

1.13.2 Name and Title of Notary or Justice of the Peace

NANCY CASKO, NOTARY

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

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

By: Director, On:

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

By: Kenner 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: Families First of the Greater Seacoast

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

The Contractor shall:

I. General Provisions

A) Eligibility and Income Determination

1. Primary care services will be provided to homeless, low-income individuals and families (defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), in the State of New Hampshire. Using flexible hours and minimal use of appointment systems, services may be provided in:
   - Permanent office based locations
   - Mobile or temporary delivery locations

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

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

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

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

5. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private *and commercial* insurances, Medicare, and Medicaid for all reimbursable services rendered.

Contractor Initials: HK
Date: 4/4/12

B) Numbers Served

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

C) Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services.

Cultural appropriateness in dealing with homeless populations not only addresses the specific linguistic and cultural needs of minorities, but also includes sensitivity to their unique vulnerabilities. Cultural sensitivity recognizes the distrust of providers and institutions often felt by people in these situations. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

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

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

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

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

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

D) State and Federal Laws

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

1. *The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 30*1, adopted 6/3/08.

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

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

Contractor Initials: [illegible]

Date: 4/4/12

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: [illegible]

Date: 4/4/12

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: LHS

Date: 4/4/12

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.

4. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", *Third* Edition or most recent. Children and adolescent visits shall include:

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

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

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

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

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

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

5. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment for sexually transmitted infections.

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

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

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

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

Contractor Initials: [illegible]

Date: 4/4/12

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: [illegible]

Date: 4/4/12

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: _____

Date 9/7/12

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

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

d) Clinical Coordinators shall be:

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

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

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

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator or any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.

3. Vacancies

a) The Contractor must notify the MCHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month. This may be done through a budget revision.

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

C) Coordination of Services

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

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

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

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

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Date: 5/1/12

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

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

D) Meetings and Trainings

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

1. MCHS Agency Directors' meetings

2. MCHS Agency Medical Directors meetings

III. Quality or Performance Improvement (QI/PI)

A) Workplans

1. Performance Workplans are required for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the RHPCS and the MCHS performance-based contracting system and of this contract. *Outcomes shall be reported by clinical site.*

2. Submit Performance Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

3. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan and activities that monitor and evaluate the agency's progress toward performance measure targets.

4. The Contractor shall comply with modifications and/or additions to the workplan and annual report format as requested by RHPCS and MCHS. *MCHS* will provide the contractor with reasonable notice of such changes.

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

B) Additional Reporting Requirements

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

1. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be completed according to

Contractor Initials: [illegible]

Date: 9/24/12

the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.

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

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

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

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

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

C) **On-site reviews**

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

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

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

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

Contractor Initials: LKBS
Date: 4/1/12

NH Department of Health and Human Services

Exhibit B

Purchase of Services
Contract Price

Primary Care Services for the Homeless

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

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

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

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

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

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

TOTAL: $115,124

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

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

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

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

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

Contractor Initials: _____

Date. 7/4/12

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

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Contractor Initials: _____
Date: 4/4/12

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: **Families First of the Greater Seacoast**

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

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

   $280,486 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.

   $60,068 for Breast and Cervical Cancer Screening, funded from 100% federal funds from the Center for Disease Control (CFDA #93.283).

TOTAL: $340,554

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: [illegible]
Date: 3/27/12

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.

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Contractor Initials: IVK

Date: 3/27/12

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: [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: 3/21/17

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: 3/27/18

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: 3/27/12

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: 3/27/12

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: 3/27/12

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: [illegible]
Date: 3/27/12

(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.

Families First of the Greater Seacoast **From: 7/1/12 or date of G&C Approval, whichever is later To: 6/30/14**

Contractor Name **Period Covered by this Certification**

Helen B. Taft Executive Director / President

Name and Title of Authorized Contractor Representative

Helen B. Taft 3/27/12

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.

[signature]	Executive Director/President
Contractor Signature	**Contractor's Representative Title**
Families First of the Greater Seacoast	3/27/12
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: 3/27/12

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]	Executive Director, President
Contractor Signature	**Contractor's Representative Title**
Families First of the Greater Seacoast	3/27/12
Contractor Name	**Date**

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.

Helen B. T	Executive Director / President
Contractor Signature	**Contractor's Representative Title**
Families First of the Greater Seacoast	3/27/12
Contractor Name	**Date**

Budget Form

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

Bidder/Program Name: Families First of the Greater Seacoast

4/2/2012

Budget Request for: Primary Care Services-PC
(Name of RFP)

Budget Period: July 1, 2012 - June 30, 2013

	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 140,243.00	$ -	$ 140,243.00	
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	$ 140,243.00	$ -	$ 140,243.00	

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: Families First of the Greater Seacoast

4/2/2012

Budget Request for: Primary Care Services-PC
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

	Direct Incremental	Indirect Fixed	Total	Allowable Method/Rate Indirect/Fixed (if applicable)
1. Total Salary/Wages	$ 140,243.00	$ -	$ 140,243.00	
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	$ 140,243.00	$ -	$ 140,243.00	

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: Families First of the Greater Seacoast

Budget Request for: Primary Care Services-BCCP
(Name of RFP)

Budget Period: July 1, 2012 - June 30, 2013

4/3/2012

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 16,132.00	$ -	$ 16,132.00	
2. Employee Benefits	$ 1,902.00	$ -	$ 1,902.00	
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 (Clinical Services):	$ 12,000.00	$ -	$ 12,000.00	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 30,034.00	$ -	$ 30,034.00	

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: Families First of the Greater Seacoast

4/2/2012

Budget Request for: Primary Care Services-BCCP
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed
1. Total Salary/Wages	$ 16,132.00	$ -	$ 16,132.00	
2. Employee Benefits	$ 1,902.00	$ -	$ 1,902.00	
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 (Clinical Services):	$ 12,000.00	$ -	$ 12,000.00	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 30,034.00	$ -	$ 30,034.00	

Indirect As A Percent of Direct 0.0%

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

6/3/15
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

6/10/15
Date

Name: Megan A. York
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.

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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

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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.

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.

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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):
   - 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-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: HealthFirst Family Care Center

Budget Request for: Primary Care MCH-RHPC

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	$134,060.67	$13,406.07	$147,466.74	$0.00	$0.00	$0.00	$134,060.67	$13,406.07	$147,466.74
2. Employee Benefits	$28,823.06	$2,882.31	$31,705.36	$0.00	$0.00	$0.00	$28,823.06	$2,882.31	$31,705.36
3. Consultants	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4. Equipment:	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Rental	$2,392.87	$0.00	$2,392.87	$0.00	$0.00	$0.00	$2,392.87	$0.00	$2,392.87
Repair and Maintenance	$313.42	$0.00	$313.42	$0.00	$0.00	$0.00	$313.42	$0.00	$313.42
Purchase/Depreciation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
5. Supplies:	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00
Educational	$11,074.52	$0.00	$11,074.52	$0.00	$0.00	$0.00	$11,074.52	$0.00	$11,074.52
Lab	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Medical	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Office	$2,715.17	$0.00	$2,715.17	$0.00	$0.00	$0.00	2,715	$0.00	$2,715.17
6. Travel	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
7. Occupancy	$17,861.19	$0.00	$17,861.19	$0.00	$0.00	$0.00	$17,861.19	$0.00	$17,861.19
8. Current Expenses	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Telephone	$4,639.86	$0.00	$4,639.86	$0.00	$0.00	$0.00	$4,639.86	$0.00	$4,639.86
Postage	$958.31	$0.00	$958.31	$0.00	$0.00	$0.00	$958.31	$0.00	$958.31
Subscriptions	$1,617.74	$0.00	$1,617.74	$0.00	$0.00	$0.00	$1,617.74	$0.00	$1,617.74
Audit and Legal	$3,955.62	$0.00	$3,955.62	$0.00	$0.00	$0.00	$3,955.62	$0.00	$3,955.62
Insurance	$1,480.38	$0.00	$1,480.38	$0.00	$0.00	$0.00	$1,480.38	$0.00	$1,480.38
Board Expenses	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
9. Software	$15,303.81	$0.00	$15,303.81	$0.00	$0.00	$0.00	$15,303.81	$0.00	$15,303.81
10. Marketing/Communications	$12,000.00	$0.00	$12,000.00	$0.00	$0.00	$0.00	$12,000.00	$0.00	$12,000.00
11. Staff Education and Training	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
12. Subcontracts/Agreements	$3,770.00	$0.00	$3,770.00	$0.00	$0.00	$0.00	$3,770.00	$0.00	$3,770.00
13. Other (Banking, Payroll Fee & Recruitment):	$4,736.02	$0.00	$4,736.02	$0.00	$0.00	$0.00	$4,736.02	$0.00	$4,736.02
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL	$245,702.63	$16,288.37	$261,991.00	$0.00	$0.00	$0.00	$245,702.63	$16,288.37	$261,991.00
Indirect As A Percent of Direct		6.63%							

Date: 5/15/15

Contractors Initials:

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: HealthFirst Family Care Center

Budget Request for: Primary Care - BCCP

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	$ 3,539.10	$ 353.91	$ 3,893.01	$ -	$ -	$ -	$ 3,539.10	$ 353.91	$ 3,893.01
2. Employee Benefits	$ 760.91	$ 76.09	$ 837.00	$ -	$ -	$ -	$ 760.91	$ 76.09	$ 837.00
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 (BCCP Clinical Services):	$ 4,523.00	$ -	$ 4,523.00	$ -	$ -	$ -	$ 4,523.00	$ -	$ 4,523.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 8,823.00	$ 430.00	$ 9,253.00	$ -	$ -	$ -	$ 8,823.00	$ 430.00	$ 9,253.00
Indirect As A Percent of Direct		4.9%							

Date: 5/15/15

Contractor's Initials: JCW

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)

	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	$ 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	**$ 38,861.88**	**$ 2,731.87**	**$ 41,593.75**	**$ -**	**$ -**	**$ -**	**$ 38,861.88**	**$ 2,731.87**	**$ 41,593.75**
Indirect As A Percent of Direct		7.0%							

Contractor Initials: JW

Date: 5/15/15

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: HealthFirst Family Care 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		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$134,060.67	$13,406.07	$147,466.74	$0.00	$0.00	$0.00	$134,060.67	$13,406.07	$147,466.74
2. Employee Benefits	$28,823.06	$2,882.31	$31,705.36	$0.00	$0.00	$0.00	$28,823.06	$2,882.31	$31,705.36
3. Consultants	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4. Equipment:	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Rental	$2,392.87	$0.00	$2,392.87	$0.00	$0.00	$0.00	$2,392.87	$0.00	$2,392.87
Repair and Maintenance	$313.42	$0.00	$313.42	$0.00	$0.00	$0.00	$313.42	$0.00	$313.42
Purchase/Depreciation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
5. Supplies:	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00
Educational	$11,074.52	$0.00	$11,074.52	$0.00	$0.00	$0.00	$11,074.52	$0.00	$11,074.52
Lab	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Pharmacy	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Medical	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Office	$2,715.17	$0.00	$2,715.17	$0.00	$0.00	$0.00	2,715	$0.00	$2,715.17
6. Travel	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
7. Occupancy	$17,861.19	$0.00	$17,861.19	$0.00	$0.00	$0.00	$17,861.19	$0.00	$17,861.19
8. Current Expenses	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Telephone	$4,639.86	$0.00	$4,639.86	$0.00	$0.00	$0.00	$4,639.86	$0.00	$4,639.86
Postage	$958.31	$0.00	$958.31	$0.00	$0.00	$0.00	$958.31	$0.00	$958.31
Subscriptions	$1,617.74	$0.00	$1,617.74	$0.00	$0.00	$0.00	$1,617.74	$0.00	$1,617.74
Audit and Legal	$3,955.62	$0.00	$3,955.62	$0.00	$0.00	$0.00	$3,955.62	$0.00	$3,955.62
Insurance	$1,480.38	$0.00	$1,480.38	$0.00	$0.00	$0.00	$1,480.38	$0.00	$1,480.38
Board Expenses	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
9. Software	$15,303.81	$0.00	$15,303.81	$0.00	$0.00	$0.00	$15,303.81	$0.00	$15,303.81
10. Marketing/Communications	$12,000.00	$0.00	$12,000.00	$0.00	$0.00	$0.00	$12,000.00	$0.00	$12,000.00
11. Staff Education and Training	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
12. Subcontracts/Agreements	$3,770.00	$0.00	$3,770.00	$0.00	$0.00	$0.00	$3,770.00	$0.00	$3,770.00
13. Other (Banking, Payroll Fee & Recruitment):	$4,736.02	$0.00	$4,736.02	$0.00	$0.00	$0.00	$4,736.02	$0.00	$4,736.02
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL	**$245,702.63**	**$16,288.37**	**$261,991.00**	**$0.00**	**$0.00**	**$0.00**	**$245,702.63**	**$16,288.37**	**$261,991.00**
Indirect As A Percent of Direct		6.63%							

Date: 5/15/15

Contractor Initials: JCW

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: HealthFirst Family Care Center

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	$ 3,539.10	$ 353.91	$ 3,893.01	$ -	$ -	$ -	$ 3,539.10	$ 353.91	$ 3,893.01
2. Employee Benefits	$ 760.91	$ 76.09	$ 837.00	$ -	$ -	$ -	$ 760.91	$ 76.09	$ 837.00
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 (BCCP Clinical Services):	$ 4,523.00	$ -	$ 4,523.00	$ -	$ -	$ -	$ 4,523.00	$ -	$ 4,523.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 8,823.00**	**$ 430.00**	**$ 9,253.00**	**$ -**	**$ -**	**$ -**	**$ 8,823.00**	**$ 430.00**	**$ 9,253.00**
Indirect As A Percent of Direct		4.9%							

Date: 5/15/15

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: HealthFirst Family Care 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	$ 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: Jcw
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.

5/15/15
Date

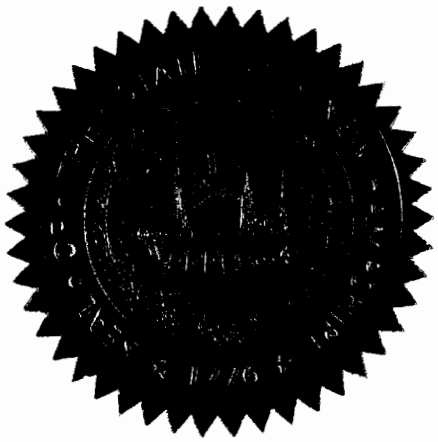
Contractor Name:

Name: JAMES C WOLLS
Title: BOARD CHAIR

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 Health First Family Care Center is a New Hampshire nonprofit corporation formed April 23, 1996. 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 15th day of May A.D. 2015

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, **Bill Purslow**, do hereby certify that:

1. I am a duly elected Officer of **HealthFirst Family Care Center, Inc**.

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 **January 28, 2015**:

   RESOLVED: That the **Board Chair**

   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 **15th** day of **May, 2015**.

4. **Jim Wells** is the duly elected **Board Chair** of the Agency.

Bill Purslow

Bill Purslow, Secretary/Treasurer BOD
HealthFirst Family Care Center, Inc.

STATE OF NEW HAMPSHIRE

County of Merrimack

The forgoing instrument was acknowledged before me this 15th day of May, 2015,

By Bill Purslow.

Theresa French

(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: _____

THERESA L. FRENCH, Notary Public
My Commission Expires July 16, 2019

HEALFIR-01 LMICHALS

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/18/2014

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

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

PRODUCER License # AGR8150 Clark Insurance 80 Canal St Manchester, NH 03101	CONTACT NAME: Lorraine Michals PHONE (A/C, No, Ext): (603) 622-2855 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
INSURED Health First Family Care Center 841 Central St Franklin, NH 03235	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 CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			OBVA044172	07/01/2014	07/01/2015	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 $ 300,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS [X] HIRED AUTOS SCHEDULED AUTOS [X] NON-OWNED AUTOS			OBVA044172	07/01/2014	07/01/2015	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	[X] UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED RETENTION $			OBVA044172	07/01/2014	07/01/2015	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WBVA044167	07/01/2014	07/01/2015	[X] PER STATUTE [ ] 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

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

HEALFIR-01 LMICHALS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/18/2014

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PRODUCER License # AGR8150 Clark Insurance 80 Canal St Manchester, NH 03101	CONTACT NAME: Lorraine Michals PHONE (A/C, No, Ext): (603) 622-2855 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
INSURED Health First Family Care Center 841 Central St Franklin, NH 03235	INSURER B : CNA Insurance Company
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

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

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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	07/01/2014	07/01/2015	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:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			OBVA044172	07/01/2014	07/01/2015	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X 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	$
B	Prof GAP Liability			HMA1066905449-10	11/01/2013	11/01/2014	Each Claim	1,000,000
B	Prof GAP Liability			HMA1066905449-10	11/01/2013	11/01/2014	Aggregate	5,000,000

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

CERTIFICATE HOLDER

Beacon Health Strategies, LLC
200 State Street
Boston, MA 02109

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

HEALFIR-01 LMICHALS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/18/2014

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	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Citizens Ins Co of America — 31534
INSURED Health First Family Care Center 841 Central St Franklin, NH 03235	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

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

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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:			OBVA044172	07/01/2014	07/01/2015	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			OBVA044172	07/01/2014	07/01/2015	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $			OBVA044172	07/01/2014	07/01/2015	EACH OCCURRENCE	$ 1,000,000
							AGGREGATE	$ 1,000,000
								$
A	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			WBVA044167	07/01/2014	07/01/2015	X PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

CERTIFICATE HOLDER

Bi-State Primary Care Association
525 Clinton Street
Bow, NH 03304

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

HEALFIR-01 LMICHALS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/18/2014

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	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Citizens Ins Co of America — 31534
INSURED Health First Family Care Center 841 Central St Franklin, NH 03235	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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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			OBVA044172	07/01/2014	07/01/2015	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						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:							$
A	AUTOMOBILE LIABILITY			OBVA044172	07/01/2014	07/01/2015	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 OCCUR			OBVA044172	07/01/2014	07/01/2015	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WBVA044167	07/01/2014	07/01/2015	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) N/A						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 Division of Public Health Services,
NH DHHS
2E, 29 Hazen Drive
Concord, NH 03301-6504

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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.

HEALTH FIRST FAMILY CARE CENTER, INC.

AUDITED FINANCIAL STATEMENTS

SEPTEMBER 30, 2014 AND 2013

CONTENTS

BRAD BORBIDGE, P.A.
CERTIFIED PUBLIC ACCOUNTANTS
197 LOUDON ROAD, SUITE 350
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Independent Auditors' Report

Board of Directors
Health First Family Care Center, Inc.
Franklin, New Hampshire

We have audited the accompanying financial statements of Health First Family Care Center, Inc., which comprise the balance sheets as of September 30, 2014 and 2013, 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 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 opinions.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Health First Family Care Center, Inc. as of September 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 is 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 is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated January 28, 2015, 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
January 28, 2015

HEALTH FIRST FAMILY CARE CENTER, INC.

BALANCE SHEETS

SEPTEMBER 30, 2014 AND 2013

ASSETS

	2014	2013
Current Assets:		
Cash and cash equivalents	$ 123,183	$ 179,086
Patient accounts receivable, net of allowance for uncollectible accounts of $100,000 and $176,208 at September 30, 2014 and 2013, respectively	502,797	333,824
Grant receivables	96,482	59,805
Other current assets	30,228	18,144
Total Current Assets	752,690	590,859
Assets Limited As To Use	126,539	76,707
Furniture and Equipment, Net	1,486,561	1,564,870
TOTAL ASSETS	$ 2,365,790	$ 2,232,436

LIABILITIES AND NET ASSETS

Current Liabilities:		
Line of credit	$ 88,280	$ 122,129
Accounts payable and accrued expenses	83,355	74,471
Accrued payroll and related expenses	140,099	134,836
Deferred revenue	21,420	21,229
Due to third party payers	-	124,923
Current maturities on long-term debt	40,927	38,081
Total Current Liabilities	374,081	515,669
Long-term Debt, Less Current Maturities	1,397,383	1,437,064
Total Liabilities	1,771,464	1,952,733
Net Assets:		
Unrestricted	594,326	279,703
TOTAL LIABILITIES AND NET ASSETS	$ 2,365,790	$ 2,232,436

(See accompanying notes to these financial statements)

HEALTH FIRST FAMILY CARE CENTER, INC.

STATEMENTS OF OPERATIONS AND CHANGES IN UNRESTRICTED NET ASSETS

FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	2014	2013
Operating Revenue:		
Patient service revenue	$ 2,269,875	$ 2,122,638
Provision for bad debts	(376,568)	(312,778)
Net Patient Service Revenue	1,893,307	1,809,860
Grants, contracts, and contributions	1,341,905	1,072,675
Managed grant revenue	9,219	86,927
Other operating revenue	149,130	54,325
Total Operating Revenue	3,393,561	3,023,787
Operating Expenses:		
Salaries and benefits	2,123,644	1,863,187
Other operating expenses	815,589	807,739
Managed grant expense	-	83,599
Depreciation	78,309	91,464
Interest expense	61,396	61,688
Total Operating Expenses	3,078,938	2,907,677
OPERATING INCOME AND EXCESS OF REVENUE OVER EXPENSES	314,623	116,110
Grants Received For Capital Acquisitions	-	5,219
INCREASE IN UNRESTRICTED NET ASSETS	314,623	121,329
Net Assets, Beginning of Period	279,703	158,374
NET ASSETS, END OF PERIOD	$ 594,326	$ 279,703

(See accompanying notes to these financial statements)

HEALTH FIRST FAMILY CARE CENTER, INC.

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	2014	2013
Cash Flows From Operating Activities:		
Change in net assets	$ 314,623	$ 121,329
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Provision for bad debts	376,568	312,778
Depreciation	78,309	91,464
Grants received for capital acquisitions	-	(5,219)
Increase (decrease) in the following assets:		
Patient accounts receivable	(545,541)	(281,381)
Grant receivables	(36,677)	(19,272)
Prepaid expenses	(12,084)	888
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	8,884	(50,328)
Accrued payroll and related expenses	5,263	24,106
Deferred revenue	191	(41,444)
Due to third party payers	(124,923)	124,923
Net Cash Provided by Operating Activities	64,613	277,844
Cash Flows From Investing Activities:		
Capital expenditures	-	(5,219)
Increase in assets limited as to use	(49,832)	(4,740)
Net Cash Used by Investing Activities	(49,832)	(9,959)
Cash Flows From Financing Activities:		
Payments on line of credit	(33,849)	(63,000)
Grants received for capital acquisitions	-	5,219
Principal payment of long-term debt	(36,835)	(36,545)
Net Cash Used by Financing Activities	(70,684)	(94,326)
Net (Decrease) Increase in Cash and Cash Equivalents	(55,903)	173,559
Cash and Cash Equivalents, Beginning of Year	179,086	5,527
CASH AND CASH EQUIVALENTS, END OF YEAR	$ 123,183	$ 179,086
Supplemental Disclosures of Cash Flow Information:		
Cash paid for interest	$ 61,396	$ 61,688

(See accompanying notes to these financial statements)

HEALTH FIRST FAMILY CARE CENTER, INC.

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2014 AND 2013

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

Health First Family Care Center, Inc., "the Organization," is a non-stock, non-profit corporation organized in New Hampshire. The Organization's is a Federally Qualified Health Center (FQHC) providing high quality primary health care, treatment, prevention and education services required by the residents in the Twin Rivers Region of New Hampshire, commensurate with available resources, and to coordinate and cooperate with other community and regional health care providers to assure the people of the region the fullest possible range of health services.

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 position 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 preparation of financial statements in conformity with accounting standards generally accepted in the United States of America require management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

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.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Accounts Receivable

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 all funding sources in the aggregate and fully reserves for patient balances over 180 days, in accordance with the Organization's collection policy. 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 doubtful accounts.

A reconciliation of the allowance for doubtful accounts follows:

	2014	2013
Balance, beginning of year	$ 176,208	$ 170,000
Provision	376,568	312,778
Write-offs	(452,776)	(306,570)
Balance, end of year	$ 100,000	$ 176,208

Decrease is allowance is primarily due to as part of the implementation of a new billing system, all balances in the previous system were written off.

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 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. Depreciation is computed on the straight-line method and is provided over the estimated useful life of each class of depreciable asset.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Gifts of Long-lived 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, expiration 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 the long-lived assets.

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 administrative contractor. The Organization's Medicare cost reports have been retroactively settled through June 30, 2012.

- 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.

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 other operating revenue in the year that such amounts become known.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)
Patient Service Revenue (Continued)

The Organization recorded a favorable change from prior year third party cost report estimates amounting to $22,224 and $30,493 for the years ended September 30, 2014 and 2013, respectively.

The Organization, as a FQHC, began participating in the 340B pharmacy program during 2013 through a contractual relationship with local pharmacies. The program requires drug manufacturers to provide outpatient drugs to FQHC's and other identified entities at a reduced price. 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. Expenses incurred related to the program are included in other operating expenses.

Excess of Revenue Over Expenses

The statement of operations includes excess of revenue over expenses. Changes in unrestricted net assets, which are excluded from the excess of revenue over expenses, consistent with industry practice, includes 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 consisted cash and cash equivalents at September 30, 2014 and 2013 as follows:

	2014	2013
United States Department of Agriculture		
Rural Development loan agreements	$ 74,536	$ 64,706
Designated by the governing board for:		
Working capital	40,000	-
Capital acquisition and maintenance	12,003	12,001
Total	$ 126,539	$ 76,707

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

NOTE 3 FURNITURE AND EQUIPMENT

The cost and accumulated depreciation of furniture and equipment at September 30, 2014 and 2013 follows:

	2014	2013
Buildings and improvements	$ 1,684,182	$ 1,684,182
Leasehold improvements	129,687	129,687
Equipment	381,884	381,884
Furniture and fixtures	85,133	85,133
Total cost	2,280,886	2,280,886
Less, accumulated depreciation	794,325	716,016
Property and Equipment, Net	$ 1,486,561	$ 1,564,870

NOTE 4 LINE OF CREDIT

The Organization has a $300,000 line of credit with a local bank, payable on demand, through March 2015, with interest of 6.25% at September 30, 2014. The balance outstanding at September 30, 2014 and 2013 amounted to $88,280 and $122,129, respectively. Borrowings on the line of credit are secured by all of the Organization's business assets, including accounts receivable. The line of credit contains a minimum debt service coverage covenant requirement which was met at September 30, 2014.

NOTE 5 LONG-TERM DEBT

A summary of notes payable at September 30, 2014 and 2013 follows:

	2014	2013
A 4.125% promissory note, which matures in March 2037, paid in monthly installments of $8,186, which includes interest, to the U.S. Department of Agriculture. The note is secured by all tangible property owned by the Organization.	$ 1,438,310	$ 1,475,145
Less current maturities	40,927	38,081
Long-term Debt Excluding Current Maturities	$ 1,397,383	$ 1,437,064

NOTE 5 LONG-TERM DEBT (CONTINUED)

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

2015	$ 40,927
2016	41,373
2017	43,112
2018	44,925
2019	46,813
Thereafter	1,221,160
Total	$ 1,438,310

NOTE 6 PATIENT SERVICE REVENUE

The following is an analysis of patient service revenue for the years ended September 30, 2014 and 2013:

	2014	2013
Gross charges	$ 2,737,340	$ 2,809,478
Less: contractual adjustments	(409,993)	(429,372)
free care	(327,508)	(433,178)
Medical patient service revenue	1,999,839	1,946,928
340B pharmacy revenue	270,036	175,710
Total Patient Service Revenue	$ 2,269,875	$ 2,122,638

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 $344,058 and $433,178 for the years ended September 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. Local community support consists of contributions and United Way and municipal appropriations.

NOTE 7 FUNCTIONAL EXPENSES

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

	2014	2013
Program services	$ 2,538,550	$ 2,388,525
Administrative and general	540,388	519,152
Total	$ 3,078,938	$ 2,907,677

NOTE 8 RETIREMENT PLAN

The Organization has a contributory defined contribution plan covering eligible employees. The Organization contributed $26,298 and $18,461 to the plan for the years ended September 30, 2014 and 2013, respectively.

NOTE 9 OPERATING LEASE COMMITMENTS

The following is a schedule by years of future minimum rental payments required under operating leases for facilities that have initial or remaining non-cancellable lease terms in excess of one year:

Year Ending September 30,	Minimum Lease Payments
2015	$ 61,230
2016	62,631
2017	64,061
2018	65,519
2019	67,007
Thereafter	192,025
Total	$ 512,473

Rental expense on operating leases was $59,514 and $60,075 for the years ended September 30, 2014 and 2013, respectively.

NOTE 10 CONCENTRATION OF RISK

The Organization grants credit without collateral to it patients, most of whom are local residents in the towns served by the Organization and are insured under third-party payer agreements. At September 30, 2014, Medicaid and Medicare represented 39% and 20%, respectively, of account receivables. No other individual payer source exceeded 10% of the gross accounts receivable balance.

NOTE 11 MALPRACTICE INSURANCE

The Organization is protected from medical malpractice risk as a 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, 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 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.

NOTE 12 SUBSEQUENT EVENTS

Subsequent events have been evaluated by management through January 28, 2015, which is the date the financial statements were available to be issued.

HEALTH FIRST FAMILY CARE CENTER, INC.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

FOR THE YEAR ENDED SEPTEMBER 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		$ 678,008
Small Health Care Provider Quality Improvement	93.912		21,230
Total direct programs			699,238
Passed through programs from:			
State of New Hampshire Department of Health and Human Services			
Breast and Cervical Cancer Screening	93.283	102-500731/90080081	11,325
Oral Health	93.991	102-500731/90072003	9,772
Primary Care	93.994	102-500731/90080000	18,753
Bi-State Primary Care Association, Inc.			
Oral Health	93.236		33,706
Cooperative Agreement to Support Navigators in Federally-Facilitated and state Partnership exchange	93.750		26,933
Total pass-through programs			100,489
Total Expenditures of Federal Awards			$ 799,727

The accompanying notes are an integral part of this schedule.

HEALTH FIRST FAMILY CARE CENTER, INC.

NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

FOR THE YEAR ENDED SEPTEMBER 30, 2014

NOTE 1 BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards, "the Schedule", includes the federal grant activity of Health First Family Care Center, Inc., "the Organization", under programs of the federal government for the year ended September 30, 3014. 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
Health First Family Care Center, Inc.
Franklin, 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 Health First Family Care Center, Inc., which comprise the balance sheets as of September 30, 2014, 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, and have issued our report thereon dated January 28, 2015.

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 and therefore, material weaknesses or significant deficiencies may exist that were not identified. 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. We did identify a deficiency in internal control, described in the accompanying schedule of findings and questioned costs as item 2014-001 that we consider to be a significant deficiency.

Compliance and Other Matters

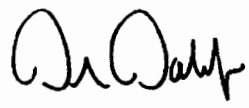
As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material 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*.

Management's Response to Findings

Management's response to the findings identified in our audit are described in the accompanying schedule of findings and questioned costs. Management's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

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
January 28, 2015

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

Board of Directors
Health First Family Care Center, Inc.
Franklin, New Hampshire

Report on Compliance for Each Major Federal Program

We have audited Health First Family Care Center, 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 September 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.

Auditor's 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 September 30, 2014.

Other Matters

The results of our auditing procedures disclosed an instance of noncompliance, which is required to be reported in accordance with OMB Circular A-133 and which is described in the accompanying schedule of findings and questioned costs as item 2014-002. Our opinion on each major federal program is not modified with respect to these matters.

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 and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, we identified a deficiency in internal control over compliance, as described in the accompanying schedule of findings and questioned costs as item 2014-001 that we consider to be a significant deficiency.

Management's Response to Findings

Management's response to the finding identified in our audit are described in the accompanying schedule of findings and questioned costs. Management's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

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
January 28, 2015

HEALTH FIRST FAMILY CARE CENTER, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

FOR THE YEAR ENDED SEPTEMBER 30, 2014

Section I - Summary of Auditors' Results

A. Financial Statements:

1. Type of auditors' report issued	Unmodified
2. Internal control over financial reporting:	
• Material weakness(es) identified?	No
• Significant deficiencies identified?	Yes
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?	Yes
2. Type of auditors' 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?	Yes

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

HEALTH FIRST FAMILY CARE CENTER, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)

FOR THE YEAR ENDED SEPTEMBER 30, 2014

Section II - Findings and Questioned Costs

A. Financial Statements

2014-001 Accounts Receivable and Revenue Recognition

Criteria:
Generally accepted accounting principles require financial statements be fairly presented. For financial statements to be fairly presented, patient accounts receivable and revenue should be recorded at the net amount expected to be received.

Condition:
Patient accounts receivable and related revenue were not recorded at the net amount expected to be received. Certain encounters were recorded and billed twice and other encounters were not recorded at the appropriate amount.

Effects:
The financial statements, including patient accounts receivable, patient service revenue and bad debts, may not be fairly presented.

Cause:
The Organization implemented a new billing system during the year with a direct interface with the Organization's electronic medical records system (EMR). Certain actions occurring within the EMR were resulting in duplicate encounters to be generated and inadvertently billed as well as certain services carrying forward to the claims inaccurately.

Questioned Costs:
None noted.

Recommendations:
With the new interface between the Organization's EMR and billing systems, we believe a detailed review of each claim and related patient activity prior to claim submission is important and recommend management modify billing procedures to incorporate the necessary steps to sufficiently review claims and related patient activity to ensure accurate billing.

Section II - Findings and Questioned Costs (Continued)

A. Financial Statements (Continued)

2014-001 Accounts Receivable and Revenue Recognition (Continued)

Management Response:
Management recognizes the importance of accurate billing and related impact on the financial statements and has made it a top fiscal priority to establish the necessary billing procedures to ensure claims and related patient activity is sufficiently reviewed prior to claim submission.

B. Federal Awards

2014-001 Accounts Receivable and Revenue Recognition

Same as financial statement findings reported above.

2014-002 Governing Board Compliance Requirement of the Health Center Cluster

Criteria:
The Health Center Cluster grant requires the board of directors to be composed of individuals, a majority of whom are being served by the center and who, as a group, represent the individuals being served by the center.

Condition:
The majority of the members of the Organization's governing board are not clients of the Organization.

Effects:
It can be perceived that a governing board that is not representative of the individuals the Organization serves may impair the board's ability to govern the Organization and its operation of the health center.

Cause:
The Organization's governing board is out of compliance as the result of member resignations during the year.

HEALTH FIRST FAMILY CARE CENTER, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)

FOR THE YEAR ENDED SEPTEMBER 30, 2014

Section II - Findings and Questioned Costs (Continued)

B. Federal Awards (Continued)

2014-002 Governing Board Compliance Requirement of the Health Center Cluster (Continued)

Questioned Costs:
None noted.

Recommendations:
We recommended management continued to actively engage in new member recruitment, with an emphasis on clients of the Organization.

Management Response:
Management recognizes the importance of the board composition and is actively recruiting new members with an emphasis on clients of the Organization.

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

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

HEALTH FIRST
FAMILY CARE CENTER

Board of Directors

Revised 4/2015

Sarah Gagnon, Agency Representative [redacted] **Started: 02/26/2014**	Michael Stanley, Vice-Chair - Client Representative [redacted] Started: 07/2012
Henry Lipman, Agency Representative LRGHealthcare [redacted] **Started: 09/2014**	**James C. Wells, Board Chair - Client Representative** [redacted] **Started: 03/2005**
Barbara Normandin, Agency Representative [redacted] **Started: 02/2012**	Susan Wnuk, **Agency Representative** Director Community Health & Nutrition Services [redacted] **Started: 03/2009**
Bill Purslow, Secretary/Treasurer - Community Rep [redacted] **Started: 06/2014**	**Laura Powers, Client Representative** [redacted] **Started: 03/2015**
Crystal Squeglia, Client Representative [redacted]	**Client Representative, VACANT**

***Officers of the Board of Directors are indicated in bold.**

Richard D. Silverberg MSSW, LICSW

EXPERIENCE

1995-Present	Caring Community Network of the Twin Rivers/Health First Family Care Center, Franklin, NH **Managing Director** Caring Community Network of the Twin Rivers **Executive Director Health** First Family Care Center
1994-Present	Synergy Works Consulting **Principal**
1979-1994 (1987-1994) (1979-1987)	Central New Hampshire Community Mental Health, Concord, New Hampshire **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, Connecticut **Community Systems Developer**
1975-1978	Human Services and Resources Center, West Haven, Connecticut **Community Based Social Worker**
1979-Present	Appalachian Mountain Club **Director:** Winter and Spring and Fall Mountain Safety 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	UCONN, UNE, Plymouth State College and Boston University **Field Supervisor** and **guest lecturer** to graduate social work students

EDUCATION

BS, 1974, Major Biology and Social Work, University of Wisconsin Madison Wisconsin
MSSW, 1975, Master of Science and Social Work, University of Wisconsin, Madison

MEMBERSHIPS/CERTIFICATIONS

NASW, National Association Social Workers, ACSW, Certified since 1978, LICSW, 1994
Appalachian Mountain Club, New Hampshire Chapter, Concord Community Players (Theater group)
Association of Experiential Education

COMMUNITY BOARDS

1988-2004	Founding member of Concord Area Trust for Community Housing (CATCH)
1995-Present	Caring Community Network of the Twin Rivers
1997-Present	Community Health Access Network (CHAN)
2000-2009	Endowment for Health Advisory council
1999-Present	BiState Primary Care Assn.
2008-Present	Bridges 2 Prevention Alcohol and Drug Abuse Prevention board

Richard D. Silverberg MSSW, LICSW

SKILLS

MANAGEMENT AND ADMINISTRATION

- Directed integrated health and human services network
- Executive Director, start up, community primary health care center (FQHC)
- Managed nine departments combined staff of 75 with budget of $5 million
- Administered direct service programs for adults and children
- Director 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 comprehensive, citizen participatory, regional needs assessment and planning process
- Designed and administered community consultation, education and training program
- Worked with community groups, schools, agencies, business and industry to assess needs and develop contracts for consultation and training services
- Designed and developed community housing continuum (150 beds)
- Developed primary health care and prevention programs in the community
- Marketed and developed 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 services
- Carried caseload for individual, family and group treatment, and provided crises intervention service
- Planned and instituted conferences and community prevention programs

TECHNICAL SKILLS

- Facilitates planning, all aspects of site selection and design considerations for specified clinical usage
- Proposal and bid package development and review, negotiating contracts for construction
- Knowledgeable of building, life safety, licensing and JCAHO requirements
- Fixed assets management, including buildings vehicles and computers
- Computer systems, Windows, MACs, Networks, spreadsheets, relational data bases, web sites
- Designed and developed networked computerized clinical database systems, EMR/EHR

OTHER

Married, two children, hiker, camper, cross country skier, snowshoer, woodworker, built own house, volunteers to design and build stage settings with local theatre groups. Instructor in outdoor leadership.

SUMMARY

Thirty-six years of management and direct experience with agencies, organizations, business, community systems, Networks, groups and individuals. Outstanding skills in community systems analysis, program planning and new starts, linking innovative human and technological solutions.

Steven W. Youngs, DO

Education:

1974-1978 College of William and Mary, Williamsburg, VA – BS Geology

1978-1981 Washington State Unitiversity, Pullman, WA - MS Structural Geology

1983-1988 University of Wisconsin, Madison, WI – MS Water Resources Management

2001-2005 University of New England College of Osteopathic Medicine, Biddeford, ME – Doctor of Osteopathy

Work Experience

Current — Health First Family Care Center, Franklin NH - Medical Director/Primary Care Physician
Provide direct medical primary care physicians services to clients of Health First and in the role of medical director to assist and the planning, development, and directing of medical activities in accordance with current applicable federal, state, local and Health First and professional standards and assure quality patient care is maintained at all times.

2005-2008 — Eastern Maine Medical Center, Bangor, Maine – Resident, Family Practice

- Completed PGY1 year at program oriented toward broad based, rural medicine emphasis program; hospital coverage rotations in internal medicine, pediatrics and obstetrics, with additional rotations in surgery, ophthalmology, urology, cardiology, ENT and orthopedics.
- Management of outpatient panel through the EMMC family practice clinic serving a dominantly underserved population with high percentage of Mainecare patients.
- Routine use of EMR, including Logician (Centricity), Powerchart, PACS
- Service on geriatrics curriculum review committee, adult medicine teaching service review committee.

1998-2001 — Miller Engineering, Inc.; Nobis Engineering, Inc., Provan and Lorbar, Inc. Project Scientist, Hydrogeologist, Project Manager

- Project geologist supervising drill crews on subsurface investigations.
- Site investigator for environmental assessments of properties for real estate transactions.
- Project Scientist for environmental investigations at contaminant release sites.
- Project manager for environmental investigations, water supply studies, and geotechnical investigations. Duties included project budgeting and proposals as well as staff management.

Accreditations — ACLS, BLS, NALS

Professional Memberships — American Academy of Family Physicians
American Osteopathic Association
American Academy of Osteopathy

Ted Bolognani

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

Elizabeth Kantowski

Health First Family Care Center
March 2002 – Present - Administrative Services/Human Resources Manager
Staff recruitment; benefit enrollment; advise staff on personnel issues; physician credentialing; prepare supporting grant application and report documents; administer the School Based Oral Health Program; coordinate administrative support to executive director and staff of two non-profit organizations; attend Board of Director meetings and record minutes; supervision of one staff member.

MacNeill Worldwide, Inc., ISO 9001 – October 1996 to November 2001
Human Resources Manager
Responsible for staffing recruitment and selection; advising staff of human resource policies and state and federal employment laws; creating and conducting new staff orientation; conducting and arranging staff training; managing department budget; monthly staffing reports; payroll and benefit programs; worker compensation; conflict resolution; safety committee member; staff morale programs; supervision of one staff member.

Nickerson Assembly – September 1994 to August 1996
Human Resources Manager/Administrative Assistant to President
Staffing recruitment and selection; payroll preparation; ISO implementation team; benefits administration, safety committee chair; newsletter editor; administered and interpreted the Benzinger Thinking Styles Assessment, supervision of one staff member.

Sunny Knoll Retirement Home – May 1993 to February 1994
Office Manager
Responsible for.accounts payable, receivable and payroll; Home administrator on a rotating basis for off hours and weekends.

HomeBank – December 1991 to May 1993
Administrative Assistant to Assets Manager – Bank closed by RTC

Catholic Medical Center – September 1991 to December 1991
Per Diem Human Resources Assistant

Education/Training/Membership
- Notre Dame College – 128 credits
- Human Resources Internship – Catholic Medical Center
- Dynamic Leadership – Effective Personal Productivity
- Dale Carnegie – Public Speaking and Human Relations
- Society for Human Resources Management
- Certified Human Resource Professional, 2000-2004

References will be provided upon request

Sheryl Russell

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

W. Jason Gabaree, RN, MS, CNL

Education

University of New Hampshire, Durham, NH
Family Nurse Practitioner Certification, May 2015, GPA of 3.90
University of New Hampshire, Durham, NH
M.S., Direct Entry Nursing, December 2011, GPA of 3.92
University of Colorado, Boulder, CO
B.A., Biology and Economics, 1997

Licensure, Certification, and Memberships

RN License, NH, 065142-21, expires 01/08/2017
Clinical Nurse Leader®, effective 02/01/12
Basic Life Support for Healthcare Providers, AHA, expires October 2015
Sigma Theta Tau, Nursing Honor Society, since October 2011

Health Care Work Experience

HealthFirst Family Care Center, Franklin and Laconia, NH (June 2013 to Present)
Quality Assurance / Improvement Coordinator for 2 location primary care center. Instrumental in reporting on clinical quality measures of Federal and State grants. Facilitated improvement activities advancing performance in clinical measures. Wrote procedures and problem-solved in support of Patient Centered Medical Home recognition.
Cheshire Medical Center, Keene, NH (February 2012 to June 2013)
Full-time staff nurse on a 10-bed telemetry unit providing high quality care for 3 to 5 acutely ill patients per shift.

Nurse Practitioner Certification Clinical Experience

HealthFirst Family Care Center, Primary Care of Families III, Franklin, NH, 100 Hours
Moultonboro Family Health Care, Primary Care of Families III, Moultonborough, NH, 264 Hours
Rochester Hill Family Practice, Primary Care of Families II, Rochester, NH, 168 Hours
HealthFirst Family Care Center, Primary Care of Families I, Laconia, NH, 168 Hours

Other Work and Volunteer Experience

Hospital Elder Life Program, Maine Medical Center, Portland, ME (2008 to 2011)
Volunteer with program designed to prevent delirium in elders during acute hospital stays.
Green Flash Fisheries, Rye, NH (April 2009 to January 2010)
Lobster boat assistant harvesting lobster during the season and repairing gear in the off-season.
Bonney Staffing, Portland, ME (February 2007 to March 2009)
Temporary office worker with long-term assignments in accounting and bookkeeping.
Simba Run Rental Management Company, Vail, CO (2000 to November 2006)
Bookkeeper/finance manager promoted after three years from a position as front desk staff.
US Army, Ft. Carson, CO (1997 to 2000)
Promoted to sergeant with 22 months of service and received Army Commendation Medal for meritorious service.

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services
Division of Public Health Services

Agency Name:	**Health First Family Care Center**
Name of Bureau/Section:	**BPHCS, Maternal and Child Health Section**

BUDGET PERIOD:	**SFY 2016**	**7/1/15 - 6/30/16**	
Name & Title Key Administrative Personnel	**Annual Salary Of Key Administrative Personnel**	**Percentage of Salary Paid By Contract**	**Total Salary Amount Paid By Contract**
Richard Silverberg, Executive Director	$140,943	0.00%	$0.00
Steven Youngs, Medical Director	$206,848	0.00%	$0.00
Ted Bolognani, CFO	$107,081	0.00%	$0.00
Elizabeth Kantowski, HR & Practice Manager	$84,680	0.00%	$0.00
Jason Gabaree, Quality Improvement Manager	$54,181	80.00%	$43,344.80
Sheryl Russell, Quality Coordinator	$35,391	95.00%	$33,621.45
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			$76,966.25

BUDGET PERIOD:	**SFY 2017**	**7/1/16 - 6/30/17**	
Name & Title Key Administrative Personnel	**Annual Salary Of Key Administrative Personnel**	**Percentage of Salary Paid By Contract**	**Total Salary Amount Paid By Contract**
Richard Silverberg, Executive Director	$147,990	0.00%	$0.00
Steven Youngs, Medical Director	$217,190	0.00%	$0.00
Ted Bolognani, CFO	$112,435	0.00%	$0.00

Elizabeth Kantowski, HR & Practice Manager	$88,914	0.00%	[redacted]
Jason Gabaree, Quality Improvement Manager	$56,890	80.00%	[redacted]
Sheryl Russell, Quality Coordinator	$37,161	95.00%	[redacted]
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			[redacted]

Key Administrative Personnel are top-level agency leadership (President, Executive Director, CEO, CFO, etc), and individuals directly involved in operating and managing the program (project director, program manager, etc.). These personnel MUST be listed, **even if no salary is paid from the contract**. Provide their name, title, annual salary and percentage of annual salary paid from agreement.

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, 641 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
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:
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: 9/21/14

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: 3/27/14

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 3,700 users annually with 14,500 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 75 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

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.

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: Health First Family Care 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	$ 55,968.00	$ -	$ 55,968.00	
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	**$ 55,968.00**	**$ -**	**$ 55,968.00**	

Indirect As A Percent of Direct 0.0%

Contractor Initials: JW

Date: 3/21/14

Exhibit B-1 (2015) -Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Health First Family Care 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	$ 285,214.00	$ -	$ 285,214.00	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	$ -	$ -	$ -	0
13. Other (specific details mandatory):	$ -	$ -	$ -	0
Breast screening services in clinic	$ 7,000.00	$ -	$ 7,000.00	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
	$ -	$ -	$ -	0
TOTAL	**$ 292,214.00**	**$ -**	**$ 292,214.00**	0

Indirect As A Percent of Direct 0.0%

Contractor Initials: _____

Date: 3/21/14

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.

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.

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 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		1.12 Name and Title of Contractor Signatory Glenna A 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	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: Health First Family Care Center

ADDRESS: 841 Central Street
Franklin, New Hampshire 03235
Executive Director: Richard Silverberg
TELEPHONE: 603-934-0177

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.

B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 3500 users annually with 14,000 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 75 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: _____
Date: March 28, 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.

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.*

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 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.

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: **Health First Family Care Center**

ADDRESS: **841 Central Street**
Franklin, New Hampshire 03235
Executive Director: **Richard Silverberg**
TELEPHONE: **603-934-0177**

Vendor #158221-B001 Job #90080000 Appropriation #010-090-51900000-102-500731
#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:

   $374,734 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.

   $25,742 for Breast and Cervical Cancer Screening, funded from 100% federal funds from the Center for Disease Control (CFDA #93.283).

TOTAL: $400,476

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: _____
Date: March 28, 2012

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: March 28, 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;

Contractor Initials: [signature]
Date: March 28, 2012

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.

Contractor Initials: 

Date: March 28, 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: [signature]
Date: March 28, 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

Date: March 28, 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: _____
Date: March 28, 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.

Health First Family Care 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**

Glenna Goodman	Board of Directors, Chair
Name and Title of Authorized Contractor Representative	

	March 28, 2012
Contractor Representative Signature	**Date**

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.

	Board of Directors, Chair
Contractor Signature	**Contractor's Representative Title**
Health First Family Care Center	March 28, 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: _____

Date: March 28, 2012

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]	Board of Directors, Chair
Contractor Signature	**Contractor's Representative Title**
Health First Family Care Center	March 28, 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.

	Board of Directors, Chair
Contractor Signature	**Contractor's Representative Title**
Health First Family Care Center	March 28, 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: Health First Family Care Center

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

Budget Period: July 1, 2012 - June 30, 2013

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 187,367.00	$ -	$ 187,367.00	
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	$ 187,367.00	$ -	$ 187,367.00	

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: Health First Family Care Center

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

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 187,367.00	$ -	$ 187,367.00	
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	$ 187,367.00	$ -	$ 187,367.00	

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: Health First Family Care Center

Budget Request for: Prmary Care Serices - BCCP
(Name of RFP)

Budget Period: July 1, 2012 - June 30, 2013

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 5,099.50	$ -	$ 5,099.50	
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 (Clinical Services- BCCP)	$ -	$ -	$ -	
Breast Exams & screaning	$ 7,771.50	$ -	$ 7,771.50	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 12,871.00	$ -	$ 12,871.00	

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: Health First Family Care Center

Budget Request for: Primary Care Services - BCCP
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 5,099.50	$ -	$ 5,099.50	
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 (Clinical Services- BCCP)	$ -	$ -	$ -	
Breast Exams & screaning	$ 7,771.50	$ -	$ 7,771.50	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 12,871.00	$ -	$ 12,871.00	

Indirect As A Percent of Direct 0.0%

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. Yeo
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: _____
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

Contractor Initials: _____

Date 5/13/15

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.

Contractor Initials: _____

Date 5/13/15

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: [signature]
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.

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)

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		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	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: 5/13/15

Contractor's Initials: 5/13/15

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

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	$ 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: _____

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		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	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.

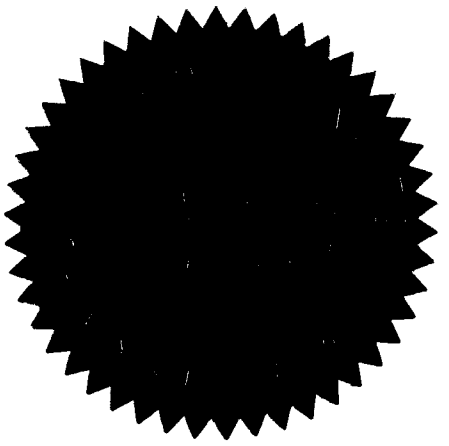
5/13/15
Date

Name: Peter Kelleher
Title: President & CEO

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that HARBOR HOMES, INC. is a New Hampshire nonprofit corporation formed February 15, 1980. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 9th day of April, A.D. 2015

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 5/13/15:
(Date)

RESOLVED: That the President and 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 13th day of May, 2015.
(Date Contract Signed)

4. Peter Kelleher is the duly elected President and CEO
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

David A. Aponovich, Treas.
(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE

County of Hillsborough

The forgoing instrument was acknowledged before me this 13th day of May, 2015,

By David Aponovich.
(Name of Elected Officer of the Agency)

Wendy Nichols Notary
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: 6/4/19

WENDY A. NICHOLS
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
- MY COMMISSION EXPIRES JUNE 4, 2019 -

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/16/2015

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: Kimberly Gutekunst	
Eaton & Berube Insurance Agency, Inc. 11 Concord St Nashua NH 03064	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	
INSURED HARHO	INSURER B : QBE Insurance Corp	
Harbor Homes, Inc 45 High Street Greater Nashua Council on Alcoholism, Inc. Nashua NH 03060	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1172978943 **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	Y		ZBV970714701	7/1/2014	7/1/2015	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$3,000,000
	[X] POLICY [ ] PRO-JECT [ ] LOC							$
A	AUTOMOBILE LIABILITY			AHV970600302	7/1/2014	7/1/2015	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] ALL OWNED AUTOS [X] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS [X] NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	[X] UMBRELLA LIAB [X] OCCUR			UHV970913302	7/1/2014	7/1/2015	EACH OCCURRENCE	$5,000,000
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$5,000,000
	[ ] DED [X] RETENTION $0							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			QWC300056	11/26/2014	11/26/2015	[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] N/A	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
A	Professional Liability Abuse & Molestation Empl Benefits Liability			ZBV970714701	7/1/2014	7/1/2015	$1,000,000 $1,000,000 $1,000,000	$3,000,000 $3,000,000 $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

DHHS
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

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 Greater Nashua Council on Alcoholism, Inc. 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

Web-Library

An Internal Employee Resource Center

Home

Harbor Homes, Inc.

Mission Statement

To create and provide quality residential and supportive services for persons (and their families) challenged by mental illness and homelessness.

Overview

- **A private, nonprofit agency, Harbor Homes is a beacon for people challenged by mental illness and/or homelessness or chronic homelessness.**
- **Built upon a core belief that individuality, dignity, self-respect and a safe place to live are key to a person's ability to contribute to society. more**

Harbor Homes, Inc

5 Year Goals and Objectives

Back to Mission Statement and Overviews

HARBOR HOMES, INC.

Financial Statements

For the Year Ended June 30, 2014

(With Independent Auditors' Report Thereon)

TABLE OF CONTENTS

MELANSONHEATH
ACCOUNTANTS • AUDITORS

102 Perimeter Road
Nashua, NH 03063
(603)882-1111
melansonheath.com

Additional Offices:
Andover, MA
Greenfield, MA
Manchester, NH
Ellsworth, ME

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, 2014, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.

Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Harbor Homes, Inc. as of June 30, 2014, 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 2013 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated December 9, 2013. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2013 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated January 15, 2015 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

January 15, 2015

HARBOR HOMES, INC.

Statement of Financial Position

June 30, 2014

(With Comparative Totals as of June 30, 2013)

	HUD I Program	HUD VI Program	Program Operations	2014 Total	2013 Total
ASSETS					
Current Assets:					
Cash and cash equivalents	$ 694	$ 877	$ 168,823	$ 170,394	$ 440,522
Accounts receivable, net	45	4,966	1,432,974	1,437,985	695,273
Promises to give	-	-	50,000	50,000	50,000
Due from HUD Programs	-	-	3,300	3,300	6,177
Due from related organizations	-	-	24,522	24,522	79,954
Prepaid expenses	-	-	28,575	28,575	27,203
Total Current Assets	739	5,843	1,708,194	1,714,776	1,299,129
Property and Equipment, net of accumulated depreciation	81,352	292,027	19,625,628	19,999,007	16,337,606
Noncurrent Assets:					
Restricted deposits and funded reserves	48,169	30,633	241,489	320,291	199,706
Due from HUD Programs	-	-	68,484	68,484	33,292
Due from related organizations	-	-	352,502	352,502	227,592
Promises to give	-	-	-	-	50,000
Beneficial interest	-	-	148,204	148,204	128,237
Other assets	-	-	40,936	40,936	29,446
Total Noncurrent Assets	48,169	30,633	851,615	930,417	668,273
Total Assets	$ 130,260	$ 328,503	$ 22,185,437	$ 22,644,200	$ 18,305,008
LIABILITIES AND NET ASSETS					
Current Liabilities:					
Accounts payable	$ 1,034	$ 1,391	$ 597,624	$ 600,049	$ 244,718
Accrued expenses	1,678	1,348	701,650	704,676	497,536
Due to program operations	3,300	-	-	3,300	6,177
Due to related organizations	-	-	160,868	160,868	76,521
Other liabilities	-	-	-	-	4,248
Line of credit	-	-	400,868	400,868	807,868
Deferred revenue	-	-	2,333	2,333	63,657
Current portion of mortgages payable	14,070	4,521	180,210	198,801	227,427
Total Current Liabilities	20,082	7,260	2,043,553	2,070,895	1,928,152
Long Term Liabilities:					
Due to program operations	-	68,484	-	68,484	33,292
Due to related organizations	-	-	-	-	75,000
Security deposits	2,329	565	38,635	41,529	37,422
Other liabilities	-	-	54,719	54,719	29,446
Mortgages payable, tax credits	-	-	142,410	142,410	163,453
Mortgages payable, net of current portion	149,527	230,092	7,004,209	7,383,828	7,313,543
Mortgages payable, deferred	-	-	5,332,834	5,332,834	5,242,834
Total Long Term Liabilities	151,856	299,141	12,572,807	13,023,804	12,894,990
Total Liabilities	171,938	306,401	14,616,360	15,094,699	14,823,142
Unrestricted Net Assets (Deficit):					
HUD programs	(41,678)	22,102	-	(19,576)	(3,864)
Program operations	-	-	7,519,535	7,519,535	3,262,622
Temporarily Restricted Net Assets	-	-	49,542	49,542	223,108
Total Net Assets (Deficit)	(41,678)	22,102	7,569,077	7,549,501	3,481,866
Total Liabilities and Net Assets	$ 130,260	$ 328,503	$ 22,185,437	$ 22,644,200	$ 18,305,008

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

HARBOR HOMES, INC.

Statement of Activities

For the Year Ended June 30, 2014

(With Comparative Totals for the Year Ended June 30, 2013)

	Unrestricted Net Assets			Temporarily		
	HUD I Program	HUD VI Program	Program Operations	Restricted Net Assets	2014 Total	2013 Total
Public Support and Revenue:						
Public Support:						
Federal grants	$ -	$ -	$ 6,117,734	$ -	$ 6,117,734	$ 1,810,283
State, local, and other grants	-	-	1,718,713	-	1,718,713	774,196
Donations	-	-	225,211	47,851	273,062	512,423
Net assets released from restriction	-	-	221,417	(221,417)	-	-
Total Public Support	-	-	8,283,075	(173,566)	8,109,509	3,096,902
Revenue:						
Department of Housing and Urban Development	77,507	41,324	2,662,795	-	2,781,626	2,564,634
Veterans Administrative grants	-	-	2,226,141	-	2,226,141	1,852,023
Medicaid - Federal and State, net	-	-	917,578	-	917,578	765,847
Rent and service charges, net	30,973	19,843	1,024,092	-	1,074,908	507,620
Contracted services	-	-	1,254,522	-	1,254,522	357,845
Outside rent	-	-	95,816	-	95,816	165,216
Miscellaneous	-	-	158,192	-	158,192	97,236
Fundraising events	-	-	52,519	-	52,519	-
Employment projects	-	-	53,900	-	53,900	63,792
Food and common area fees	-	-	67,165	-	67,165	61,643
Management fees	-	-	32,796	-	32,796	34,425
Medicare revenue, net	-	-	75,057	-	75,057	25,818
Unrealized gain/(loss)	-	-	20,186	-	20,186	12,269
Interest	2	11	151	-	164	337
Gain (loss) on disposal of fixed assets	-	-	601,751	-	601,751	(1,580)
Sliding fee and free care	-	-	33,416	-	33,416	(23,456)
Bad debts	-	(693)	(335,697)	-	(336,390)	(34,064)
Total Revenue	108,482	60,485	8,940,380	-	9,109,347	6,449,605
Total Public Support and Revenue	108,482	60,485	17,223,455	(173,566)	17,218,856	9,546,507
Expenses:						
Program	82,649	69,062	10,700,403	-	10,852,114	7,952,882
Administration	20,064	12,904	1,784,371	-	1,817,339	1,454,175
Fundraising	-	-	481,768	-	481,768	193,625
Total Expenses	102,713	81,966	12,966,542	-	13,151,221	9,600,682
Change in net assets	5,769	(21,481)	4,256,913	(173,566)	4,067,635	(54,175)
Net Assets (Deficit), Beginning of Year	(47,447)	43,583	3,262,622	223,108	3,481,866	3,536,041
Net Assets (Deficit), End of Year	$ (41,678)	$ 22,102	$ 7,519,535	$ 49,542	$ 7,549,501	$ 3,481,866

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

HARBOR HOMES, INC.

Statement of Functional Expenses

For the Year Ended June 30, 2014

(With Comparative Totals for the Year Ended June 30, 2013)

	Program	Administration	Fundraising	2014 Total	2013 Total
Expenses:					
Accounting fees	$ -	$ 49,400	$ -	$ 49,400	$ 45,200
Advertising and printing	8,726	20,374	1,323	30,423	29,210
Client services and assistance	34,012	70	-	34,082	28,395
Client transportation	17,175	725	-	17,900	10,212
Conference and conventions	26,260	10,627	175	37,062	37,314
Contract labor	233,854	27,978	-	261,832	171,812
Dues and subscriptions	3,500	20,131	-	23,631	7,347
Employee benefits	571,413	215,500	51,735	838,648	695,060
Enabling services	-	-	-	-	139
Equipment rental	195	7,644	-	7,839	9,040
Food	63,300	592	-	63,892	50,475
Fundraising expenses	-	-	19,460	19,460	4,843
Garbage and trash removal	17,556	1,512	119	19,187	19,795
Grants	289,792	5,624	-	295,416	225,293
Information technology	109,688	24,645	39	134,372	151,903
Interest expense - mortgage	66,263	330,784	1,405	398,452	328,661
Interest expense - other	233	21,260	-	21,493	37,772
Journals and publications	1,390	365	-	1,755	1,153
Legal fees	26,350	21,517	75	47,942	67,155
Management fees	-	8,964	-	8,964	11,169
Medical and clothing	-	6,784	-	6,784	68,605
Office supplies	37,185	14,474	241	51,900	42,667
Operating and maintenance	209,052	13,015	627	222,694	134,706
Operational supplies	99,808	-	223	100,031	62,890
Other expenditures	5,618	42,434	94	48,146	29,093
Payroll taxes	392,602	62,054	28,052	482,708	353,615
Postage/shipping	2,918	7,095	564	10,577	8,405
Professional fees	194,586	32,445	10,581	237,612	120,929
Property and liability insurance	71,380	21,547	1,094	94,021	117,709
Property taxes	29,448	7,998	-	37,446	14,198
Rent expense	2,933,364	-	-	2,933,364	1,991,130
Salary and wages	4,247,198	713,672	359,775	5,320,645	3,665,782
Security deposits	117,348	-	-	117,348	38,063
Snow removal	39,225	2,423	184	41,832	40,629
Staff development	3,548	2,673	-	6,221	9,533
Staff expense	5,035	11,859	172	17,066	25,573
Staff transportation	35,819	24,748	381	60,948	67,840
Telephone/communications	66,413	25,652	1,566	93,631	67,329
Utilities	276,663	20,003	1,544	298,210	244,188
Vehicle expenses	21,927	544	-	22,471	23,696
Total Expenses Before Depreciation	10,258,844	1,777,132	479,429	12,515,405	9,058,528
Depreciation	593,270	40,207	2,339	635,816	542,154
Total Functional Expenses	$ 10,852,114	$ 1,817,339	$ 481,768	$ 13,151,221	$ 9,600,682

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

HARBOR HOMES, INC.

Statement of Cash Flows

For the Year Ended June 30, 2014

(With Comparative Totals for the Year Ended June 30, 2013)

	2014	2013
Cash Flows From Operating Activities:		
Change in net assets	$ 4,067,635	$ (54,175)
Adjustments to reconcile change in net assets to net cash from operating activities:		
Depreciation	635,816	542,154
(Gain) loss on disposal of fixed assets	(601,751)	1,580
(Gain) on beneficial interest	(19,967)	(12,062)
(Increase) Decrease In:		
Accounts receivable	(742,710)	51,068
Promises to give	50,000	(75,000)
Prepaid expenses	(1,372)	(22,364)
Other assets	(11,490)	(29,446)
Increase (Decrease) In:		
Accounts payable	355,331	(45,594)
Accrued expenses	207,140	119,341
Deferred revenue	(61,324)	63,657
Other liabilities	21,025	33,694
Net Cash Provided by Operating Activities	3,898,333	572,853
Cash Flows From Investing Activities:		
Restricted deposits and funded reserves	(120,585)	76,421
Security deposits	4,107	(3,143)
Proceeds from sale of fixed assets	866,502	-
Purchase of fixed assets	(4,043,454)	(817,241)
Net Cash Used by Investing Activities	(3,293,430)	(743,963)
Cash Flows From Financing Activities:		
Payments on line of credit	(407,000)	(2,131)
Payments on long term borrowings	(407,900)	(302,284)
Net change in due to/from related organizations	(60,131)	126,467
Net Cash Used by Financing Activities	(875,031)	(177,948)
Net Decrease	(270,128)	(349,058)
Cash and Cash Equivalents, Beginning of Year	440,522	789,580
Cash and Cash Equivalents, End of Year	$ 170,394	$ 440,522
Supplemental disclosures of cash flow information:		
Interest paid	$ 429,621	$ 377,285
Non-cash financing activities	$ 518,515	$ 2,584,700

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.

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.

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 account for the year ended June 30, 2014, management has taken into account a variety of factors.

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.

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, 2014, 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 $170,394 at June 30, 2014. 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, 2014. The bank balance is categorized as follows:

Insured by FDIC	$ 419,349
Insured by SIPC	63,986
Uninsured and uncollateralized	494,999
Total Bank Balance	$ 978,334

4. Accounts Receivable, Net:

Accounts receivable at June 30, 2014 consists of the following:

	Receivable	Allowance	Net
HUD I Program:			
Residents	$ 45	$ -	$ 45
Total	$ 45	$ -	$ 45
HUD VI Program:			
Residents	$ 9,276	$ (4,310)	$ 4,966
Total	$ 9,276	$ (4,310)	$ 4,966
Program Operations:			
Residents	$ 57,196	$ (34,761)	$ 22,435
Security deposits	5,910	-	5,910
Medicaid	289,010	(80,635)	208,375
Grants	912,543	-	912,543
Insurance	212,771	(137,009)	75,762
Patients	327,509	(281,115)	46,394
Other	161,555	-	161,555
Total	$ 1,966,494	$ (533,520)	$ 1,432,974

5. Due To/From Related Organizations:

Due to/from related organizations represents amounts due to and from Harbor Homes, Inc. from related entities whereby common control is shared with the same Board of Directors. 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, 2014 are as follows:

	Due to	Due From
Current:		
Healthy at Home	$ 116,304	$ -
Southern NH HIV/AIDS Task Force	44,564	-
HH Ownership, Inc.	-	13,032
Harbor Homes III, Inc.	-	11,490
Subtotal current	160,868	24,522
Noncurrent:		
Greater Nashua Council on Alcoholism	-	55,249
Milford Regional Counseling Services, Inc.	-	41,415
Harbor Homes II, Inc.	-	126,044
Welcoming Light, Inc.	-	129,794
Subtotal noncurrent	-	352,502
Total	$ 160,868	$ 377,024

Although management believes the above receivables to be collectible, there is significant risk that the noncurrent portion may not be.

6. Prepaid Expenses:

Prepaid expenses consist of the following items:

	HUD I Program	HUD VI Program	Program Operations
Prepaid insurance	$ -	$ -	$ 9,470
Prepaid HRA	-	-	9,079
Prepaid other	-	-	10,026
Total	$ -	$ -	$ 28,575

7. Property, Equipment and Depreciation:

A summary of the major components of property and equipment is presented below:

	HUD I Program	HUD VI Program	Program Operations
Construction in progress	$ -	$ -	$ 4,442,919
Land	49,484	54,750	1,642,956
Land improvements	12,290	-	-
Buildings	253,233	257,403	15,862,625
Building improvements	89,762	1,500	995,166
Software	-	-	320,366
Vehicles	-	-	211,878
Furniture and fixtures	-	-	162,183
Equipment	18,695	-	163,297
Medical equipment	-	-	65,761
Subtotal	423,464	313,653	23,867,151
Less: accumulated depreciation	(342,112)	(21,626)	(4,241,523)
Total	$ 81,352	$ 292,027	$ 19,625,628

Depreciation expense for the year ended June 30, 2014 totaled $635,816.

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

8. 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:

	HUD I Program	HUD VI Program	Program Operations
Security deposits	$ 2,329	$ 565	$ 40,880
Reserve for replacements	43,069	28,455	200,609
Residual receipt deposits	2,771	1,613	-
Total	$ 48,169	$ 30,633	$ 241,489

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.

9. 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, 2014, the value of the fund was $148,204.

10. Accrued Expenses:

Accrued and other liabilities include the following:

	HUD I Program	HUD VI Program	Program Operations
Mortgage interest	$ 1,262	$ 1,348	$ -
Payroll and related taxes	-	-	324,646
Compensated absences - vacation time	-	-	319,591
Compensated absences - personal time	-	-	30,934
Other	416	-	26,479
Total	$ 1,678	$ 1,348	$ 701,650

11. Line of Credit:

At June 30, 2014, the Organization had a $500,000 line of credit available from TD Bank, N. A., 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 1.00%, adjusted daily. As of June 30, 2014 the credit line had an outstanding balance of $400,868, at an interest rate of 4.25%.

12. 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.

13. 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 10 years at zero percent interest. The amount due at June 30, 2014 is $142,410.

14. Mortgages Payable:

Mortgages payable as of June 30, 2014 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.	$ 1,205,963
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.	1,203,460
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.	1,110,556
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.	738,239

(continued)

(continued)

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.	691,879
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.	657,895
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.	491,188
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.	484,279
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.	309,995
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.	234,613
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.	163,597

(continued)

(continued)

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.	136,232
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 Have Drive, Unit 202 in Nashua, NH.	102,597
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.	52,136
Total	7,582,629
Less amount due within one year	(198,801)
Mortgages payable, net of current portion	$ 7,383,828

The following is a summary of future payments on the previously mentioned long-term debt.

Year	Amount
2015	$ 198,801
2016	213,090
2017	225,721
2018	222,296
2019	235,277
Thereafter	6,487,444
Total	$ 7,582,629

15. Mortgages Payable, Deferred:

The Organization has deferred mortgages outstanding at June 30, 2014 totaling $5,332,834. 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, 2014:

	Program Operations
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
Charles Street property	98,087
High Street fire system	65,000
Total City of Nashua	1,234,087
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	50,000
Somerville Street property	1,000,000
Total NHHFA	2,600,000
Total Mortgages Payable, Deferred	$ 5,332,834

16. Temporarily Restricted Net Assets:

Temporarily restricted net assets are available for the following purposes at June 30, 2014:

Purpose		Amount
Art supplies	$	350
Dalianis bricks		735
HVRP		6,479
Operation brightside		2,000
SCOAP		3,139
Thanksgiving		693
Veterans computers		5,630
2014 Christmas gifts		300
2014 mainstream		30,088
2014 PEC		88
2014 standdown		40
Total	$	49,542

Net assets were released from restrictions by incurring expenses satisfying the restricted purpose or by the passage of time.

17. 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.

The Organization is a corporate guarantor for Greater Nashua Council on Alcoholism in relation to two mortgages on their Amherst Street property. The guaranties consist of one mortgage in the amount of $1,850,170 and another mortgage in the amount of $200,000.

During the year, the Organization rented office space, under tenant at will agreements, to Southern NH HIV/AIDS Task Force, and Healthy at Home, Inc., related parties. The rental income under these agreements totaled $24,816 and $60,000, respectively, for fiscal year 2014.

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

18. Employee Benefit Plan:

After one year of continuous service with the Organization, employees may contribute a portion of their wages to a Section 403(b) retirement 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, 2014 were $117,680.

In addition to the retirement plan noted above, the Organization also has a Section 457 deferred compensation plan with a value of $40,936 at June 30, 2014.

19. Concentration of Risk:

The Organization receives 36%, 16%, 14% and 5% of its revenue from the Department of Health and Human Services, the Department of Housing and Urban Development, the Department of Veterans Affairs, and Medicaid, respectively.

20. 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
Due from related organizations	$ 377,024	$ 377,024	$ -	$ -	$ 377,024
Beneficial interest	148,204	148,204	-	-	148,204
Total assets	$ 525,228	$ 525,228	$ -	$ -	$ 525,228

(continued)

(continued)

	Carrying Value	Fair Value	Level One	Level Two	Level Three
Due to related organizations	$ 160,868	$ 160,868	$ -	$ -	$ 160,868
Line of credit	400,868	400,868	-	400,868	-
Mortgages payable, tax credits	142,410	142,410	-	-	142,410
Mortgages payable	7,582,629	7,582,629	-	7,582,629	-
Mortgages payable, deferred	5,332,834	5,332,834	-	5,332,834	-
Total liabilities	$ 13,619,609	$ 13,619,609	$ -	$ 13,316,331	$ 303,278

	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, 2013	$ 307,546	$ 128,237	$ 151,521	$ 163,453
Advances	468,396	19,967	279,276	-
Reductions	(398,918)	-	(269,929)	(21,043)
Ending balance June 30, 2014	$ 377,024	$ 148,204	$ 160,868	$ 142,410

Due to the short term nature of the financial instruments, the book value approximates fair value.

21. Healthcare Clinic:

Patient service revenue is recorded as services provided. The Healthcare Clinic (The Clinic) establishes fees for services to patients based on a sliding fee scale. Contractual allowances are recorded based on patients served in the period the related services are rendered.

The Clinic has a policy of providing free care to patients who are unable to pay. Such patients are identified based on financial information obtained from the patients prior to the services being rendered. The approximate amount of free care services provided was $552,000 for the year ended June 30, 2014. The Clinic billed a third-party payer approximately $424,000 during the fiscal year.

Patient accounts receivable are recorded less allowances for doubtful accounts and net of contractual allowances. The Clinic provides for losses on patient accounts receivable using the allowance method. Receivables are considered impaired if full payments are not expected in accordance with contractual terms. The net balance as of June 30, 2014 was approximately $120,000.

22. Subsequent Events:

Subsequent to year end, the Organization was awarded a $9.9m grant, over two and a half years, through the Housing Prevention Rapid Rehousing Program funded by the Bureau of Behavioral Health. In addition, the Organization was awarded a $1.2m grant, over three years, from the Substance Abuse and Mental Health Services Administration.

In September and October of 2014, the Organization sold two condominiums that were no longer required for the Permanent Housing Program.

On August 20, 2014, the Organization provided an unlimited and unconditional guaranty on a revolving line of credit agreement for a related party (see note 11). Under this agreement $250,000 is available to the related organization to provide for working capital requirements through September 30, 2016.

In accordance with the provisions set forth by FASB ASC, *Subsequent Events*, events and transactions from July 1, 2014 through January 15, 2015, the date the financial statements were available to be issued, have been evaluated by management for disclosure.

23. Change in Net Assets:

During fiscal year 2014, the Organization received approximately $4,046,000 in grant funding for the rehabilitation of the property housing the Harbor Care Health and Wellness Center. This on-time grant contributed to the change in net assets (approximately $4,067,000) for fiscal year 2014.

HARBOR HOMES, INC.

Schedule of Activities by Cost Center

For the Year Ended June 30, 2014

	Non BBH										
	Healthcare Clinic	HCH - CIP	Other	Community Residence Chestnut St.	Community Residence Winter St.	Emergency Shelter	Permanent Housing 2	HPRP (Bridge) State	Administration	Fundraising	Total
Public Support and Revenue:											
Public Support:											
Federal grants	$ 681,187	$ 4,045,763	$ 1,208,327	$ -	$ 1,500	$ 159,914	$ -	$ -	$ 21,043	$ -	$ 6,117,734
State, local, and other grants	112,837	50,000	261,187	-	-	66,534	-	1,228,155	-	-	1,718,713
Donations	15,115	-	67,922	-	-	10,900	-	-	178,193	932	273,062
Total Public Support	809,139	4,095,763	1,537,436	-	1,500	237,348	-	1,228,155	199,236	932	8,109,509
Revenue:											
Department of Housing and Urban Development	-	-	2,586,023	-	-	-	195,603	-	-	-	2,781,626
Veterans Administrative grants	-	-	2,226,141	-	-	-	-	-	-	-	2,226,141
Medicaid - Federal and State, net	127,975	-	52,738	369,643	367,222	-	-	-	-	-	917,578
Rent and service charges, net	192,776	-	851,044	-	3,720	2,609	24,759	-	-	-	1,074,908
Contracted services	-	-	1,254,522	-	-	-	-	-	-	-	1,254,522
Outside rent	-	-	71,000	-	-	-	24,816	-	-	-	95,816
Miscellaneous	1,818	-	35,379	-	-	-	-	-	120,995	-	158,192
Fundraising events	-	-	-	-	-	-	-	-	-	52,519	52,519
Employment projects	-	-	53,900	-	-	-	-	-	-	-	53,900
Food and common area fees	-	-	-	34,765	32,400	-	-	-	-	-	67,165
Management fees	-	-	-	-	-	-	-	-	32,796	-	32,796
Medicare revenue, net	40,191	-	34,866	-	-	-	-	-	-	-	75,057
Unrealized gain/(loss)	-	-	-	-	-	-	-	-	20,186	-	20,186
Interest	2	-	29	-	-	-	-	-	133	-	164
Gain (loss) on disposal of fixed assets	-	-	523,061	-	-	-	75,688	-	3,002	-	601,751
Sliding fee and free care	33,416	-	-	-	-	-	-	-	-	-	33,416
Bad debts	(166,783)	-	(167,433)	(619)	-	(1,305)	(250)	-	-	-	(336,390)
Total Revenue	229,395	-	7,521,270	403,789	403,342	1,304	320,616	-	177,112	52,519	9,109,347
Total Public Support and Revenue	1,038,534	4,095,763	9,058,706	403,789	404,842	238,652	320,616	1,228,155	376,348	53,451	17,218,856
Expenses before depreciation	1,100,296	45,612	7,039,730	235,084	245,938	210,087	282,585	1,099,512	1,777,132	479,429	12,515,405
Change in net assets before depreciation	(61,762)	4,050,151	2,018,976	168,705	158,904	28,565	38,031	128,643	(1,400,784)	(425,978)	4,703,451
Depreciation	44,861	-	518,304	127	-	3,726	26,252	-	40,207	2,339	635,816
Change in net assets	$ (106,623)	$ 4,050,151	$ 1,500,672	$ 168,578	$ 158,904	$ 24,839	$ 11,779	$ 128,643	$ (1,440,991)	$ (428,317)	$ 4,067,635

See Independent Auditors' Report.

HARBOR HOMES, INC.

Schedule of Expenses

For the Year Ended June 30, 2014

	Non BBH			Community Residence	Community Residence	Emergency	Permanent Housing	HPRP (Bridge)			
	Healthcare Clinic	HCH - CIP	Other	Chestnut St.	Winter St.	Shelter	2	State	Administration	Fundraising	Total
Expenses:											
Accounting fees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 49,400	$ -	$ 49,400
Advertising and printing	8,726	-	-	-	-	-	-	-	20,374	1,323	30,423
Client services and assistance	-	-	33,787	-	-	225	-	-	70	-	34,082
Client transportation	-	-	17,175	-	-	-	-	-	725	-	17,900
Conference and conventions	4,242	-	21,868	-	-	150	-	-	10,627	175	37,062
Contract labor	18,178	-	215,576	100	-	-	-	-	27,978	-	261,832
Dues and subscriptions	3,145	-	355	-	-	-	-	-	20,131	-	23,631
Employee benefits	104,026	-	357,495	22,720	35,391	7,773	20,633	23,375	215,500	51,735	838,648
Equipment rental	-	-	117	-	-	-	39	39	7,644	-	7,839
Food	-	-	24,355	21,076	17,474	395	-	-	592	-	63,892
Fundraising expenses	-		-	-	-	-	-	-	-	19,460	19,460
Garbage and trash removal	306	-	14,511	-	-	20	2,719	-	1,512	119	19,187
Grants	-	-	288,960	-	-	677	120	35	5,624	-	295,416
Information technology	5,549	45,612	56,674	-	133	32	58	1,630	24,645	39	134,372
Interest expense - mortgage	3,615	-	62,648	-	-	-	-	-	330,784	1,405	398,452
Interest expense - other	-	-	233	-	-	-	-	-	21,260	-	21,493
Journals and publications	346	-	628	208	208	-	-	-	365	-	1,755
Legal fees	3,000	-	21,580	-	-	-	1,770	-	21,517	75	47,942
Management fees	-		-	-	-	-	-	-	8,964	-	8,964
Medical and clothing	-	-	-	-	-	-	-	-	6,784	-	6,784
Office supplies	1,269	-	34,117	580	131	222	646	220	14,474	241	51,900
Operating and maintenance	4,117	-	167,655	-	1,584	9,229	26,467	-	13,015	627	222,694
Operational supplies	15,077	-	66,227	3,547	3,346	4,306	7,305	-	-	223	100,031
Other expenditures	5,362	-	-	-	-	221	35	-	42,434	94	48,146
Payroll taxes	73,541	-	262,845	17,198	16,436	4,726	7,268	10,588	62,054	28,052	482,708
Postage/shipping	308	-	2,229	-	-	4	52	325	7,095	564	10,577
Professional fees	9,966	-	184,620	-	-	-	-	-	32,445	10,581	237,612
Property and liability insurance	12,819	-	51,324	510	400	2,529	2,495	1,303	21,547	1,094	94,021
Property taxes	-	-	29,448	-	-	-	-	-	7,998	-	37,446
Rent expense	-	-	1,823,361	-	-	92,214	94,115	923,674	-	-	2,933,364
Salary and wages	816,455	-	2,831,635	168,234	168,096	51,751	84,423	126,604	713,672	359,775	5,320,645
Security deposits	-		91,441	-	-	18,627	5,580	1,700	-	-	117,348
Snow removal	474	-	34,501	-	-	32	4,218	-	2,423	184	41,832
Staff development	328	-	3,220	-	-	-	-	-	2,673	-	6,221
Staff expense	1,408	-	3,247	119	23	180	35	23	11,859	172	17,066
Staff transportation	1,222	-	24,262	497	445	303	504	8,586	24,748	381	60,948
Telephone/communications	2,845	-	55,678	295	565	2,311	3,309	1,410	25,652	1,566	93,631
Utilities	3,972	-	238,081	-	-	14,160	20,450	-	20,003	1,544	298,210
Vehicle expenses	-	-	19,877	-	1,706	-	344	-	544	-	22,471
Total Expenses Before Depreciation	1,100,296	45,612	7,039,730	235,084	245,938	210,087	282,585	1,099,512	1,777,132	479,429	12,515,405
Depreciation	44,861	-	518,304	127	-	3,726	26,252	-	40,207	2,339	635,816
Total Expenses	$ 1,145,157	$ 45,612	$ 7,558,034	$ 235,211	$ 245,938	$ 213,813	$ 308,837	$ 1,099,512	$ 1,817,339	$ 481,768	$ 13,151,221

See Independent Auditors' Report.

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 - [redacted] **Treasurer**

Vincent Chamberlain - **(6/15)** **Chair of the Board**

Laurie Des Rochers - **(6-15)** - (Facilities Committee)

Phil Duhaime - [redacted] - (Governance Committee)
tive Committee)

Laurie Goguen - [redacted] **Secretary**
e)
e)

Nathan Goodwin - [redacted] - (Governance Committee)
OP Committee)

Alphonse Haettenschwiller - **(6/15)** - (Finance Committee)
HCC Oversight Committee)

Joel Jaffe - [redacted] **Asst. Secretary**

Lynn King - [redacted] **Vice Chair**
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Melissa Knight - [redacted] - (HCC Oversight Committee)

Naomi Moody - [redacted] (no committee assignment)

Rick Plante - [redacted] - (Chair, Facilities Committee)
ee)

Phil Richard - [redacted] - (Facilities Committee)
ommittee)

Dan Sallet - [redacted] - (Finance Committee)

Revised 1/2015

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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

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

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

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	$171,099	0%	$0
Patricia Robitaille	VP of Finance	$102,856	0%	$0
Carol Furlong	VP of Operations	$93,499.90	2%	$1,869.99
Graciella Silvia Sironich-Kalkan	Medical Director	$146,877.12	5%	$7,343.85

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% Federal funds
6% Federal funds
9% 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

J

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 perfonnance unporvement; chronic and communicable diseases; and public health infrastructure
2	Michael Lawless	Program Specialist	Bureau of Drug & Alcohol Services	
3	Bobbie Bagley	Chief Public Health Nurse	Rivier College, Nursing	

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
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: PL
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.

Laurel Lefavor
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. Goodnewski
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: MC
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

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

NH 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 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: Marnie 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: [illegible]
Date: 4/9/12

B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 1,002 users with 1,002 medical encounters, as defined in the Data and Reporting Requirements for State Fiscal Year 2013. Clinical service reimbursements shall not exceed the Medicare rate.

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

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services.

Cultural appropriateness in dealing with homeless populations not only addresses the specific linguistic and cultural needs of minorities, but also includes sensitivity to their unique vulnerabilities. Cultural sensitivity recognizes the distrust of providers and institutions often felt by people in these situations. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

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

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

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

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

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

D) **State and Federal Laws**

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

1. *The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 301*, adopted 6/3/08.

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

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

Contractor Initials: _____

Date 4/19/12

E) **Relevant Policies and Guidelines**

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

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

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

   - Individuals who are residents in transitional housing.

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

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

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

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

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

F) **Publications Funded Under Contract**

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

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

3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C (14.1).

G) **Subcontractors**

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

Contractor Initials: _____

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: _____
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: [illegible]

Date: 4/9/12

6. Substance Use Services

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

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

7. Immunizations

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

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

8. Prenatal Genetic Screening

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

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

9. Additional Requirements

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

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

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

Contractor Initials: PK

Date: 4/9/12

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

B) Staffing Provisions

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

a) executive director

b) financial director

c) registered nurse

d) clinical coordinator

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

f) nutritionist (on site or by referral)

g) social worker

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

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

b) registered nurse

c) clinical coordinator

d) social worker

1. Qualifications

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

In addition the following minimum qualifications shall be met for:

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

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

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

c) Social Workers shall have:

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

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

d) Clinical Coordinators shall be:

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

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

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

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator or any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.

3. Vacancies

a) The Contractor must notify the MCHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month. This may be done through a budget revision.

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

C) Coordination of Services

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

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

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

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

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

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

D) Meetings and Trainings

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

1. MCHS Agency Directors' meetings

2. MCHS Agency Medical Directors meetings

III. Quality or Performance Improvement (QI/PI)

A) Workplans

1. Performance Workplans are required for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the RHPCS and the MCHS performance-based contracting system and of this contract. *Outcomes shall be reported by clinical site.*

2. Submit Performance Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

3. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan and activities that monitor and evaluate the agency's progress toward performance measure targets.

4. The Contractor shall comply with modifications and/or additions to the workplan and annual report format as requested by RHPCS and MCHS. *MCHS* will provide the contractor with reasonable notice of such changes.

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

B) Additional Reporting Requirements

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

1. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be completed according to

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;

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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.

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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

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

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(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) .

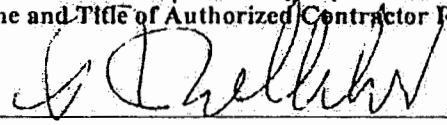
Check ☐ if there are workplaces on file that are not identified here.

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.

Contractor Signature	Peter Kelleher, President & CEO Contractor's Representative Title
Harbor Homes, Inc. Contractor Name	4/9/12 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: 4/9/12

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.

Contractor Signature	Peter Kelleher, President & CEO **Contractor's Representative Title**
Harbor Homes, Inc. **Contractor Name**	4/9/12 **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

Line Item	Direct Incremental	Indirect Fixed	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

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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%

City of Manchester
Office of Risk Management

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

CERTIFICATE OF COVERAGE

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

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

GENERAL LIABILITY	Bodily Injury and Property Damage	
	Each Person	275
	Each Occurrence	925
AUTOMOBILE LIABILITY	Bodily Injury and Property Damage	
	Each Person	275
	Each Occurrence	925
WORKER'S COMPENSATION	Statutory Limits	

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

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

Issued the 26th day of May, 21015..

Safety Manager

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

6/18/15
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

PRIMARY CARE BUDGET FORM

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 MCH-RHPC

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	$ 78,842.40	$ -	$ 78,842.40	$ -	$ -	$ -	$ 78,842.40	$ -	$ 78,842.40
2. Employee Benefits	$ 11,826.36	$ -	$ 11,826.36	$ -	$ -	$ -	$ 11,826.36	$ -	$ 11,826.36
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
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	$ 1,730.24	$ -	$ 1,730.24	$ -	$ -	$ -	$ 1,730.24	$ -	$ 1,730.24
11. Staff Education and Training	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other ( )	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Development	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SBIRT Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 94,399.00**	**$ -**	**$ 94,399.00**	**$ -**	**$ -**	**$ -**	**$ 94,399.00**	**$ -**	**$ 94,399.00**
Indirect As A Percent of Direct		0.0%							

Date 5-27-15

Contractor Initials JWB

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: Indian Stream Health Center

Budget Request for: Primary Care - BCCP

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. Employee Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 250.00	$ -	$ 250.00	$ -	$ -	$ -	$ 250.00	$ -	$ 250.00
6. Travel	$ 50.00	$ -	$ 50.00	$ -	$ -	$ -	$ 50.00	$ -	$ 50.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ 100.00	$ -	$ 100.00	$ -	$ -	$ -	$ 100.00	$ -	$ 100.00
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ 1,128.00	$ -	$ 1,128.00	$ -	$ -	$ -	$ 1,128.00	$ -	$ 1,128.00
11. Staff Education and Training	$ 400.00	$ -	$ 400.00	$ -	$ -	$ -	$ 400.00	$ -	$ 400.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other ( )	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Newly established patients (99203)	$ 557.20	$ -	$ 557.20	$ -	$ -	$ -	$ 557.20	$ -	$ 557.20
Re-enrolled patient (99213)	$ 4,111.80	$ -	$ 4,111.80	$ -	$ -	$ -	$ 4,111.80	$ -	$ 4,111.80
Case Management	$ 4,080.00	$ -	$ 4,080.00	$ -	$ -	$ -	$ 4,080.00	$ -	$ 4,080.00
TOTAL	**$ 10,677.00**	**$ -**	**$ 10,677.00**	**$ -**	**$ -**	**$ -**	**$ 10,677.00**	**$ -**	**$ 10,677.00**
Indirect As A Percent of Direct		0.0%							

Date 5-27-15

Contractor's Initials JWB

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: Indian Stream 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	$ 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 ( )	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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-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: Indian Stream Health Care

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		
Line Item	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**
1. Total Salary/Wages	$ 78,842.40	$ -	$ 78,842.40	$ -	$ -	$ -	$ 78,842.40	$ -	$ 78,842.40
2. Employee Benefits	$ 11,826.36	$ -	$ 11,826.36	$ -	$ -	$ -	$ 11,826.36	$ -	$ 11,826.36
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
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	$ 1,730.24	$ -	$ 1,730.24	$ -	$ -	$ -	$ 1,730.24	$ -	$ 1,730.24
11. Staff Education and Training	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other ( )	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 94,399.00**	**$ -**	**$ 94,399.00**	**$ -**	**$ -**	**$ -**	**$ 94,399.00**	**$ -**	**$ 94,399.00**
Indirect As A Percent of Direct		0.0%							

Date: 5-27-15

Contractor Initials JWB

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: Indian Stream Health Center

Budget Request for: Primary Care - BCCP

Budget Period: July 1, 2015 - 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	$ 250.00	$ -	$ 250.00	$ -	$ -	$ -	$ 250.00	$ -	$ 250.00
6. Travel	$ 50.00	$ -	$ 50.00	$ -	$ -	$ -	$ 50.00	$ -	$ 50.00
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ 100.00	$ -	$ 100.00	$ -	$ -	$ -	$ 100.00	$ -	$ 100.00
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ 1,128.00	$ -	$ 1,128.00	$ -	$ -	$ -	$ 1,128.00	$ -	$ 1,128.00
11. Staff Education and Training	$ 400.00	$ -	$ 400.00	$ -	$ -	$ -	$ 400.00	$ -	$ 400.00
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other ( )	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Newly established patients (99203)	$ 557.20	$ -	$ 557.20	$ -	$ -	$ -	$ 557.20	$ -	$ 557.20
Re-enrolled patient (99213)	$ 4,111.80	$ -	$ 4,111.80	$ -	$ -	$ -	$ 4,111.80	$ -	$ 4,111.80
Case Management	$ 4,080.00	$ -	$ 4,080.00	$ -	$ -	$ -	$ 4,080.00	$ -	$ 4,080.00
TOTAL	**$ 10,677.00**	**$ -**	**$ 10,677.00**	**$ -**	**$ -**	**$ -**	**$ 10,677.00**	**$ -**	**$ 10,677.00**
Indirect As A Percent of Direct		0.0%							

Date: 5-27-15

Contractor's Initials: JWB

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 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 ( )	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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

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:

5/27/15
Date

Name:
Title: CEO

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 formed June 1, 2004. 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 8th day of April, A.D. 2015

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

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

1. I am a duly elected Officer of ___Indian Stream Health 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 ___4/29/2015_____:
(Date)

RESOLVED: That the _____Chief Executive Officer_____
(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 __27th___ day of ___May_____, 2015__.
(Date Contract Signed)

4. _____Jonathan Brown_____ is the duly elected ___Chief Executive Officer_____
(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 ___27th_____ day of __May_____, 2015___,

By ___Gail Fisher_____.
(Name of Elected Officer of the Agency)

_____
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: SHARON CLEVELAND, Notary Public
My Commission Expires March 26, 2019

INDIA-1 OP ID: KL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/05/2015

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
CENTURION CORPORATION
Centurion Place, PO Drawer 959
Hanover, NH 03755-0959
A. W. Cunningham, CIC

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hanover Insurance Co.	10212
INSURER B : Farmington Casualty Co	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Indian Stream Health Cntr,Inc
Shirley Powell
141 Corliss Lane
Colebrook, NH 03576

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 COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR [X] Business Owners GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [ ] LOC			OHV-3454292-06	07/01/2014	07/01/2015	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 $ 300,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ Included
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS [X] HIRED AUTOS SCHEDULED AUTOS [X] NON-OWNED AUTOS			OHV-3454292-06	07/01/2014	07/01/2015	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			OHV-3454292-06	07/01/2014	07/01/2015	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
B	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		IFUB-4101T99-A-13	07/01/2014	07/01/2015	WC STATU-TORY LIMITS / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000
A	Business Owners			OHV-3454292-06	07/01/2014	07/01/2015	Leasehold Improve	210,000

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

CERTIFICATE HOLDER

The Director, Division of
Public Health Services NHDHHS
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

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

INDIAN STREAM HEALTH CENTER, INC.

AUDITED FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

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

Board of Directors
Indian Stream Health Center, Inc.
Colebrook, New Hampshire

We have audited the accompanying financial statements of Indian Stream Health Center, Inc., which comprise the balance sheets as of December 31, 2013 and 2012, 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 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 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 opinions.

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, 2013 and 2012, 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 is 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 is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards 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 June 25, 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
June 25, 2014

INDIAN STREAM HEALTH CENTER, INC.

BALANCE SHEETS

DECEMBER 31, 2013 AND 2012

ASSETS

	2013	2012
Current Assets:		
Cash and cash equivalents	$ 425,098	$ 594,500
Patient accounts receivable, net of allowance for doubtful accounts of $206,006 and $277,454 at December 31, 2013 and 2012, respectively	341,567	297,092
Grants receivable	667,976	480,893
Inventory	78,035	-
Prepaid expenses	26,216	14,703
Total Current Assets	1,538,892	1,387,188
Assets Limited As To Use	65,000	149,929
Property And Equipment, Net	1,697,844	1,333,786
Other Assets	5,516	5,721
TOTAL ASSETS	$ 3,307,252	$ 2,876,624

LIABILITIES AND NET ASSETS

Current Liabilities:		
Accounts payable and accrued expenses	$ 63,707	$ 88,919
Accrued payroll and related expenses	61,681	52,023
Deferred revenue	567,919	371,269
Current maturities of long-term debt	36,182	17,877
Total Current Liabilities	729,489	530,088
Long-term Debt, Less Current Maturities	389,146	682,629
Total Liabilities	1,118,635	1,212,717
Net Assets:		
Unrestricted	2,188,617	1,513,978
Temporarily restricted	-	149,929
Total Net Assets	2,188,617	1,663,907
TOTAL LIABILITIES AND NET ASSETS	$ 3,307,252	$ 2,876,624

(See accompanying notes to these financial statements)

INDIAN STREAM HEALTH CENTER, INC.

STATEMENTS OF OPERATIONS

FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

	2013	2012
Operating Revenue:		
Patient service revenue	$ 3,054,033	$ 2,797,828
Provision for bad debt	(171,120)	(182,856)
Net patient service revenue	2,882,913	2,614,972
Grant revenue	973,237	1,003,194
Community benefit grants	100,000	100,000
Other operating revenue	151,793	160,387
Net assets released from restrictions for operations	-	1,111
Total Operating Revenue	4,107,943	3,879,664
Operating Expenses:		
Salaries and benefits	2,124,199	1,825,367
Other operating expenses	1,610,867	1,474,483
Depreciation and amortization	64,105	60,335
Interest expense	42,931	47,047
Total Operating Expenses	3,842,102	3,407,232
OPERATING SURPLUS AND EXCESS OF REVENUE OVER EXPENSES	265,841	472,432
Grants received for capital acquisition	260,061	241,862
Net assets released from restriction for capital acquisition	148,737	-
INCREASE IN UNRESTRICTED NET ASSETS	$ 674,639	$ 714,294

(See accompanying notes to these financial statements)

INDIAN STREAM HEALTH CENTER, INC.

STATEMENTS OF CHANGES IN NET ASSETS

FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

	2013	2012
Unrestricted Net Assets:		
Excess of revenue over expenses	$ 265,841	$ 472,432
Grants received for capital acquisition	260,061	241,862
Net assets released from restriction for capital acquisition	148,737	-
Increase in Unrestricted Net Assets	674,639	714,294
Temporarily Restricted Net Assets:		
Contributions for capital acquisition	-	109,369
Uncollectible pledges	(1,192)	
Net assets released from restrictions for operations	-	(1,111)
Net assets released from restriction for capital acquisition	(148,737)	-
(Decrease) Increase in Temporarily Restricted Net Assets	(149,929)	108,258
Change in Net Assets	524,710	822,552
Net Assets, Beginning of Year	1,663,907	841,355
NET ASSETS, END OF YEAR	$ 2,188,617	$ 1,663,907

(See accompanying notes to these financial statements)

INDIAN STREAM HEALTH CENTER, INC.

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

	2013	2012
Cash Flows From Operating Activities:		
Change in net assets	$ 524,710	$ 822,552
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Provision for bad debts	171,120	182,856
Depreciation and amortization	64,105	60,335
Grants received for capital acquisition	(260,061)	(241,862)
Restricted contributions for capital acquisition	-	(108,258)
Uncollectible pledges	1,192	-
(Increase) decrease in the following assets:		
Patient accounts receivable	(215,595)	(170,933)
Grants receivable	(187,083)	(404,860)
Inventory	(78,035)	-
Prepaid expenses	(11,513)	887
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	(25,212)	54,309
Accrued payroll and related expenses	9,658	(8,552)
Deferred revenue	196,650	218,476
Net Cash Provided by Operating Activities	189,936	404,950
Cash Flows From Investing Activities:		
Capital expenditures	(427,958)	(249,973)
Working capital reserve	(65,000)	-
Net Cash Used by Investing Activities	(492,958)	(249,973)
Cash Flows From Financing Activities:		
Grants received for capital acquisition	260,061	241,862
Restricted contributions used for capital acquisition	148,737	-
Principal payments on long-term debt	(275,178)	(147,021)
Net Cash Provided by Financing Activities	133,620	94,841

INDIAN STREAM HEALTH CENTER, INC.

STATEMENTS OF CASH FLOWS (CONTINUED)

FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

	2013	2012
Net (Decrease) Increase in Cash and Cash Equivalents	(169,402)	249,818
Cash and Cash Equivalents, Beginning of Year	594,500	344,682
CASH AND CASH EQUIVALENTS, END OF YEAR	$ 425,098	$ 594,500
Supplemental Disclosures of Cash Flow Information:		
Cash paid for interest	$ 42,931	$ 47,047

(See accompanying notes to these financial statements)

INDIAN STREAM HEALTH CENTER, INC.

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

NOTE 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.

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 2010.

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 certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

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.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Accounts Receivable

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 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 doubtful accounts. The Organization has not changed its methodology.

A reconciliation of the allowance for doubtful accounts follows:

	2013	2012
Balance, beginning of year	$ 277,454	$ 176,585
Provision	171,120	182,856
Write-offs	(242,568)	(81,987)
Balance, end of year	$ 206,006	$ 277,454

Decrease in allowance for doubtful accounts is primarily a result of a decrease in balances greater than 120 days due to increased write-offs during the year.

Inventory

Inventory consists of pharmaceutical drugs which are valued at the lower of cost or market.

Assets Limited as to Use

Assets limited as to use include Federal 330 grant monies designated for working capital and assets restricted by donors for future property purchases and consisted of cash and cash equivalents. The donor restricted assets were used during 2013 for the construction of the in-house pharmacy.

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.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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.

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, 2013 and 2012.

Donor Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise 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 as unrestricted net assets and reported in the statement of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reflected as unrestricted contributions in the Organization's 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. The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue. Conditional promises to give are not included as support until the conditions are substantially met.

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:

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Patient Service Revenue (Continued)

- 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 December 31, 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, 2010.

- Other payers -- The Organization also has entered into payment agreements with 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 patient service revenues by approximately $46,973 and $143,534 for the years ended December 31, 2013 and 2012, respectively.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Patient Service Revenue (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 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 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 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.

Excess (Deficit) of Revenue Over Expenses

The statements of operations reflect the excess (deficit) of revenues over expenses. Changes in unrestricted net assets, which are excluded from the excess (deficit) of revenues over expenses, consistent with industry practice, 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

The composition and purpose of assets limited as to use at December 31, 2013 and 2012 follows:

	2013	2012
Cash and cash equivalents	$ 65,000	$ 145,129
Pledges receivable	-	4,800
Total	$ 65,000	$ 149,929
Working capital (Federal 330 monies)	$ 65,000	$ -
Donor restricted:		
Temporarily restricted (Note 6)	-	149,929
Total	$ 65,000	$ 149,929

Cash and cash equivalents included in assets limited as to use are not included in cash and cash equivalents for cash flow purposes or in the concentration of risk disclosure.

NOTE 3 PROPERTY AND EQUIPMENT

The cost and accumulated depreciation of property and equipment at December 31, 2013 and 2012 follows:

	2013	2012
Land	$ 30,000	$ 30,000
Building and improvements	1,838,822	1,164,880
Furniture and equipment	100,920	128,314
Total Cost	1,969,742	1,323,194
Less accumulated depreciation	275,888	239,382
Property and Equipment, Net	1,693,854	1,083,812
Construction in progress	3,990	249,974
Total Property and Equipment, Net	$ 1,697,844	$ 1,333,786

In 2010 the Organization made renovations to the building with Federal grant funding under the ARRA - Capital Improvement Program. In 2013 the Organization began building a pharmacy 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 and HRSA.

NOTE 4 LINE OF CREDIT

The Organization has a $130,000 line of credit with a local bank, payable on demand through June 2014. The line of credit is secured by the Organization's business assets with interest at the prime rate plus 1% (4.25% at December 31, 2013). There was no balance outstanding at December 31, 2013 and 2012.

NOTE 5 LONG-TERM DEBT

A summary of notes payable at December 31, 2013 and 2012 follows:

	2013	2012
Note payable to Dartmouth-Hitchcock Clinic (DHC) with an interest rate of 3.75% with monthly payments of principal and interest of $1,595 through April 2019. The original principal balance was $288,000 with $100,000 of the original principal not subject to interest and which was forgiven on April 1, 2008, 2009 and 2010 in $33,333 increments. The Organization made a $100,000 advance payment to principal on December 31, 2012.	$ -	$ 7,771
Mortgage payable to a local bank with an interest rate fixed at 4.6%, with monthly payments of principal and interest of $2,466 through December 2023, secured by a first mortgage on the building with 90% of balance guaranteed by the United States Department of Agriculture. The Organization made a $141,000 advance payment to principal on December 24, 2013 and modified the terms of the loan as reflected above.	236,807	383,894
Construction loan 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, secured by a second Mortgage on the building with 90% of balance guaranteed by the United States Department of Agriculture. The Organization made a $116,000 advance payment to principal on December 24, 2013 and modified the terms of the loan as reflected above.	188,521	308,841
Total long-term debt	425,328	700,506
Less current maturities	36,182	17,877
Total Long-term Debt Excluding Current Maturities	$ 389,146	$ 682,629

NOTE 5 LONG-TERM DEBT (CONTINUED)

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

December 31,	
2014	$ 36,182
2015	37,322
2016	38,898
2017	40,540
2018	42,253
Thereafter	230,133
Total	$ 425,328

NOTE 6 TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consisted of the following as of December 31, 2013 and 2012:

	2013	2012
Pledges for capital improvements from the capital campaign	$ -	$ 4,800
Contributions for capital acquisition	-	145,129
Total	$ -	$ 149,929

NOTE 7 PATIENT SERVICE REVENUE

A summary of patient service fees for the years ended December 31, 2013 and 2012 follows:

	2013	2012
Medicare	$ 925,670	$ 817,687
Medicaid	425,825	422,850
Third party payers and private pay	477,553	446,882
Medical patient service revenue	1,829,048	1,687,419
340B pharmacy revenue	1,224,985	1,110,409
Total Patient Service Revenue	$ 3,054,033	$ 2,797,828

NOTE 7 PATIENT SERVICE REVENUE (CONTINUED)

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 $324,638 and $272,007 for the years ended December 31, 2013 and 2012, 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 8 FUNCTIONAL EXPENSES

The Organization provides various services to residents within its geographic location. Expenses related to providing these services for the years ended December 31, 2013 and 2012 follows:

	2013	2012
Program services	$ 3,165,961	$ 2,824,389
Administrative and general	676,141	582,843
Total	$ 3,842,102	$ 3,407,232

NOTE 9 MALPRACTICE INSURANCE

The Organization is protected from medical malpractice risk as a 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 December 31, 2013, 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 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 10 RETIREMENT PLAN

During 2013, the Organization established a SIMPLE IRA defined contribution plan. The Organization made contributions to the plan in the amount of $24,365 for the year ended December 31, 2013.

NOTE 11 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 who are local residents and are insured under third-party payer agreements. The mix of accounts receivable from patients and third-party payers at December 31, 2013 follows:

Medicare	53%
Medicaid	14%
Other	33%
Total	100%

NOTE 12 PRIOR YEAR COMPARATIVE AMOUNTS

Certain prior year comparative amounts were reclassified to be consistent with current year presentation.

NOTE 13 SUBSEQUENT EVENTS

For financial reporting purposes, subsequent events have been evaluated by management through June 25, 2014, which is the date the financial statements were available to be issued.

INDIAN STREAM HEALTH CENTER, INC.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

FOR THE YEAR ENDED DECEMBER 31, 2013

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			
Consolidated Health Centers	93.224		$ 789,494
Affordable Care Act (ACA) Grants for Capital Development in Health Centers	93.526		260,061
Total Health Center Cluster			1,049,555
Small Health Care Provider Quality Improvement	93.912		47,433
Total Direct Programs			1,096,988
Pass-through programs from:			
State of New Hampshire Department of Health and Human Services:			
Title X Family Planning	93.217	90080203	14,299
TANF - Administration for Children and Family Needs	93.558	45130203	9,337
Primary Care Services	93.994	90080000	6,827
Coos County Family Health Services:			
Oral Health - Preventative Health Block Grant	93.991		7,853
Dartmouth College:			
Breast and Cervical Cancer Program	93.283	873	6,228
Total Pass-through Programs			44,544
Total Expenditures of Federal Awards			$ 1,141,532

The accompanying notes are an integral part of this schedule.

INDIAN STREAM HEALTH CENTER, INC.

NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

FOR THE YEAR ENDED DECEMBER 31, 2013

NOTE 1 BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards, "the Schedule", includes the federal grant activity of Indian Stream Health Center, Inc., "the Organization", under programs of the federal government for the year ended December 31, 2013. 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.

INDIAN STREAM HEALTH CENTER
BOARD OF DIRECTORS
June 2014 to June 2015

CONTACT LIST

Name & Status	Officers	Telephone - Home	Work Place Info	Home Address	E-mail Address
Rick Tillotson (U)	Treasurer	[redacted]	none	[redacted]	[redacted]
Julie Riffon (U)		[redacted]	[redacted]	[redacted]	[redacted]
Steve Ellis (U)		[redacted]	[redacted]	[redacted]	[redacted]
Dallas Chase (U)		[redacted]	[redacted]	[redacted]	[redacted]
Gail Fisher (N)	President	[redacted]	[redacted]	[redacted]	[redacted]
Bill Freedman (U)		[redacted]	[redacted]	[redacted]	[redacted]
Melissa Shaw (N)	Vice President	[redacted]	[redacted]	[redacted]	[redacted]
Linda Lomasney (U)	Secretary	[redacted]	[redacted]	[redacted]	[redacted]
Chad Fournier (N)		[redacted]	[redacted]	[redacted]	[redacted]
Ben Young (U)		[redacted]	[redacted]	[redacted]	[redacted]

June 2014 – June 2015
ADMINISTRATION CONTACT LIST

Jonathan Brown	CEO	[redacted]	[redacted]	[redacted]	[redacted]
Bridget Freudenberger	Finance Director	[redacted]	[redacted]	[redacted]	[redacted]
Sharon Cleveland	Executive Assistant	[redacted]	[redacted]	[redacted]	[redacted]

Jonathan W. Brown

EXECUTIVE SUMMARY

A highly-motivated individual with a track record of strong technical and analytical skills, possessing a deep understanding of the Federally Qualified Health Center model, a fundamental knowledge of business development, management and an application of varied leadership styles tailored to produce the most favorable outcome.

EDUCATION

University of Phoenix, Masters Business Administration **2014**

University of Phoenix, Bachelor of Science Information Technology/Business Systems Analysis **2012**

University of Phoenix, Associate Applied Science, Information Technology **2010**

PROFESSIONAL EXPERIENCE

Chief Executive Officer **Present**
Indian Stream Health Center, Colebrook, NH 03576

Finance Director **2012-2015**
Indian Stream Health Center, Colebrook, NH 03576

Information Systems Manager and Facilities Director **2006 - 2012**
Indian Stream Health Center, Colebrook, NH 03576

CORE QUALIFICATIONS

- Strong understanding of FQHC model
- Systems design/management
- Strong analytical skills
- Establishing goals and setting priorities
- Effective communication skills
- Complex problem resolution
- Strong organizational skills
- Self directed with strong initiative
- Adaptability
- Integrity/Honor
- Good judgment
- Operations analysis
- Budget development
- Staff training/development
- Policy/program development
- Team leadership
- Project management
- Humor

AFFILIATIONS/EXTRAMURAL ACTIVITIES

North Country Chamber of Commerce, Director (served as President March 2013 - March 2014) **Present**

Participant, Neil and Louise Tillotson Grantee Learning Community **2013**

Participant, Office of Rural Health Policy Rural Voices Leadership Program **2012**

The Dartmouth Institute's (TDI) Professional Education Program: Finance for Non-Financial Managers **2011**

Participant, Leadership North Country Program **2011**

Participant, Bi-State Leadership Development Program **2010**

Jill M. Gregoire RN, MSN

Summary of qualifications

1987-1989 New Hampshire Vocational Technical College
Berlin, NH

- Associate Degree in Nursing

2003-2004 Saint Leo University, Saint Leo, Florida

- Associate of Arts in Liberal Arts

2002-2004 Jacksonville University, Jacksonville, Florida

- Bachelor of Science in Nursing Degree

2008-2010 University of Phoenix, Phoenix, Arizona

- Master of Science in Nursing

1989-current

- Registered Nurse in the State of New Hampshire

License #: 034069-21

Professional experience

1988 - 1989
Upper Connecticut Valley Hospital Colebrook, NH

- Worked part time as an LPN in M/S, CSR, ED, and post-partum obstetrics while attending college for ADN

1989 - 2002
Upper Connecticut Valley Hospital Colebrook, NH

- Staff RN cross trained in Critical Care, Emergency Department, Labor and Delivery, Post-Partum and Nursery care, Perioperative Nursing (Scrub and Circulate), PACU and Med/Surg

1991-1996

- SCU Nurse Manager: Responsible for quality improvement, policies and procedures and nurse education/training for the department

1998-2000

- Nursing Services Coordinator: Responsible for coordinating nursing scheduling, competencies, performance evaluations, personnel interviews associated with hiring new employees, policies and procedures, and quality improvement for all nursing departments. (M/S, SCU, ED, OB, and OR)

2000-2002

- Continued working as a staff nurse, participating on Medication Error Prevention Committee, locally and also as part of the VHA New England Medication Error Prevention Initiative, regionally representing the Upper Connecticut Valley Hospital. I was also a member of the Drug Utilization and Therapeutic Oversight committee at UCVH as well as chair person of the Pain

Management Committee

2002-May 2006 Concord Hospital, Concord, New Hampshire

- Worked full time as a staff RN in the Critical Care Unit. Experience involved working in the ICU and CCU as well as caring for cardiothoracic surgical patients. Continued participation in the VHA New England Medication Error Prevention Initiative, representing Concord Hospital in the region. I was also a member of Concord Hospital's Medication Safety Committee and Medication Reconciliation Team.

May 2006-current: Indian Stream Health Center, Colebrook, New Hampshire

- Quality Assurance/ Clinical Operations Director
- Responsible for quality assurance and quality improvement efforts. This included development of quality initiatives that promote high quality primary care in accordance with national standards. Coordinate peer review. Assist in grant writing process. Management of primary care, oral health, and family planning grants.
- Oversight of all clinical programs including care management, 340B pharmacy program, family planning services, oral health program, and primary care team functions. Directly supervise the clinical outreach program. OSHA blood borne pathogen exposure control plan and infection control training.
- Monitors patient complaints and risk management issues. Federal Tort Claims Act training and resource for organization.
- Responsible for electronic medical record (EMR) software management, troubleshooting, training and forms building
- Senior leadership role includes collaboration with neighboring critical access hospital

References Available on request

ALLIE M. WHITE

EDUCATION

Chemistry-Physics, Bachelor of Science
August 2003 – May 2007

Keene State College, Keene, NH
GPA 3.0

Studies focused on research, development, and teaching of chemistry, biology, physics, and mathema cs. Much emphasis was put on art, graphic design, and computer science.

RESEARCH

Independent Study Research
May 2007

Keene State College, Keene, NH

Inves gated and compared the effect of oxygenated and regular race fuel on engine performance under the supervision of physics professor. (Spring 2007)

EXPERIENCE

IT Systems Manager/EMR Manager/Facilities Mgmt
October 2012-present

Indian Stream Health Center, Colebrook, NH
Responsible for overseeing network and computer operations, provides technical support resolving hardware and so ware problems, manages the organization's web site, technical staff training, vendor negotiations and procurement, project management, and information systems administration. Manage EMR so ware, licenses, and train individuals as end-users. Also func on as the Safety O cer and Facili es Management.

IT Assistant / Administrative Assistant
Fall 2010 – Fall 2012

Indian Stream Health Center, Colebrook, NH
Assistant to the Information Systems Manager at a Federally Quali ed Health Center. Lead designer and developer for the organiza on's web site and promotional digital media (newsletters, advertisements, etc.). Provide daily help desk support for staff, troubleshoo ng dif cul es with prin ng, network connectivity, equipment opera on, etc. Schedule, set up, and help operate all audio-visual equipment for presentations, web conferences, and mee ngs. Maintain organiza on's IT inventory database, and place orders for replacement equipment, toner, and parts. Perform regular safety inspec ons of the organiza on's building, maintain fire safety informa on and policies, and perform quarterly re drills. Assist staff in any crea on of labels, mail mergers, PowerPoint presenta ons, e-mail distribu ons, Excel worksheets, Access database con gura ons, and other MS Of ce dif cul es. Act as the liaison to Bi-State Primary Care Association's Marketing Director. Design, create, and implement marketing material (newspaper ads, digital media, brochures, flyers, signs, etc.).
http://www.indianstream.org

Skills

Adobe Acrobat
Adobe Photoshop
Adobe
LiveDesigner
Adobe InDesign
Mozilla Products
MS Office Suite
MS Word
MS Excel
MS PowerPoint
MS Outlook
MS Access
MS One Note
Norton Products
Online Web
Editors
Quickbooks
Spiceworks
WordPress
Video Editing

Windows
XP/Vista/7
Windows Server
2008

Hardware
Software
Installation
Process
Printer
Maintenance
System Tools
Administrative
Tools
AV Equipment

Wiring of Racks,
Data Ports,
Switches, Routers,
Firewalls, Access
Points, etc.

Screen Printing and Independent Graphic Design — Spring 2008 – Fall 2012
Hazardous Design, Colebrook, NH

Self-started business of screen prin ng with eco-friendly materials. Design and create custom screen prin ng 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 marke ng material for clients. U lize contemporary design to create web sites for speci c client needs.

Teacher Assistant — Spring 2009 – Spring 2010
Brook's Colebrook Country Day School, Colebrook, NH

Worked with 3 to 5 year old children in a structured, learning environment. Created elaborate programs and ac vi es to teach the children about simple math, science, and ecology. Used techniques to gear lesson plans toward short a ention spans and ac ve bodies.

Manufacturing Operator, — Winter 2007 – Summer 2008
LONZA Biologics, Inc., Portsmouth, NH

Worked in a clean room environment on the purifica on end, performing large scale chromatography procedures, in a bio-pharmaceu cal manufacturing facility. Used Standard Opera ng Procedures and Best Practice guidelines to process large hundred gallon tanks of mammalian cell proteins. Required knowledge of chemical equipment, qualitative processes, and extensive record keeping.

Documentation of inventory, wiring diagrams, and network configurations.

Experience working with, and counseling, middle school and high school students.

Experience working with, caring for, and helping with the development of preschool children.

Experience working on a team and in a group setting.

ACTIVITIES / HONORS / AFFILIATIONS / LEADERSHIP

- Mentor, Softball Coach, Girl's Middle School Team, Colebrook, NH (Spring 2009)
- Volunteer, Youth Connec on Afterschool Program, Somersworth, NH (Spring – Fall 2008)
- Volunteer, Harrisville After-School Program, Harrisville, NH (Fall 2006 – Spring 2007)
- Member, RHA, Residen al Hall Associa on (Fall 2005)
- Member, Women's Rugby Club (Spring 2005 – Summer 2007)

LISA R. MACCINI

WORK EXPERIENCE

2014-2015 *Quality Assurance RN*

Working at a Federally Qualified Health Center that uses a team based approach to care providing general nursing leadership, working collaboratively with physicians and multidisciplinary team members, promoting the quality management plan as directed. Responsibilities include PCMH process and evaluation and implementation, management of group appointment programs (Chronic Disease Self Management and Annual Wellness Visits) and provision of support to the QA/Clinical Operations Director, which includes chart reviews, reporting and program management.

2010-2014 *Primary Care and Case Management RN*

Worked at a Federally Qualified Health Center providing direct patient care to patients of all ages involving vital sign assessment, past medical history documentation, medication reconciliation, dressing changes, medication administration, and care management services. These services included referrals coordination, prior authorizations from insurance companies for medications and diagnostic procedures, and individual care management as necessary.

2008-2010 *Personal Caregiver*

Rehabilitated following fractured hips, medication management, wound vac care, hospice care and dementia care.

2006-2008 New England Rehabilitation Hospital Portland, ME

Acute Rehabilitation Liaison per diem

Responsibilities include conducting comprehensive screenings of patients to determine if the patient meets criteria for acute rehabilitation after disabling injury or serious illness, including chart review, discussion with healthcare personnel, and a meeting with the patient and/or family to address pertinent information, concerns, and questions.

2006-2008 Healthy Futures Winthrop, ME

Nurse Health Advocate

Responsible for promoting healthier lifestyles for individuals in our four communities through medication counseling, blood pressure clinics, dietary

counseling, encouraging regular exercise, home visits, acting as liaison between individuals and their physicians. I served on community Wellness Committees and Pandemic committees.

2004-2006 Hackett Hill Healthcare Center Manchester, NH

Nurse Liaison

Responsibilities include evaluation of patients at area hospitals, serving as member of the intake decision making team, facility networking and marketing. The average daily census increased 5.4% since my hire.

1996-2003 Cigna Healthcare Concord, NH

Clinical Nurse Reviewer

Responsible for medical record review to insure proper billing, formulated a comprehensive durable medical equipment list, which was, upon completion, used company-wide. Served as a liaison between the Utilization Management Department and the Claims Processing Department. Received Circle of Excellence Awards, nominated by my peers, in 1997, 1998, and 2003.

1993-1997 Optima Health, Elliot Hospital Campus Manchester, NH

Pediatric RN

Per diem staff RN in pediatrics. Floated to the neonatal intensive care unit and maternity. Served on the scheduling and staffing committee and the per diem committee.

1989-1992 Dunbarton Elementary School

School Nurse

1979-1993 Catholic Medical Center Manchester, NH

Pediatric RN

Started as a full time staff RN in Pediatrics eventually being promoted to the full time assistant head nurse in pediatrics. Floated as needed in emergency room, intensive care unit, maternity and medical-surgical units.

1978-1979 Concord Hospital Concord, NH

Adolescent Unit Charge Nurse

Full time charge nurse in an adolescent unit.

EDUCATION

Advanced Cardiac Life Support Certification

Pediatric Advanced Life Support Certification

Concord Hospital School of Nursing

Woodsville High School- Ranked fourth in the graduating class.

VOLUNTEER EXPERIENCE

Volunteered for Respite Care for elderly members of community in Warren, NH

Active in the Bow Mills United Methodist Church. Serving as the chairperson of the Evangelism committee

Bow High School Booster Club

Indian Stream Health Center
SFY16 and 17

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Jonathan Brown	CEO	$85,000	0	0
Jill Gregoire	QA/Clinical Operations Director	$75,000	0	0
Allie White	IT Manager	$39,998.40	50%	$19999.20
Lisa Maccini	RN	$27643.20	100%	$27643.20

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

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

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

3/12/14
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 [illegible] 11, 2015

Name and Title of Notary or Justice of the Peace

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

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: SMP
Date: 3-11-14

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. 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 350 users annually with 2100 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 <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.

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: Indian Stream 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	$ -	$ -	$ -	
2. Employee Benefits	$ -	$ -	$ -	
3. Consultants	$ -	$ -	$ -	
4. Equipment:	$ 18,030.00	$ -	$ 18,030.00	
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	$ 18,030.00	$ -	$ 18,030.00	

Indirect As A Percent of Direct 0.0%

Contractor Initials: SMP

Date: 3-11-14

Exhibit B-1 (2015) -Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Indian Stream Health Center

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

Budget Period: SFY 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 78,842.40	$ -	$ 78,842.40	0
2. Employee Benefits	$ 11,566.60	$ -	$ 11,566.60	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	$ 1,000.00	$ -	$ 1,000.00	0
6. Travel	$ 1,000.00	$ -	$ 1,000.00	0
7. Occupancy	$ -	$ -	$ -	0
8. Current Expenses	$ -	$ -	$ -	0
Telephone	$ -	$ -	$ -	0
Postage	$ 600.00	$ -	$ 600.00	0
Subscriptions	$ 900.00	$ -	$ 900.00	0
Audit and Legal	$ -	$ -	$ -	0
Insurance	$ -	$ -	$ -	0
Board Expenses	$ -	$ -	$ -	0
9. Software	$ -	$ -	$ -	0
10. Marketing/Communications	$ 2,500.00	$ -	$ 2,500.00	0
11. Staff Education and Training	$ 4,000.00	$ -	$ 4,000.00	0
12. Subcontracts/Agreements	$ -	$ -	$ -	0
13. Other (specific details mandatory):	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
	$ -	$ -	$ -	0
TOTAL	**$ 100,409.00**	**$ -**	**$ 100,409.00**	0

Indirect As A Percent of Direct 0.0%

Contractor Initials: SMP

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
Improving health, preventing disease, reducing costs for all

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 1, 2012

APPROVED BY
DATE 6/20/12
PAGE 14
ITEM # 125

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 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.

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 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 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	

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 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:

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

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 hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.
5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

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8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 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, the following insurance:

14.1.1 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 occurrence; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

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certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.
15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").
15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

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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: **Indian Stream Health Center, Inc.**

ADDRESS: **141 Corliss Lane**
Colebrook, New Hampshire 03576
Chief Executive Officer: **Shirley Powell**
TELEPHONE: **603-388-2422**

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 850 users annually with 2100 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 60 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.

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. 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: **Indian Stream Health Center, Inc.**

ADDRESS: **141 Corliss Lane**
Colebrook, New Hampshire 03576
Chief Executive Officer: **Shirley Powell**
TELEPHONE: **603-388-2422**

Vendor #165274-B001 Job #90080000 Appropriation #010-090-5190000-102-500731
#90073001 #010-090-51490000-102-500731

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:

   $120,718 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.

TOTAL: $140,718

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

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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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Date: 3/28/12

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: SMP

Date: 3/25/13

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: SYM P
Date: 3/25/12

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: SMP
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: GMP

Date: 3/28/12

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: SMP
Date: 3/28/12

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: SMP
Date: 3/28/12

(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;

(c) 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.

Indian Stream Health Center, 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**

Shirley M. Powell CEO
Name and Title of Authorized Contractor Representative

Shirley M. Powell 3/28/2012
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.

M. Powell — CEO

Contractor Signature — **Contractor's Representative Title**

Indian Stream Health Center, Inc. — 3/28/12

Contractor Name — **Date**

NH Department of Health and Human Services

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: SMP
Date: 3/08/12

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.

Contractor Signature	Contractor's Representative Title
Indian Stream Health Center, Inc.	3/28/12
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]	CEO
Contractor Signature	**Contractor's Representative Title**
Indian Stream Health Center, Inc.	3/28/12
Contractor Name	**Date**

Budget Form

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

Bidder/Program Name: Indian Stream Health Center, Inc.

Budget Request for: Primary Care Services-PC
(Name of RFP)

Budget Period: July 1, 2012 - June 30, 2013

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 50,440.00	$ -	$ 50,440.00	
2. Employee Benefits	$ 7,566.00	$ -	$ 7,566.00	
3. Consultants	$ 12,000.00	$ -	$ 12,000.00	
4. Equipment:	$ -	$ -	$ -	
Rental	$ -	$ -	$ -	
Repair and Maintenance	$ -	$ -	$ -	
Purchase/Depreciation	$ -	$ -	$ -	
5. Supplies:	$ -	$ -	$ -	
Educational	$ -	$ -	$ -	
Lab	$ -	$ -	$ -	
Pharmacy	$ -	$ -	$ -	
Medical	$ -	$ -	$ -	
Office	$ -	$ -	$ -	
6. Travel	$ 353.00	$ -	$ 353.00	
7. Occupancy	$ -	$ -	$ -	
8. Current Expenses	$ -	$ -	$ -	
Telephone	$ -	$ -	$ -	
Postage	$ -	$ -	$ -	
Subscriptions	$ -	$ -	$ -	
Audit and Legal	$ -	$ -	$ -	
Insurance	$ -	$ -	$ -	
Board Expenses	$ -	$ -	$ -	
9. Software	$ -	$ -	$ -	
10. Marketing/Communications	$ -	$ -	$ -	
11. Staff Education and Training	$ -	$ -	$ -	
12. Subcontracts/Agreements	$ -	$ -	$ -	
13. Other (specific details mandatory):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	**$ 70,359.00**	**$ -**	**$ 70,359.00**	

Indirect As A Percent of Direct 0.0%

PMT

Budget Form

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

Bidder/Program Name: Indian Stream Health Center, Inc.

Budget Request for: Primary Care Services-PC
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 65,343.20	$ -	$ 65,343.20	
2. Employee Benefits	$ 5,015.80	$ -	$ 5,015.80	
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	$ 70,359.00	$ -	$ 70,359.00	

Indirect As A Percent of Direct 0.0%

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,

State of New Hampshire
Department of Health and Human Services

6/3/15
Date

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

6/10/15
Date

Name: Megan A. Yarid
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.

Contractor's Initials: AHS

Date 5/18/15

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.

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: AAS

Date 5/18/15

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

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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.

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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):
   - 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

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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.

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Date: 5/18/15

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: Lamprey Health Center

Budget Request for: Primary Care MCH-RHPC

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

	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
Line Item									
1. Total Salary/Wages	$ 7,426,461.00	$ -	$ 7,426,461.00	$ 6,961,623.00	$ -	$ 6,961,623.00	$ 464,838.00	$ -	$ 464,838.00
2. Employee Benefits	$ 1,375,705.00	$ -	$ 1,375,705.00	$ 1,279,622.00	$ -	$ 1,279,622.00	$ 96,083.00	$ -	$ 96,083.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ 195,482.00	$ -	$ 195,482.00	$ 195,482.00	$ -	$ 195,482.00	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ 260,043.00	$ -	$ 260,043.00	$ 260,043.00	$ -	$ 260,043.00	$ -	$ -	$ -
Office	$ 45,561.00	$ -	$ 45,561.00	$ 45,561.00	$ -	$ 45,561.00	$ -	$ -	$ -
6. Travel	$ 8,820.00	$ -	$ 8,820.00	$ 8,820.00	$ -	$ 8,820.00	$ -	$ -	$ -
7. Occupancy	$ 685,805.00	$ -	$ 685,805.00	$ 685,805.00	$ -	$ 685,805.00	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 63,148.00	$ -	$ 63,148.00	$ 63,148.00	$ -	$ 63,148.00	$ -	$ -	$ -
Postage	$ 24,647.00	$ -	$ 24,647.00	$ 24,647.00	$ -	$ 24,647.00	$ -	$ -	$ -
Subscriptions	$ 3,022.00	$ -	$ 3,022.00	$ 3,022.00	$ -	$ 3,022.00	$ -	$ -	$ -
Copying	$ 15,935.00		$ 15,935.00	$ 15,935.00		$ 15,935.00			
Dues	$ 37,878.00		$ 37,878.00	$ 37,878.00		$ 37,878.00			
Audit and Legal	$ 13,527.00	$ -	$ 13,527.00	$ 13,527.00	$ -	$ 13,527.00	$ -	$ -	$ -
Insurance	$ 143,622.00	$ -	$ 143,622.00	$ 143,622.00	$ -	$ 143,622.00	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ 1,206.00	$ -	$ 1,206.00	$ 1,206.00	$ -	$ 1,206.00	$ -	$ -	$ -
11. Staff Education and Training	$ 54,841.00	$ -	$ 54,841.00	$ 54,841.00	$ -	$ 54,841.00	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Translation	$ 12,027.00	$ -	$ 12,027.00	$ 12,027.00	$ -	$ 12,027.00	$ -	$ -	$ -
After hours call/Physician services	$ 243,753.00		$ 243,753.00	$ 243,753.00		$ 243,753.00			
Computer Op/Billing	$ 268,509.00		$ 268,509.00	$ 268,509.00		$ 268,509.00			
Bank Charges	$ 11,377.00		$ 11,377.00	$ 11,377.00		$ 11,377.00			
Allocation	$ 370,080.00		$ 370,080.00	$ 370,080.00		$ 370,080.00			
Flex charge/payroll processing	$ 15,228.00		$ 15,228.00	$ 15,228.00		$ 15,228.00			
Recruitment	$ 14,370.00		$ 14,370.00	$ 14,370.00		$ 14,370.00			
TOTAL	$ 11,291,047.00	$ -	$ 11,291,047.00	$ 10,730,126.00	$ -	$ 10,730,126.00	$ 560,921.00	$ -	$ 560,921.00
Indirect As A Percent of Direct		0.0%							

Date: 5-18-15

Contractor's Initials: AAS

EXHIBIT B-2 AMENDMENT #2

BUDGET FORM

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 - BCCP

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	$ 19,504.00	$ -	$ 19,504.00	$ -	$ -	$ -	$ 19,504.00	$ -	$ 19,504.00
2. Employee Benefits	$ 4,019.00	$ -	$ 4,019.00	$ -	$ -	$ -	$ 4,019.00	$ -	$ 4,019.00
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):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(clinical services)	$ 25,591.00	$ -	$ 25,591.00	$ -	$ -	$ -	$ 25,591.00	$ -	$ 25,591.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 49,114.00	$ -	$ 49,114.00	$ -	$ -	$ -	$ 49,114.00	$ -	$ 49,114.00
Indirect As A Percent of Direct		0.0%							

Date: 5/18/15

Contractor's Initials: AAS

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)

	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	$ 40,462.00	$ -	$ 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 Infastructure	$ 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: AMB

Date: 5/18/15

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:	Lamprey 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	**Indirect**	**Total**	**Direct**	**Indirect**	**Total**	**Direct**	**Indirect**	**Total**		
Line Item	**Incremental**	**Fixed**		**Incremental**	**Fixed**		**Incremental**	**Fixed**			
1. Total Salary/Wages	$ 7,426,461.00	$ -	$ 7,426,461.00	$ 6,961,623.00	$ -	$ 6,961,623.00	$ 464,838.00	$ -	$ 464,838.00		
2. Employee Benefits	$ 1,375,705.00	$ -	$ 1,375,705.00	$ 1,279,622.00	$ -	$ 1,279,622.00	$ 96,083.00	$ -	$ 96,083.00		
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
Purchase/Depreciation	$ 195,482.00	$ -	$ 195,482.00	$ 195,482.00	$ -	$ 195,482.00	$ -	$ -	$ -		
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
Medical	$ 260,043.00	$ -	$ 260,043.00	$ 260,043.00	$ -	$ 260,043.00	$ -	$ -	$ -		
Office	$ 45,561.00	$ -	$ 45,561.00	$ 45,561.00	$ -	$ 45,561.00	$ -	$ -	$ -		
6. Travel	$ 8,820.00	$ -	$ 8,820.00	$ 8,820.00	$ -	$ 8,820.00	$ -	$ -	$ -		
7. Occupancy	$ 685,805.00	$ -	$ 685,805.00	$ 685,805.00	$ -	$ 685,805.00	$ -	$ -	$ -		
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
Telephone	$ 63,148.00	$ -	$ 63,148.00	$ 63,148.00	$ -	$ 63,148.00	$ -	$ -	$ -		
Postage	$ 24,647.00	$ -	$ 24,647.00	$ 24,647.00	$ -	$ 24,647.00	$ -	$ -	$ -		
Subscriptions	$ 3,022.00	$ -	$ 3,022.00	$ 3,022.00	$ -	$ 3,022.00	$ -	$ -	$ -		
Copying	$ 15,935.00		$ 15,935.00	$ 15,935.00		$ 15,935.00					
Dues	$ 37,878.00		$ 37,878.00	$ 37,878.00		$ 37,878.00					
Audit and Legal	$ 13,527.00	$ -	$ 13,527.00	$ 13,527.00	$ -	$ 13,527.00	$ -	$ -	$ -		
Insurance	$ 143,622.00	$ -	$ 143,622.00	$ 143,622.00	$ -	$ 143,622.00	$ -	$ -	$ -		
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
10. Marketing/Communications	$ 1,206.00	$ -	$ 1,206.00	$ 1,206.00	$ -	$ 1,206.00	$ -	$ -	$ -		
11. Staff Education and Training	$ 54,841.00	$ -	$ 54,841.00	$ 54,841.00	$ -	$ 54,841.00	$ -	$ -	$ -		
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
Translation	$ 12,027.00	$ -	$ 12,027.00	$ 12,027.00	$ -	$ 12,027.00	$ -	$ -	$ -		
After hours call/Physician services	$ 243,753.00		$ 243,753.00	$ 243,753.00		$ 243,753.00					
Computer Op/Billing	$ 268,509.00		$ 268,509.00	$ 268,509.00		$ 268,509.00					
Bank Charges	$ 11,377.00		$ 11,377.00	$ 11,377.00		$ 11,377.00					
Allocation	$ 370,080.00		$ 370,080.00	$ 370,080.00		$ 370,080.00					
Flex charge/payroll processing	$ 15,228.00		$ 15,228.00	$ 15,228.00		$ 15,228.00					
Recruitment	$ 14,370.00		$ 14,370.00	$ 14,370.00		$ 14,370.00					
TOTAL	$ 11,291,047.00	$ -	$ 11,291,047.00	$ 10,730,126.00	$ -	$ 10,730,126.00	$ 560,921.00	$ -	$ 560,921.00		
Indirect As A Percent of Direct		0.0%									

Date: 5/18/15

Contractor's Initials: AAS

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: Lamprey Health Care

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	$ 19,504.00	$ -	$ 19,504.00	$ -	$ -	$ -	$ 19,504.00	$ -	$ 19,504.00
2. Employee Benefits	$ 4,019.00	$ -	$ 4,019.00	$ -	$ -	$ -	$ 4,019.00	$ -	$ 4,019.00
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):	$ 25,591.00	$ -	$ 25,591.00	$ -	$ -	$ -	$ 25,591.00	$ -	$ 25,591.00
(clinical services)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 49,114.00	$ -	$ 49,114.00	$ -	$ -	$ -	$ 49,114.00	$ -	$ 49,114.00
Indirect As A Percent of Direct		0.0%							

Date: 5/18/15

Contractor's Initials: AAS

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)

	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 (revenues)		$ -	$ -	$ -		$ -		$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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: NTB

Date: 5/18/15

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:

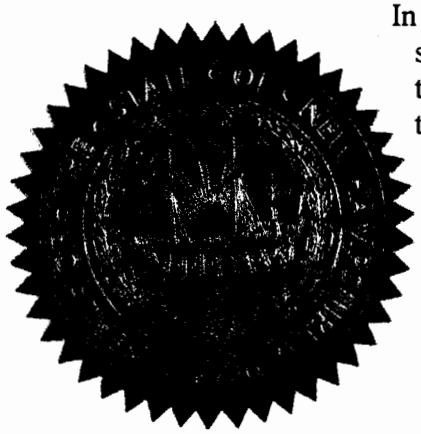
5-18-15
Date

Audrey Ashton-Savage
Name:
Title:

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 formed August 16, 1971. 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 29th day of April, A.D. 2015

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Janis Reams, 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 March 25, 2015:
(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 18 day of May, 2015.
(Date Contract Signed)

4. Audrey Ashton - Savage is the duly elected President
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

Janis Reams
(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE

County of Rockingham

The forgoing instrument was acknowledged before me this 18 day of May, 2015.

By Janis Reams.
(Name of Elected Officer of the Agency)

(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: 3/16/16

Anita R. Rozeff, Notary Public

My commission expires March 16, 2016

Client#: 246027 LAMPREYHEA1

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/19/2015

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
HUB Healthcare Solutions
HUB International New England, LLC
136 Turnpike Road, Suite 105
Southborough, MA 01772

CONTACT NAME: Lindsay D. Ducharme
PHONE (A/C, No, Ext): 978 661-6617 FAX (A/C, No): 866 715-9742
E-MAIL ADDRESS: lindsay.ducharme@hubinternational.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity	
INSURER B : Atlantic Charter	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
LAMPREY HEALTH CARE, INC.
207 SOUTH MAIN STREET
Newmarket, NH 03857

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			PHPK1191125	07/01/2014	07/01/2015	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$20,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$3,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC							$
A	AUTOMOBILE LIABILITY			PHPK1191125	07/01/2014	07/01/2015	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			PHUB463239	07/01/2014	07/01/2015	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			WCA00545402	07/01/2014	07/01/2015	[X] WC STATU-TORY LIMITS [ ] 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

NH 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

RP005

LAMPREY
HEALTH CARE

Our Mission

"Stay focused on the mission." ~Naveen Jain

Lamprey Health Care's Mission 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.

This is the driving force behind all we do. But what does it really mean?

Mission Focus

High Quality

You will always receive the best care at Lamprey Health Care. Take a look at our Quality of Care section to see what we are up to right now to provide you with the high quality care you deserve.

Prevention and Lifestyle Management

Our staff works to engage patients in their health care. You can expect to have your health team work to develop a plan to improve your health and teach you how to prevent illness and stay healthy. You will be an active participant in your health care plan.

Regardless of Ability to Pay

Everyone deserves to be healthy! You will never be turned away from Lamprey because you don't have insurance. Our patient advocates work with patients, looking at each individual's personal situation to find programs, services and solutions.

LAMPREY HEALTH CARE, INC.
AND
FRIENDS OF LAMPREY HEALTH CARE, INC.

AUDITED CONSOLIDATED FINANCIAL STATEMENTS

SEPTEMBER 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 Consolidated Financial Statements

Board of Directors
Lamprey Health Care, Inc. and
Friends of Lamprey Health Care, Inc.
Newmarket, New Hampshire

We have audited the accompanying consolidated financial statements of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc., which comprise the balance sheets as of September 30, 2014 and 2013, the related 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 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 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 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 opinions.

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, 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.

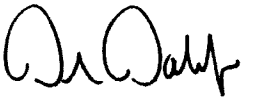
Other Matters

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating statements are presented for purposes of additional analysis 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 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 consolidating statements are fairly stated in all material respects in relation to the consolidated financial statements as a whole.

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 is 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 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 auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the 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 23, 2014, on our consideration of the Association'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
December 23, 2014

LAMPREY HEALTH CARE, INC.
AND FRIENDS OF LAMPREY HEALTH CARE, INC.

CONSOLIDATED BALANCE SHEETS

SEPTEMBER 30, 2014 AND 2013

ASSETS

	2014	2013
Current Assets:		
Cash and cash equivalents	$ 1,775,337	$ 2,141,018
Accounts receivable, less allowance for doubtful accounts of $231,834 and $136,707 at September 30, 2014 and 2013, respectively	989,558	697,315
Grants receivable	2,948,605	2,342,884
Other receivables	366,246	285,546
Other current assets	94,731	101,303
Total Current Assets	6,174,477	5,568,066
Assets Limited As To Use	1,946,541	1,983,526
Property And Equipment, Net	8,030,057	8,247,061
TOTAL ASSETS	$ 16,151,075	$ 15,798,653

LIABILITIES AND NET ASSETS

Current Liabilities:		
Accounts payable and accrued expenses	$ 174,455	$ 172,258
Accrued salaries and related expenses	947,248	1,004,995
Due to third party payers	73,250	73,250
Deferred revenue	3,125,597	2,547,702
Current maturities of long-term debt	82,770	106,330
Total Current Liabilities	4,403,320	3,904,535
Long-term Debt, Less Current Maturities	2,527,181	2,738,135
Total Liabilities	6,930,501	6,642,670
Net Assets:		
Unrestricted	8,819,133	8,733,063
Temporarily restricted	401,441	422,920
Total Net Assets	9,220,574	9,155,983
TOTAL LIABILITIES AND NET ASSETS	$ 16,151,075	$ 15,798,653

(See accompanying notes to these consolidated financial statements)

LAMPREY HEALTH CARE, INC.
AND FRIENDS OF LAMPREY HEALTH CARE, INC.

CONSOLIDATED STATEMENTS OF OPERATIONS

FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	2014	2013
Operating Revenue:		
Patient service revenue	$ 7,328,236	$ 6,801,083
Provision for bad debts	(495,147)	(401,602)
Net patient service revenue	6,833,089	6,399,481
Grants, contracts, and contributions, net	4,102,931	3,933,920
Other operating revenue	1,193,248	2,470,950
Net assets released from restriction for operations	8,146	-
Interest income	721	1,879
Total Operating Revenue	12,138,135	12,806,230
Operating Expenses:		
Payroll and related expenses	9,259,609	9,366,421
Other operating expenses	2,296,631	2,495,061
Depreciation	377,986	379,796
Interest expense	128,331	134,376
Total Operating Expenses	12,062,557	12,375,654
OPERATING INCOME AND EXCESS OF REVENUE OVER EXPENSES	$ 75,578	$ 430,576

(See accompanying notes to these consolidated financial statements)

LAMPREY HEALTH CARE, INC.
AND FRIENDS OF LAMPREY HEALTH CARE, INC.

CONSOLIDATED STATEMENT OF CHANGES IN NET ASSETS

FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	2014	2013
Unrestricted Net Assets:		
Excess of revenue over expenses	$ 75,578	$ 430,576
Change in fair value of financial instrument	(2,841)	56,115
Net assets released from restrictions for capital acquisitions	13,333	161,465
Increase in Unrestricted Net Assets	86,070	648,156
Temporarily Restricted Net Assets:		
Contributions	-	68,981
Net assets released from restrictions for operations	(8,146)	-
Net assets released from restrictions for capital acquisitions	(13,333)	(161,465)
Decrease in Temporarily Restricted Net Assets	(21,479)	(92,484)
Change in Net Assets	64,591	555,672
Net assets, beginning of year	9,155,983	8,600,311
NET ASSETS, END OF YEAR	$ 9,220,574	$ 9,155,983

(See accompanying notes to these consolidated financial statements)

LAMPREY HEALTH CARE, INC.
AND FRIENDS OF LAMPREY HEALTH CARE, INC.

CONSOLIDATED STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	2014	2013
Cash Flows From Operating Activities:		
Change in net assets	$ 64,591	$ 555,672
Adjustments to reconcile change in net assets		
to net cash (used) provided by operating activities:		
Provision for bad debt	495,147	401,602
Depreciation	377,986	379,796
Change in fair value of financial instrument	2,841	(56,115)
Restricted contributions	-	(68,981)
(Increase) decrease in the following assets:		
Patients accounts receivable	(787,390)	(328,009)
Grants receivable	(605,721)	(91,477)
Other receivables	(80,700)	87,224
Other current assets	6,572	8,188
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	2,197	(144,919)
Accrued payroll and related expenses	(57,747)	152,662
Deferred revenue	577,895	90,657
Net Cash (Used) Provided by Operating Activities	(4,329)	986,300
Cash Flows From Investing Activities:		
Decrease (increase) in assets limited as to use	36,985	(370,418)
Capital expenditures	(160,982)	(87,494)
Net Cash Used by Investing Activities	(123,997)	(457,912)

LAMPREY HEALTH CARE, INC.
AND FRIENDS OF LAMPREY HEALTH CARE, INC.

CONSOLIDATED STATEMENTS OF CASH FLOWS (CONTINUED)

FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013

	2014	2013
Cash Flows From Financing Activities:		
Restricted contributions	-	68,981
Principal payments on long-term debt	(237,355)	(101,527)
Net Cash Used by Financing Activities	(237,355)	(32,546)
Net (Decrease) Increase in Cash and Cash Equivalents	(365,681)	495,842
Cash and Cash Equivalents, Beginning of Year	2,141,018	1,645,176
CASH AND CASH EQUIVALENTS, END OF YEAR	$ 1,775,337	$ 2,141,018
Supplemental disclosure of cash flow information:		
Cash paid for interest	$ 128,331	$ 134,376

(See accompanying notes to these consolidated financial statements)

LAMPREY HEALTH CARE, INC.
AND FRIENDS OF LAMPREY HEALTH CARE, INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

SEPTEMBER 30, 2014 AND 2013

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

Lamprey Health Care, Inc. "LHC" is a private non-stock, non-profit corporation organized in New Hampshire. The Organization 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 New Hampshire. FLHC's primary purpose is to support Lamprey Health Care, Inc. FLHC is also the property owner of LHC's Newmarket administrative and program offices. LHC is the sole member of FLHC.

Principles of Consolidation

The consolidated financial statements include the accounts of LHC and its subsidiary, FLHC. These agencies are collectively referred to as "the Organization." All significant intercompany balances and transactions have been eliminated in consolidation.

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 its tax exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated each entity's tax position and concluded that there is no unrelated business income or uncertain tax positions that require adjustment to the consolidated financial statements. Management believes the Agency is no longer subject to income tax examinations for years prior to 2011.

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 certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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. Short-term highly liquid investments with an original maturity of more than three months are classified as temporary investments.

Accounts Receivable

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 all funding sources in the aggregate. In addition, balances in excess of one year are 100% reserved. Management regularly reviews data about revenue and payor mix 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 doubtful accounts. The Organization has not changed its methodology for estimating the allowance for doubtful accounts during the years ended September 30, 2014 and 2013.

A reconciliation of the allowance for doubtful accounts follows:

	2014	2013
Balance, beginning of year	$ 136,707	$ 133,624
Provision	495,147	401,602
Write-offs	(400,020)	(398,519)
Balance, end of year	$ 231,834	$ 136,707

The increase in in the allowance for doubtful accounts is primarily related to an increase in the age of the accounts receivable balances due to industry wide delays in state reimbursement and certain managed care providers, particularly related to health care reform.

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 and assets designated by the board of directors and donor restricted contributions.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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 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.

Permanently restricted net assets are restricted by donors to be maintained by the Organization in perpetuity. There were no permanently restricted net assets.

Gifts of Long-lived 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, expiration 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 the long-lived assets.

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 Administrative Contractor through June 30, 2012.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Patient Service Revenue (Continued)

- 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.

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 other operating revenue in the year that such amounts become known. The Organization recorded a favorable change from prior year third party cost report estimates amounting to $26,724 and $208,822 for the years ended September 30, 2014 and 2013, respectively.

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 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 incurred related to the program are included in other operating expenses.

Excess of Revenue Over Expenses

The statement of operations includes excess of revenue over expenses. Changes in unrestricted net assets, which are excluded from excess of revenue over expenses, consistent with industry practice, include the change in fair value of financial instruments and contributions of long-lived assets (including assets acquired using contributions and grants 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 composed of cash and cash equivalents and consisted of the following at September 30, 2014 and 2013:

	2014	2013
United States Department of Agriculture:		
Rural Development loan agreements	$ 142,359	$ 167,094
Designated by the governing board:		
Capital	210,000	210,000
Working capital (federal monies)	507,000	507,000
Transportation	26,882	26,882
Ann Peters health care access	6,085	6,085
ICD-10 implementation	796,082	796,082
Donor restricted:		
Temporarily (Note 6)	258,133	270,383
Total	$ 1,946,541	$ 1,983,526

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

NOTE 3 PROPERTY AND EQUIPMENT

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

	2014	2013
Land	$ 1,146,784	$ 1,138,520
Building and improvements	10,345,448	10,331,023
Furniture and equipment	1,841,962	1,842,019
Total Cost	13,334,195	13,311,562
Less, accumulated depreciation	5,304,137	5,064,501
Total Property and Equipment, Net	$ 8,030,057	$ 8,247,061

NOTE 3 PROPERTY AND EQUIPMENT (CONTINUED)

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.

NOTE 4 LINE OF CREDIT

The Organization has an available $1,000,000 revolving line of credit from a local bank through May 2016, with an effective interest rate of 3.25%. The line of credit is secured by all business assets. There was no outstanding balance at September 30, 2014 and 2013, respectively.

NOTE 5 LONG-TERM DEBT

A summary of notes payable at September 30, 2014 and 2013 follows:

	2014	2013
Promissory note payable to TD Bank, N.A. See terms outlined below	$ 958,515	$ 973,273
A 4.375% promissory note payable to the Rural Development Organization, paid in monthly installments of $5,000, which includes interest through December 2036. The note is secured by all tangible property owned by the Organization.	850,409	872,676

NOTE 5 LONG-TERM DEBT (CONTINUED)

	2014	2013
A 5.375% promissory note payable to the Rural Development Organization, paid in monthly installments of $4,949, which includes interest through June 2026. The note is secured by real estate owned by the Organization.	516,396	547,142
A 4.75% promissory note payable to the Rural Development Organization, paid in monthly installments of $1,892, which includes interest, through November 2033. The note is secured by real estate owned by the Organization.	284,631	293,610
A 6.00% promissory note payable to the Rural Development Organization, paid in monthly installments of $3,000, which includes interest, through November 2019. The note is secured by real estate owned by the Organization. The note was paid in full in August 2014.	-	157,764
Total Long-term Debt	2,609,951	2,844,465
Less current maturities	82,770	106,330
Long-term Debt Excluding Current Maturities	$ 2,527,181	$ 2,738,135

During 2012, the Organization obtained a $1,000,000 promissory note with TD Bank, N.A. to finance the construction of the medical facility in Nashua, New Hampshire. The note is secured by the real estate. Payments of interest only at 4.25% were due on the note during the construction phase of the note through January 2013, at which time the note converted to 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. During 2012, the Organization obtained an interest rate swap agreement for the ten year period that limits the potential rate fluctuation and essentially fixes the rate at 4.13%. The fair market value of the interest rate swap agreement was a liability of $6,405 and $3,563 at September 30, 2014 and 2013, respectively.

NOTE 5 LONG-TERM DEBT (CONTINUED)

New Hampshire Health and Educational Facilities Authority (NH HEFA) is participating in the lending for thirty percent of the promissory note, amounting to $300,000. Under the NH HEFA program, the interest rate on that portion is not subject to the swap agreement and is a variable rate based on 50% of the interest rate charged by the local banking institution, which is 85% of the one month LIBOR rate plus 2.125%.

The Organization is required to meet certain annual minimum covenants as defined in the loan agreement with TD Bank. The covenants were met at September 30, 2014.

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

September 30,	
2015	$ 82,770
2016	86,453
2017	90,313
2018	94,356
2019	99,144
Thereafter	2,156,915
Total	$ 2,609,951

NOTE 6 TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets at September 30, 2014 and 2013 follows:

	2014	2013
Temporarily restricted for:		
Diabetes	$ 12,157	$ 20,303
Capital acquisitions	389,284	402,617
Total	$ 401,441	$ 422,920

The composition of temporarily restricted net assets at September 30, 2014 and 2013 follows:

	2014	2013
Assets limited as to use	$ 258,133	$ 270,383
Property and equipment	143,308	152,537
Total	$ 401,441	$ 422,920

NOTE 7 PATIENT SERVICE REVENUE

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

	2014	2013
Medical patient service revenue	$ 7,315,803	$ 6,801,083
340B pharmacy revenue	12,433	-
Total Patient Service Revenue	$ 7,328,236	$ 6,801,083

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 $1,484,937 and $1,787,696 for the years ended September 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. Local community support consists of contributions and United Way and municipal appropriations.

NOTE 8 FUNCTIONAL EXPENSES

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

	2014	2013
Program services	$10,338,279	$10,572,681
Administrative and general	1,724,278	1,802,973
Total	$12,062,557	$12,375,654

NOTE 9 RETIREMENT PLAN

The Organization sponsors a defined contribution plan under Section 403(b) of the Internal Revenue Code. Contributions to the plan amounted to $344,393 and $361,208 for the years ended September 30, 2014 and 2013, respectively.

NOTE 10 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 purchases overnight securities backed by the Federal Government on a daily basis. Funds are re-deposited with interest the following business morning.

At September 30, 2014, Medicare represented 15% and Medicaid represented 29% of gross accounts receivable. No other individual payer source exceeded 10% of the gross accounts receivable balance.

NOTE 11 MALPRACTICE INSURANCE

The Organization is protected from medical malpractice risk as a 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, 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 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.

NOTE 12 SUBSEQUENT EVENTS

For financial reporting purposes, subsequent events have been evaluated by management through December 23, 2014, which is the date the financial statements were available to be issued.

LAMPREY HEALTH CARE, INC.
AND FRIENDS OF LAMPREY HEALTH CARE, INC.

CONSOLIDATING BALANCE SHEET

SEPTEMBER 30, 2014

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	Totals
Current Assets:				
Cash and cash equivalents	$ 1,230,606	$ 544,731	$ -	$ 1,775,337
Accounts receivable, net	989,558	-	-	989,558
Grants receivable	2,948,605	-	-	2,948,605
Other receivables	366,246	-	-	366,246
Other current assets	94,731	-	-	94,731
Total Current Assets	5,629,746	544,731	-	6,174,477
Assets Limited As To Use	1,860,197	86,344	-	1,946,541
Property And Equipment, Net	5,793,927	2,236,130	-	8,030,057
TOTAL ASSETS	$ 13,283,870	$ 2,867,205	$ -	$ 16,151,075

LIABILITIES AND NET ASSETS

Current Liabilities:				
Accounts payable and accrued expenses	$ 174,455	$ -	$ -	$ 174,455
Accrued payroll and related expenses	947,248	-	-	947,248
Due to third party payers	73,250	-	-	73,250
Deferred revenue	3,125,597	-	-	3,125,597
Current maturities of long-term debt	50,176	32,594	-	82,770
Total Current Liabilities	4,370,726	32,594	-	4,403,320
Long-term Debt, Less Current Maturities	1,424,735	1,102,446	-	2,527,181
Total Liabilities	5,795,461	1,135,040	-	6,930,501
Net Assets:				
Unrestricted	7,099,125	1,720,008	-	8,819,133
Temporarily restricted	389,284	12,157	-	401,441
Total Net Assets	7,488,409	1,732,165	-	9,220,574
TOTAL LIABILITIES AND NET ASSETS	$ 13,283,870	$ 2,867,205	$ -	$ 16,151,075

LAMPREY HEALTH CARE, INC.
AND FRIENDS OF LAMPREY HEALTH CARE, INC.

CONSOLIDATING BALANCE SHEET

SEPTEMBER 30, 2013

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	Totals
Current Assets:				
Cash and cash equivalents	$ 1,580,568	$ 560,450	$ -	$ 2,141,018
Accounts receivable, net	697,315	-	-	697,315
Grants receivable	2,342,884	-	-	2,342,884
Other receivables	285,546	-	-	285,546
Other current assets	101,303	-	-	101,303
Total Current Assets	5,007,616	560,450	-	5,568,066
Assets Limited As To Use	1,864,232	119,294	-	1,983,526
Property And Equipment, Net	5,919,099	2,327,962	-	8,247,061
TOTAL ASSETS	$ 12,790,947	$ 3,007,706	$ -	$ 15,798,653

LIABILITIES AND NET ASSETS

Current Liabilities:				
Accounts payable and accrued expenses	$ 172,258	$ -	$ -	$ 172,258
Accrued payroll and related expenses	1,004,995	-	-	1,004,995
Due to third party payers	73,250	-	-	73,250
Deferred revenue	2,547,702	-	-	2,547,702
Current maturities of long-term debt	47,886	58,444	-	106,330
Total Current Liabilities	3,846,091	58,444	-	3,904,535
Long-term Debt, Less Current Maturities	1,472,529	1,265,606	-	2,738,135
Total Liabilities	5,318,620	1,324,050	-	6,642,670
Net Assets:				
Unrestricted	7,069,710	1,663,353	-	8,733,063
Temporarily restricted	402,617	20,303	-	422,920
Total Net Assets	7,472,327	1,683,656	-	9,155,983
TOTAL LIABILITIES AND NET ASSETS	$ 12,790,947	$ 3,007,706	$ -	$ 15,798,653

LAMPREY HEALTH CARE, INC.
AND FRIENDS OF LAMPREY HEALTH CARE, INC.

CONSOLIDATING STATEMENT OF OPERATIONS

FOR THE YEAR ENDED SEPTEMBER 30, 2014

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	Totals
Operating Revenue:				
Patient service revenue	$ 7,328,236	$ -	$ -	7,328,236
Provision for bad debts	(495,147)	-	-	(495,147)
Net patient service revenue	6,833,089	-	-	6,833,089
Rental income	-	227,916	(227,916)	-
Grants, contracts, and contributions, net	4,102,931	-	-	4,102,931
Other operating revenue	1,193,248	-	-	1,193,248
Net assets released from restriction for operations	-	8,146	-	8,146
Interest income	650	71	-	721
Total Operating Revenue	12,129,918	236,133	(227,916)	12,138,135
Operating Expenses:				
Payroll and related expenses	9,259,609	-	-	9,259,609
Other operating expenses	2,500,565	23,982	(227,916)	2,296,631
Depreciation	281,910	96,076	-	377,986
Interest expense	68,911	59,420	-	128,331
Total Operating Expenses	12,110,995	179,478	(227,916)	12,062,557
OPERATING INCOME AND EXCESS OF REVENUE OVER EXPENSES	$ 18,923	$ 56,655	$ -	$ 75,578

LAMPREY HEALTH CARE, INC.
AND FRIENDS OF LAMPREY HEALTH CARE, INC.

CONSOLIDATING STATEMENT OF OPERATIONS

FOR THE YEAR ENDED SEPTEMBER 30, 2013

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	Totals
Operating Revenue:				
Patient service revenue	$ 6,801,083	$ -	$ -	$ 6,801,083
Provision for bad debts	(401,602)	-	-	(401,602)
Net patient service revenue	6,399,481	-	-	6,399,481
Rental income	-	227,916	(227,916)	-
Grants, contracts, and contributions, net	3,933,920	-	-	3,933,920
Other operating revenue	2,470,950	-	-	2,470,950
Interest income	1,746	133	-	1,879
Total Operating Revenue	12,806,097	228,049	(227,916)	12,806,230
Operating Expenses :				
Payroll and related expenses	9,366,421	-	-	9,366,421
Other operating expenses	2,705,458	17,519	(227,916)	2,495,061
Depreciation	283,720	96,076	-	379,796
Interest expense	71,218	63,158	-	134,376
Total Operating Expenses	12,426,817	176,753	(227,916)	12,375,654
OPERATING INCOME AND EXCESS OF REVENUE OVER EXPENSES	$ 379,280	$ 51,296	$ -	$ 430,576

LAMPREY HEALTH CARE, INC.
AND FRIENDS OF LAMPREY HEALTH CARE, INC.

CONSOLIDATING STATEMENT OF CHANGES IN NET ASSETS

FOR THE YEAR ENDED SEPTEMBER 30, 2014

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	Consolidated Totals
Unrestricted Net Assets:				
Excess of revenue over expenses	$ 18,923	$ 56,655	$ -	$ 75,578
Change in fair value of financial instrument	(2,841)	-	-	(2,841)
Net assets released from restrictions for capital acquisitions	13,333	-	-	13,333
Increase in Unrestricted Net Assets	29,415	56,655	-	86,070
Temporarily Restricted Net Assets:				
Net assets released from restrictions for operations	-	(8,146)	-	(8,146)
Net assets released from restrictions for capital acquisitions	(13,333)	-	-	(13,333)
Decrease in Temporarily Restricted Net Assets	(13,333)	(8,146)	-	(21,479)
Change in Net Assets	16,082	48,509	-	64,591
Net Assets, Beginning of Year	7,472,327	1,683,656	-	9,155,983
NET ASSETS, END OF YEAR	$ 7,488,409	$ 1,732,165	$ -	$ 9,220,574

LAMPREY HEALTH CARE, INC.
AND FRIENDS OF LAMPREY HEALTH CARE, INC.

CONSOLIDATING STATEMENT OF CHANGES IN NET ASSETS

FOR THE YEAR ENDED SEPTEMBER 30, 2013

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	Consolidated Totals
Unrestricted Net Assets:				
Excess of revenue over expenses	$ 379,280	$ 51,296	$ -	$ 430,576
Change in fair value of financial instrument	56,115	-	-	56,115
Net assets released from restrictions for capital acquisitions	161,465	-	-	161,465
Increase in Unrestricted Net Assets	596,860	51,296	-	648,156
Temporarily Restricted Net Assets:				
Contributions, net	68,981	-	-	68,981
Net assets released from restrictions for capital acquisitions	(161,465)	-	-	(161,465)
Decrease in Temporarily Restricted Net Assets	(92,484)	-	-	(92,484)
Change in Net Assets	504,376	51,296	-	555,672
Net Assets, Beginning of Year	6,967,951	1,632,360	-	8,600,311
NET ASSETS, END OF YEAR	$ 7,472,327	$ 1,683,656	$ -	$ 9,155,983

LAMPREY HEALTH CARE, INC.
AND FRIENDS OF LAMPREY HEALTH CARE, INC.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

FOR THE YEAR ENDED SEPTEMBER 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		$ 2,417,609
Pass-through programs from:			
State of New Hampshire Department of Health and Human Services			
Family Planning	93.217	102-500734/90080203	100,853
Breast and Cervical Cancer Program	93.283	102-500731/90080081	57,750
Temporary Assistance for Needy Families	93.558	502-500891/45130203	29,719
Oral Health	93.991	102-500731/90072003	9,525
Primary Care	93.994	102-500731/90080000	40,151
The Homemakers Health Services			
Bureau of Elderly and Adult Services Grant	93.044	540-800382/14AANHT355	37,001
Dartmouth College			
Model State-Supported Area Health Education Centers	93.107	1382	76,500
Public Health Training Center	93.249	1383	22,500
Total U.S. Department of Health and Human Services			2,791,608
U.S. Department of Transportation			
Pass-through programs from:			
Cooperative Alliance for Seacoast Transportation			
Federal Transit Formula Grant	20.507	NH-90-X176	12,169
Total U.S. Department of Transportation			12,169
Total Expenditures of Federal Awards			$ 2,803,777

The accompanying notes are an integral part of this schedule.

LAMPREY HEALTH CARE, INC.
AND FRIENDS OF LAMPREY HEALTH CARE, INC.

NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

FOR THE YEAR ENDED SEPTEMBER 30, 2014

NOTE 1 BASIS OF PRESENTATION

The accompanying 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 Organization", under programs of the federal government for the year ended September 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.

BRAD BORBIDGE, P.A.
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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
Lamprey Health Care, Inc. and
Friends of Lamprey Health Care, Inc.
Newmarket, 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 consolidated financial statements of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc., which comprise the balance sheet as of September 30, 2014, 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 23, 2014.

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 audit 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 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.

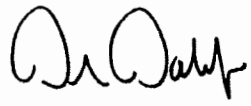
Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not 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 consolidated 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
December 23, 2014

BRAD BORBIDGE, P.A.
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Independent Auditors' Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance

Board of Directors
Lamprey Health Care, Inc. and
Friends of Lamprey Health Care, Inc.
Newmarket, New Hampshire

Report on Compliance for Each Major Federal Program

We have audited Lamprey Health Care, Inc. and Friends of Lamprey Health Care, 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 September 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.

Auditor's 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 September 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
December 23, 2014

LAMPREY HEALTH CARE, INC.
AND FRIENDS OF LAMPREY HEALTH CARE, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

FOR THE YEAR ENDED SEPTEMBER 30, 2014

Section I - Summary of Auditors' Results

A. Financial Statements

1. Type of auditors' 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 auditors' 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

LAMPREY HEALTH CARE, INC.
AND FRIENDS OF LAMPREY HEALTH CARE, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)

FOR THE YEAR ENDED SEPTEMBER 30, 2014

Section II - Findings and Questioned Costs

A. Financial Statements

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

B. Federal Awards

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

Section III - Prior Findings and Questioned Costs

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

LAMPREY HEALTH CARE

Board of Directors
2014 - 2015

Audrey Ashton-Savage
(President)
Term Ends 2015

George D. Donovan, Jr.
(Vice President)
Term Ends 2016

Carol LaCross
(Treasurer)
Term Ends 2015

Janis Reams
(Secretary)
Term Ends 2016

Elizabeth Crepeau
Immediate Past President
Term ends 2015

Thomas "Chris" Drew
Term Ends 2016**Raymond Goodman, III**
Term ends 2016

Frank Goodspeed
Term Ends 2017

Mark E. Howard, Esq.
Term Ends 2017

Amanda Pears Kelly
Term Ends 2017

Michael Merenda
Term Ends 2015

December 1, 2014

Gregory A. White, CPA

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.
- 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

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

Gregory A. White, CPA

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

SANDRA KNORR PARDUS

EXPERIENCE

Chief Fiscal Officer/Chief Information Officer **April 1981 to Present**
Lamprey Health Care, Inc., Newmarket, NH

- Facilitated the operational planning and budgeting and implementation for $12+ million Federally Qualified Health Center (FQHC). Net income was within 1% of budget for all years.
- Negotiated financing for the construction of eight medical/administrative facilities.
- Raised funds and implemented Electronic Health Record for four medical sites.
- Implemented Health Information Exchange for network of 10 FQHC's
- Played key role in discussion with New Hampshire's Department of Health and Human Services (DHHS) to insure adequate APM reimbursement for FQHC's in State of NH including the development of an FQHC billing manual.
- Led Accounting and IT Departments in the screening and hiring of audit professionals for 403B, annual and Security audits.
- Negotiated with managed care companies on contracts for commercial and Medicaid managed care.
- Researched and implemented 403B vendors with focus on performance and compliance.
- Developed an analysis of needs and possible vendors for insurance services, moving business to an A+ broker with a cost savings of 10%.
- Centralized purchasing role for the agency, standardizing supplies ordered with savings of 15%.
-

Network Information Officer
Community Health Access Network **July 1996 to present**

- Instrumental in the formation of a Health Center Controlled Network (HCCN), Community Health Access Network (CHAN), to standardize clinical operations between 10 FQHC's.
- Led the implementation of EHR at 10 member sites.
- Played key role in a major security upgrade to the CHAN infrastructure.
- Assisted in the development of standards for HCCN's through a Health Resources and Services Administration (HRSA) funded program focused on the expansion of HCCN's.

PROFESSIONAL MEMBERSHIP

National Association of Community Health Centers
Health Information and Management Systems Society

COMMITTEES

Bi-State Primary Care Association Finance Committee
Health Information and Management Systems Society Davies Award Committee

TRAININGS AND EDUCATION

Boston University, Boston, MA
Master of Business Administration

Information Systems Concentration, June 1991

University of New Hampshire, Durham, NH
Bachelor of Science, 1981

Harvard School of Public Health
Leadership Strategies for Information Technologies in Health Care, 2011

National Association of Community Health Centers (NACHC)
NACHC Financial and Operations Training Level 1, 2 and 3

AWARDS

2008 **HIMMS Davies Award of Excellence** was awarded to CHAN and Lamprey Health Care for their excellence in the implementation and value of health information technology and electronic health records (EHR).

2006 **Jeffrey T. Latman Award for Leadership in Health Care Finance** to Sandra Pardus by National Association of Community Health Centers for her achievements as an outstanding fiscal officer.

Sarah Calkins Oxnard, MD

207 South Main Street
Newmarket, NH 03833
603-659-3106
soxnard@lampreyhealth.org

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
Lamprey Health Care, Raymond Center

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	$164,400	0	0
Sandra K Pardus	Chief Financial Officer	$114,730	0	0
Sally Oxnard, MD	Chief Medical Officer	$109,775	0	0
Nicole Watson	Clinical Director	$91,400	0	0

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 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 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
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

3/28/14
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 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 1,200 users annually with 3,265 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 <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.

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: Lamprey Health Care, Inc.

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

Budget Period: SFY 2014

1. Total Salary/Wages	$ 95,863.00	$ -	$ 95,863.00
2. Employee Benefits	$ 23,965.00	$ -	$ 23,965.00
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	**$ 119,828.00**	**$ -**	**$ 119,828.00**

Indirect As A Percent of Direct 0.0%

Contractor Initials: _____

Date: 3-12-14

Exhibit B-1 (2015) -Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Lamprey Health Care, Inc.

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

Budget Period: SFY 2015

1. Total Salary/Wages	$ 500,196.00	$ -	$ 500,196.00	0
2. Employee Benefits	$ 124,191.00	$ -	$ 124,191.00	0
3. Consultants	$ -	$ -	$ -	0
4. Equipment:	$ -	$ -	$ -	0
Rental	$ -	$ -	$ -	0
Repair and Maintenance	$ -	$ -	$ -	0
Purchase/Depreciation	$ -	$ -	$ -	0
5. Supplies:	$ -	$ -	$ -	0
Educational	$ -	$ -	$ -	0
Lab	$ -	$ -	$ -	0
Pharmacy	$ -	$ -	$ -	0
Medical	$ -	$ -	$ -	0
Office	$ -	$ -	$ -	0
6. Travel	$ -	$ -	$ -	0
7. Occupancy	$ -	$ -	$ -	0
8. Current Expenses	$ -	$ -	$ -	0
Telephone	$ -	$ -	$ -	0
Postage	$ -	$ -	$ -	0
Subscriptions	$ -	$ -	$ -	0
Audit and Legal	$ -	$ -	$ -	0
Insurance	$ -	$ -	$ -	0
Board Expenses	$ -	$ -	$ -	0
9. Software	$ -	$ -	$ -	0
10. Marketing/Communications	$ -	$ -	$ -	0
11. Staff Education and Training	$ -	$ -	$ -	0
12. Subcontracts/Agreements	$ -	$ -	$ -	0
13. Other - CLINICAL SERVICES	$ 29,862.00	$ -	$ 29,862.00	0
	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
	$ -	$ -	$ -	0
TOTAL	**$ 654,249.00**	**$ -**	**$ 654,249.00**	0

Indirect As A Percent of Direct 0.0%

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 T/O _____
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

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 ElCrepeau 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 JHAscheim	**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: Lamprey Health Care, Inc.

ADDRESS: 207 South Main Street
Newmarket, New Hampshire 03857
Chief Executive Officer: Ann Peters
TELEPHONE: 603-659-2494

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.

B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 16,285 users annually with 70,075 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

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.*

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

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 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.

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: **Lamprey Health Care, Inc.**

ADDRESS: **207 South Main Street**
Newmarket, New Hampshire 03857
Chief Executive Officer: **Ann Peters**
TELEPHONE: **603-659-2494**

Vendor #177677-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:

   $802,302 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: $922,436

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: ELC

Date: 3-28-2012

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: EJC

Date: 3-28-2012

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;

Contractor Initials: ELC

Date: 3/29/2012

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: ELC

Date: 3/28/2012

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: 3/29/2012

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: ELC

Date: 3 28 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: EC

Date: 3/28/2012

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: EC

Date: 3-28-2012

(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.

Lamprey Health Care, 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**

Elizabeth Crepeau, President

Name and Title of Authorized Contractor Representative

E.L Crepeau	March 28, 2012
Contractor Representative Signature	**Date**

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.

E L Cyprian	President
Contractor Signature	**Contractor's Representative Title**
Lamprey Health Care, Inc.	3.28.2012
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: EJC

Date: 3-25-2012

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.

EL Crepeau	President
Contractor Signature	**Contractor's Representative Title**
Lamprey Health Care, Inc.	3-28-2012
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.

E L Crepeau	President
Contractor Signature	**Contractor's Representative Title**
Lamprey Health Care, Inc.	3-28-2012
Contractor Name	**Date**

Budget Form

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

Bidder/Program Name: Lamprey Health Care, Inc.

Budget Request for: Primary Care Services-PC (Nashua)
(Name of RFP)

Budget Period: July 1, 2012 - June 30, 2013

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 184,309.00		$ 184,309.00	
2. Employee Benefits	$ 46,078.00		$ 46,078.00	
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):	$ -		$ -	
Patient publications/translation	$ -		$ -	
phys services/printing/copying/dues/pubt	$ -		$ -	
bad debt/recruitement/payroll processing	$ -		$ -	
computer ops/education				
TOTAL	$ 230,387.00		$ 230,387.00	

Budget Form

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 Services-PC (Newmarket/Raymond sites)
(Name of RFP)

Budget Period: July 1, 2012 - June 30, 2013

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 136,611.00		$ 136,611.00	
2. Employee Benefits	$ 34,153.00		$ 34,153.00	
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):	$ -		$ -	
Patient publications/translation	$ -		$ -	
phys services/printing/copying/dues/pub	$ -		$ -	
bad debt/recruitement/payroll processing	$ -		$ -	
computer ops/education				
TOTAL	$ 170,764.00	$ -	$ 170,764.00	

Budget Form

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 Services-BCCP
(Name of RFP)

Budget Period: July 1, 2012 - June 30, 2013

Line Item	Direct Incremental	Indirect Fixed	Total	% Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 21,460.00	$ -	$ 21,460.00	
2. Employee Benefits	$ 3,767.00	$ -	$ 3,767.00	
3. Consultants	$ 34,840.00	$ -	$ 34,840.00	
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):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 60,067.00	$ -	$ 60,067.00	

Budget Form

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 Services-PC (Nashua)
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 184,309.00		$ 184,309.00	
2. Employee Benefits	$ 46,078.00		$ 46,078.00	
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):	$ -		$ -	
Patient publications/translation	$ -		$ -	
phys services/printing/copying/dues/pubi	$ -		$ -	
bad debt/recruitement/payroll processing	$ -	$ -	$ -	
computer ops/education				
TOTAL	$ 230,387.00	$ -	$ 230,387.00	

Budget Form

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 Services-PC (Newmarket/Raymond sites)
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 136,611.00		$ 136,611.00	
2. Employee Benefits	$ 34,153.00		$ 34,153.00	
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):	$ -		$ -	
Patient publications/translation	$ -		$ -	
phys services/printing/copying/dues/pubi	$ -		$ -	
bad debt/recruitement/payroll processing	$ -		$ -	
computer ops/education				
TOTAL	$ 170,764.00	$ -	$ 170,764.00	

Budget Form

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 Services-BCCP
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 21,460.00	$ -	$ 21,460.00	
2. Employee Benefits	$ 3,767.00	$ -	$ 3,767.00	
3. Consultants	$ 34,840.00	$ -	$ 34,840.00	
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):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	**$ 60,067.00**	**$ -**	**$ 60,067.00**	

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

6/8/15
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.

Contractor's Initials: [signature]

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.

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

Contractor's Initials: [illegible]

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: JR

Date 5-13-18

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: TC

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: TR

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. 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: JR
Date: 6-13-15

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: 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: DL
Date: 5-13-15

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: Goodwin Community Health

Budget Request for: Primary Care MCH-RHPC

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	$ 270,557.50	$ 7,000.00	$ 277,557.50	$ -	$ 7,000.00	$ 7,000.00	$ 270,557.50	$ -	$ 270,557.50
2. Employee Benefits	$ 54,111.50	$ 700.00	$ 54,811.50	$ -	$ 700.00	$ 700.00	$ 54,111.50	$ -	$ 54,111.50
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 2,000.00	$ -	$ 2,000.00	$ -	$ -	$ -	$ 2,000.00	$ -	$ 2,000.00
6. Travel	$ 3,000.00	$ -	$ 3,000.00	$ -	$ -	$ -	$ 3,000.00	$ -	$ 3,000.00
7. Occupancy	$ 7,500.00	$ -	$ 7,500.00	$ -	$ -	$ -	$ 7,500.00	$ -	$ 7,500.00
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 2,600.00	$ -	$ 2,600.00	$ -	$ -	$ -	$ 2,600.00	$ -	$ 2,600.00
Postage	$ 1,500.00	$ -	$ 1,500.00	$ -	$ -	$ -	$ 1,500.00	$ -	$ 1,500.00
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ 1,500.00	$ 1,500.00	$ 3,000.00	$ -	$ 1,500.00	$ 1,500.00	$ 1,500.00	$ -	$ 1,500.00
Insurance	$ 2,500.00	$ 500.00	$ 3,000.00	$ -	$ 500.00	$ 500.00	$ 2,500.00	$ -	$ 2,500.00
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ 2,500.00	$ -	$ 2,500.00	$ -	$ -	$ -	$ 2,500.00	$ -	$ 2,500.00
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 347,769.00**	**$ 9,700.00**	**$ 357,469.00**	**$ -**	**$ 9,700.00**	**$ 9,700.00**	**$ 347,769.00**	**$ -**	**$ 347,769.00**
Indirect As A Percent of Direct		2.8%							

Date: 5-13-15

Contractor Initials: R

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: Goodwin Community Health

Budget Request for: Primary Care - BCCP

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	$ 31,811.52	$ 1,500.00	$ 33,311.52	$ -	$ 1,500.00	$ 1,500.00	$ 31,811.52	$ -	$ 31,811.52
2. Employee Benefits	$ 2,430.48	$ 914.75	$ 3,345.23	$ -	$ 914.75	$ 914.75	$ 2,430.48	$ -	$ 2,430.48
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ 2,000.00	$ 2,000.00	$ -	$ 2,000.00	$ 2,000.00	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ 175.00	$ 175.00	$ -	$ 175.00	$ 175.00	$ -	$ -	$ -
Postage	$ -	$ 100.00	$ 100.00	$ -	$ 100.00	$ 100.00	$ -	$ -	$ -
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):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Client Services	$ 9,000.00	$ -	$ 9,000.00	$ -	$ -	$ -	$ 9,000.00	$ -	$ 9,000.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 43,242.00**	**$ 4,689.75**	**$ 47,931.75**	**$ -**	**$ 4,689.75**	**$ 4,689.75**	**$ 43,242.00**	**$ -**	**$ 43,242.00**
Indirect As A Percent of Direct		10.8%							

Date: 5/13/15

Contractor's Initials: R

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)

	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	$ 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: RR

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: Goodwin Community Health

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		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 270,557.50	$ 7,000.00	$ 277,557.50	$ -	$ 7,000.00	$ 7,000.00	$ 270,557.50	$ -	$ 270,557.50
2. Employee Benefits	$ 54,111.50	$ 700.00	$ 54,811.50	$ -	$ 700.00	$ 700.00	$ 54,111.50	$ -	$ 54,111.50
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 2,000.00	$ -	$ 2,000.00	$ -	$ -	$ -	$ 2,000.00	$ -	$ 2,000.00
6. Travel	$ 3,000.00	$ -	$ 3,000.00	$ -	$ -	$ -	$ 3,000.00	$ -	$ 3,000.00
7. Occupancy	$ 7,500.00	$ -	$ 7,500.00	$ -	$ -	$ -	$ 7,500.00	$ -	$ 7,500.00
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 2,600.00	$ -	$ 2,600.00	$ -	$ -	$ -	$ 2,600.00	$ -	$ 2,600.00
Postage	$ 1,500.00	$ -	$ 1,500.00	$ -	$ -	$ -	$ 1,500.00	$ -	$ 1,500.00
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ 1,500.00	$ 1,500.00	$ 3,000.00	$ -	$ 1,500.00	$ 1,500.00	$ 1,500.00	$ -	$ 1,500.00
Insurance	$ 2,500.00	$ 500.00	$ 3,000.00	$ -	$ 500.00	$ 500.00	$ 2,500.00	$ -	$ 2,500.00
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ 2,500.00	$ -	$ 2,500.00	$ -	$ -	$ -	$ 2,500.00	$ -	$ 2,500.00
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 347,769.00	$ 9,700.00	$ 357,469.00	$ -	$ 9,700.00	$ 9,700.00	$ 347,769.00	$ -	$ 347,769.00
Indirect As A Percent of Direct		2.8%							

Date: 5-13-14

Contractor Initials: JR

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: Goodwin Community Health

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	$ 31,811.52	$ 1,500.00	$ 33,311.52	$ -	$ 1,500.00	$ 1,500.00	$ 31,811.52	$ -	$ 31,811.52
2. Employee Benefits	$ 2,430.48	$ 914.75	$ 3,345.23	$ -	$ 914.75	$ 914.75	$ 2,430.48	$ -	$ 2,430.48
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ 2,000.00	$ 2,000.00	$ -	$ 2,000.00	$ 2,000.00	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ 175.00	$ 175.00	$ -	$ 175.00	$ 175.00	$ -	$ -	$ -
Postage	$ -	$ 100.00	$ 100.00	$ -	$ 100.00	$ 100.00	$ -	$ -	$ -
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):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Client Services	$ 9,000.00	$ -	$ 9,000.00	$ -	$ -	$ -	$ 9,000.00	$ -	$ 9,000.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 43,242.00	$ 4,689.75	$ 47,931.75	$ -	$ 4,689.75	$ 4,689.75	$ 43,242.00	$ -	$ 43,242.00
Indirect As A Percent of Direct		10.8%							

Date: 5-13-15

Contractor's Initials: GR

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: Goodwin Community Health

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	$ 125.00	$ -	$ 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: JL

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: Goodwin Community Health

5/13/15
Date

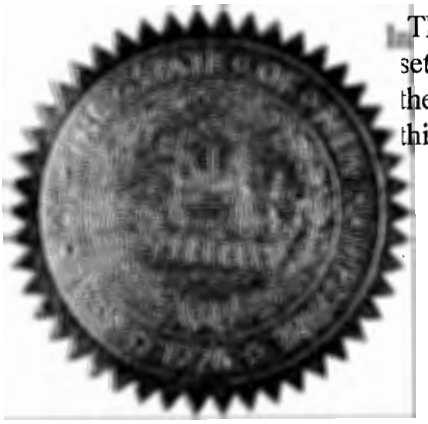
Name: Janet Cantsch
Title: CEO

Contractor Initials 5/13/15
Date JL

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 formed August 18, 1971. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 1st day of April A.D. 2015

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, David Staples, DDS, of the Goodwin Community Health, do hereby certify that:

1. I am the duly elected Board Chair of the 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 8, 2015;

   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 13, 2015.

IN WITNESS WHEREOF, I have hereunto set my hand as the Board Chair of the Goodwin Community Health this 13 day of May, 2015.

David B. Staples, DDS

David Staples, DDS, Board Chair

STATE OF NH

COUNTY OF STRAFFORD

The foregoing instrument was acknowledged before me this 13 day of May, 2015 by David Staples, DDS.

Notary Public/Justice of the Peace

My Commission Expires: 9/17/19

GOODCOM-01 LMICHALS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/11/2015

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
80 Canal St
Manchester, NH 03101

CONTACT NAME: Lorraine Michals
PHONE (A/C, No, Ext): (603) 622-2855 FAX (A/C, No): (603) 622-2854
E-MAIL ADDRESS: info@clarkinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Union Mutual Fire Insurance Companies	25860
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Goodwin Community Health
311 Route 108
Somersworth, NH 03878

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			BOP0101921	07/31/2014	07/31/2015	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	$ 2,000,000
	X 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			BOP0101921	07/31/2014	07/31/2015	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			CUP0119847	07/31/2014	07/31/2015	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 10,000							$
	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	$

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

CERTIFICATE HOLDER

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Goodwin Community Health and Subsidiary

Financial Report

June 30, 2014

CONTENTS

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Independent Auditors' Report

Board of Directors
Goodwin Community Health
and Subsidiary
Somersworth, New Hampshire

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Goodwin Community Health and Subsidiary (the Center) which comprise the consolidated statements of financial position as of June 30, 2014 and 2013, and the related consolidated statements of activities, functional expenses, 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 the 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. Those standards require that we plan and perform the audits 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.

Board of Directors
Goodwin Community Health and Subsidiary

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Goodwin Community Health and Subsidiary as of June 30, 2014 and 2013, and the consolidated changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating schedules on pages 17 through 19 are presented for purposes of additional analysis 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 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.

Magoon LLC

South Portland, Maine
November 25, 2014

Consolidated Statements of Financial Position

June 30,

	2014	2013
ASSETS		
Current Assets		
Cash and cash equivalents (Notes 1 and 2)	$ 655,579	$ 584,487
Accounts receivable, net (Notes 1 and 3)	417,704	229,940
Grants receivable (Note 4)	145,940	108,182
Current portion of pledges receivable (Note 5)	9,451	25,036
Prepaid expenses	7,693	3,637
Total Current Assets	1,236,367	951,282
Property and Equipment, Net (Notes 1 and 7)	6,276,034	6,547,866
Other Assets		
Goodwill (Note 1)	17,582	17,582
Pledges receivable, net of current portion (Note 5)	8,010	11,494
Total Other Assets	25,592	29,076
Total Assets	$ 7,537,993	$ 7,528,224
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable	$ 181,237	$ 260,730
Accrued expenses	363,823	320,772
Lines of credit (Note 8)	193,500	327,280
Current portion of long-term debt (Note 9)	154,716	128,157
Total Current Liabilities	893,276	1,036,939
Long-Term Liabilities		
Long-term debt, net of current portion (Note 9)	869,885	935,100
Total Liabilities	1,763,161	1,972,039
Net Assets		
Unrestricted (deficit)	354,851	(73,807)
Temporarily restricted (Note 11)	5,419,981	5,629,992
Total Net Assets	5,774,832	5,556,185
TOTAL LIABILITIES AND NET ASSETS	$ 7,537,993	$ 7,528,224

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

Consolidated Statement of Activities

Year Ended June 30, 2014

	Unrestricted	Temporarily Restricted	Total
Operating Revenue and Support			
Patient service revenue (Notes 1 and 10)	$ 4,798,980		$ 4,798,980
Provision for bad debts	(304,004)		(304,004)
Net patient service revenue	4,494,976		4,494,976
Grants, contracts and contributions (Notes 1 and 12)	2,409,793	$ 66,000	2,475,793
WIC food vouchers (Note 15)	1,572,910		1,572,910
Other	150,554		150,554
	8,628,233	66,000	8,694,233
Net assets released from restrictions	276,011	(276,011)	
Total Operating Revenue and Support	8,904,244	(210,011)	8,694,233
Functional Expenses			
Program services	7,300,409		7,300,409
Fundraising	137,934		137,934
General and administrative	1,050,293		1,050,293
Total Expenses	8,488,636		8,488,636
Change in Net Assets from Operating Activities	415,608	(210,011)	205,597
Non-Operating Revenue and Support			
Rent income	13,050		13,050
Total Change in Net Assets	428,658	(210,011)	218,647
Net Assets (Deficit), Beginning of Year	(73,807)	5,629,992	5,556,185
Net Assets, End of Year	$ 354,851	$ 5,419,981	$ 5,774,832

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

Consolidated Statement of Activities - Continued

Year Ended June 30, 2013

	Unrestricted	Temporarily Restricted	Total
Operating Revenue and Support			
Patient service revenue (Notes 1 and 10)	$ 4,468,027		$ 4,468,027
Provision for bad debts	(275,559)		(275,559)
Net patient service revenue	4,192,468		4,192,468
Grants, contracts and contributions (Notes 1 and 12)	2,135,975	$ 35,416	2,171,391
WIC food vouchers (Note 15)	1,644,806		1,644,806
Other	215,425		215,425
	8,188,674	35,416	8,224,090
Net assets released from restrictions	180,296	(180,296)	
Total Operating Revenue and Support	8,368,970	(144,880)	8,224,090
Functional Expenses			
Program services	7,076,642		7,076,642
Fundraising	145,116		145,116
General and administrative	1,020,853		1,020,853
Total Expenses	8,242,611		8,242,611
Change in Net Assets from Operating Activities	126,359	(144,880)	(18,521)
Non-Operating Revenue and Support			
Rent income	12,182		12,182
Class action settlement	148,066		148,066
Change in Net Assets from Non-Operating Activities	160,248		160,248
Total Change in Net Assets	286,607	(144,880)	141,727
Net Assets (Deficit), Beginning of Year	(360,414)	5,774,872	5,414,458
Net Assets (Deficit), End of Year	$ (73,807)	$ 5,629,992	$ 5,556,185

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

Consolidated Statements of Cash Flows

Years Ended June 30,

	2014	2013
Cash flows from operating activities:		
Change in net assets	$ 218,647	$ 141,727
Adjustments to reconcile change in net assets to net cash flows from operating activities:		
Depreciation	271,832	269,624
Provision for bad debt	304,004	275,559
(Increase) decrease in operating assets:		
Accounts receivable	(491,768)	(162,400)
Grants receivable	(37,758)	(22,942)
Pledges receivable	19,069	(10,250)
Cost settlement receivable		38,930
Prepaid expenses	(4,056)	4,363
Increase (decrease) in operating liabilities:		
Accounts payable	(79,493)	(124,437)
Accrued expenses	43,051	13,008
Total adjustments	24,881	281,455
Net cash flows from operating activities	243,528	423,182
Cash flows from investing activities:		
Purchases of equipment		(32,092)
Net cash flows from investing activities		(32,092)
Cash flows from financing activities:		
Net payments on lines of credit	(133,780)	(3,000)
Proceeds from issuance of long-term debt	99,000	
Principal payments on long-term debt	(137,656)	(103,188)
Net cash flows from financing activities	(172,436)	(106,188)
Net change in cash and cash equivalents	71,092	284,902
Cash and cash equivalents, beginning of year	584,487	299,585
Cash and cash equivalents, end of year	$ 655,579	$ 584,487
Supplemental disclosure of cash flow information:		
Interest paid during year	$ 57,245	$ 70,380

Consolidated Statements of Functional Expenses

Years Ended June 30,

	2014				2013			
	Program	Fundraising	General and Administrative	Total	Program	Fundraising	General and Administrative	Total
Personnel								
Salaries and wages	$ 3,663,909	$ 88,625	$ 504,002	$ 4,256,536	$ 3,522,156	$ 72,307	$ 499,771	$ 4,094,234
Payroll taxes and employee benefits (Note 13)	839,916	20,778	184,841	1,045,535	826,250	16,513	149,366	992,129
	4,503,825	109,403	688,843	5,302,071	4,348,406	88,820	649,137	5,086,363
Other								
WIC food vouchers (Note 15)	1,572,910			1,572,910	1,644,806			1,644,806
Depreciation (Note 1)	223,120		48,713	271,833	226,148		43,476	269,624
Equipment leases and supplies	220,923	2,554	34,227	257,704	180,264	2,336	49,474	232,074
Professional fees	112,191	200	77,265	189,656	48,378		89,649	138,027
Medical supplies	131,695			131,695	136,372			136,372
Physician services	114,921			114,921	101,997			101,997
Repairs and maintenance	63,163	490	29,016	92,669	63,903	28,721		92,624
Interest			57,245	57,245			70,380	70,380
Utilities	46,302		23,853	70,155	46,119		22,715	68,834
Lab and radiology fees	72,844	182	563	73,589	65,438	145	353	65,936
Insurance	22,759		30,241	53,000	43,560		20,794	64,354
Office materials	53,563	151	9,952	63,666	44,363	35	14,263	58,661
Postage and shipping	22,033	275	10,499	32,807	26,158	117	12,654	38,929
Telephone and communications	37,463		3,828	41,291	27,510		5,369	32,879
Dues and subscriptions	15,342	375	12,360	28,077	12,378	430	12,131	24,939
Advertising and promotion (Note 1)	20,800	20,857	288	41,945	3,877	22,685	130	26,692
Travel	20,448	668	5,993	27,109	20,449	177	5,741	26,367
Education and training	21,783	270	6,396	28,449	15,933	317	8,162	24,412
Rent (Note 14)	12,170		5,570	17,740	6,176		10,860	17,036
Service charges	10,774		3,238	14,012	11,312		4,917	16,229
Printing	1,380	2,509	835	4,724	3,795	1,333	648	5,776
Real estate taxes			1,368	1,368				
	2,796,584	28,531	361,450	3,186,565	2,728,936	56,296	371,716	3,156,948
Total Functional Expenses	$ 7,300,409	$ 137,934	$ 1,050,293	$ 8,488,636	$ 7,077,342	$ 145,116	$ 1,020,853	$ 8,243,311

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

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Operations

Goodwin Community Health, a nonprofit corporation, was incorporated in 1971 in the state of New Hampshire to provide prenatal care, social support and public health services to low-income persons. Goodwin Community Health's revenues come primarily from patient service fees, including third party payers, federal and state government support and non-government organization grants.

These consolidated financial statements also include the financial statements of Great Bay Mental Health Associates, Inc. (Great Bay), a wholly-owned for-profit subsidiary, 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. All material inter-company transactions and balances have been eliminated in consolidation. Goodwin Community Health and Great Bay are collectively referred to as "the Center".

Basis of Presentation

The consolidated financial statements of the Center have been prepared using the accrual method of accounting in accordance with professional standards. Under those standards, the Center is required to report information regarding its consolidated financial position and activities according to three classes of net assets; unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. Unrestricted net assets are those that are not subject to donor-imposed stipulations. Temporarily restricted net assets are those whose use by the Center has been limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled or otherwise removed by actions of the Center. Permanently restricted net assets are those that are subject to donor-imposed stipulations that they be maintained permanently by the Center. The Center had no permanently restricted net assets at June 30, 2014 and 2013.

Use of Estimates

The preparation of consolidated financial statements requires management to make estimates and assumptions that affect the reported 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 the estimates.

Consolidated Statement of Activities

The Center has classified the consolidated statements of activities into two categories, operating and non-operating. The operating category represents the normal recurring activities of the Center. The non-operating activity captures non-recurring activity primarily related to gains and losses from the sale of property and equipment and income from rental activities.

Net Patient Service Revenue

Revenue is recorded at the Center's standard charges for patient services rendered. Under the terms of agreements with Medicare, Medicaid and other third party payors, reimbursement for the care of program beneficiaries may differ from the Center's standard charges. Differences are recorded as contractual adjustments, which are reflected as an adjustment to patient service revenue together with patient discounts. Credit is extended without collateral.

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Charity Care

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. Since the Center does not pursue collection of amounts determined to qualify as charity care, these amounts are reported as deductions from revenue (see Note 10).

Grants and Contracts

The Center receives funding from the federal Public Health Service Agency for its medical operations under a Bureau of Primary Health Care (BPHC) grant program. Since the BPHC grant is available for use in the majority of the Center's operations, it is reported as unrestricted in the consolidated financial statements.

Support received under grants and contracts with governmental agencies and private foundations is reported as revenue when terms of the agreement have been met.

Grants received for the purpose of acquiring long-lived assets are reported as support that increases temporarily restricted assets. The Center has adopted a policy of implying a time restriction on such grants that expire over the assets' useful life.

Contributions

Contributions, including pledges, are recognized as revenues in the period received. The Center reports contributions of cash and other assets received with donor-imposed time or purpose restrictions as temporarily restricted support. When a donor restriction expires, i.e., when a stipulated time restriction or purpose restriction ends, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Contributions received with donor-imposed restrictions that are met in the same year as received are reported as unrestricted revenues.

Management has evaluated its outstanding pledges at the end of June 30, 2014 and 2013, and has determined that all amounts are fully collectible and an allowance for uncollectible contributions is not considered necessary.

Advertising and Promotion

The Center expenses its advertising and promotion costs as incurred.

Cash and Cash Equivalents

For the purpose of reporting cash flows, the Center considers all unrestricted highly liquid debt instruments purchased with an initial maturity of three months or less to be cash equivalents.

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to earnings and a credit to a valuation allowance based on its assessment of the current status of contractual allowances and of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. At June 30, 2014 and 2013, the allowance for doubtful accounts was $88,420 and $137,852, respectively.

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Accounts Receivable – Continued

In evaluating the collectability of accounts receivable, the Center 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 services provided to patients who have third-party coverage, the Center 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 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 Center 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.

The Center's allowance for doubtful accounts methodology for self-pay patients remained consistent with prior year. The Center allows for 100% of patient account receivables over 90 days, 75% over 60 days and 50% under 60 days. The Center's allowance account decreased by $49,432 from fiscal year 2013 to fiscal year 2014. In addition, the Center's provision for bad debts for self-pay patients increased $28,455 from $275,559 for fiscal year 2013 to $304,004 for fiscal year 2014. The changes were the result of positive trends experienced in the collection of amounts from self-pay patients in fiscal year 2014. The Center has not changed its charity care or uninsured discount policies during fiscal years 2014 and 2013.

Property and Equipment

Property and equipment are stated at cost. Depreciation is being provided by use of the straight-line method over the estimated useful lives of assets ranging from three to forty years.

Goodwill

Goodwill represents the excess of cost over fair value of net assets acquired through the acquisition of Great Bay. In accordance with professional standards, no amortization of goodwill will be taken as the Center evaluates the goodwill on an annual basis for potential impairment.

Income Taxes

Goodwin Community Health is a nonprofit organization as described in Section 501(c)(3) of the Internal Revenue Code and as such is exempt from federal income taxes on related income pursuant to Section 501(a) of the IRS Code. Great Bay is a nonexempt organization and files applicable Form 1120 (corporate return). No provision for income taxes was necessary as of June 30, 2014 and 2013.

Management evaluated the Center's tax positions and concluded that the Center had taken no uncertain tax positions that required adjustment to the consolidated financial statements. The Center does not expect that unrecognized tax benefits arising from tax positions will change significantly within the next twelve months. The Center is subject to U.S. federal and state examinations by tax authorities for years ended June 30, 2011 through June 30, 2014.

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Functional Expenses

The expenses of providing the various programs and other activities have been summarized on a functional basis in the consolidated statement of functional expenses. Accordingly, expenses have been allocated among the programs and supporting services benefited. Expenses that can be identified with a specific program and support service are allocated directly. Other expenses that are common to several functions are allocated according to statistical bases.

Reclassifications

Certain amounts in the 2013 financial statement have been reclassified to conform to the 2014 presentation. There was no effect on the 2013 change in net assets as a result of such reclassifications.

NOTE 2 – CASH AND CASH EQUIVALENTS

The Center maintains cash balances in a local financial institution. These accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. At various times throughout the year, the Center's cash balances exceeded FDIC insurance. The Center has not experienced any losses in such accounts and management believes it is not exposed to any significant credit risk.

NOTE 3 – ACCOUNTS RECEIVABLE

The composition of accounts receivable at June 30, were as follows:

	2014	2013
Medicare	$ 41,067	$ 37,570
Medicaid	145,010	17,944
MaineCare	4,576	11,070
Private Insurance	132,783	75,673
Patients	156,782	211,015
Other	25,906	14,520
	506,124	367,792
Less: allowance for doubtful accounts	(88,420)	(137,852)
	$417,704	$229,940

NOTE 4 – GRANTS RECEIVABLE

Grants receivable as presented on the consolidated statements of financial position represent payment due on grants and contracts from state and federal agencies and other organizations and are considered fully collectible by management as of June 30, 2014 and 2013.

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

NOTE 5 – PLEDGES RECEIVABLE

Pledges receivable are summarized as follows at June 30:

	2014	2013
General operations	$ 6,000	$15,599
Capital campaign	11,461	20,931
	$17,461	$36,530
Amounts due in:		
Less than one year	$ 9,451	$25,036
One to five years	8,010	11,494
	$17,461	$36,530

The discount rate was not material and therefore not applied in 2014 and 2013 and an allowance for uncollectible pledges was not considered necessary at June 30, 2014 and 2013.

NOTE 6 – COST SETTLEMENT – MEDICARE

The Center renders services to individuals who are beneficiaries of the Federal Medicare program. Charges for services to beneficiaries of this program were billed to the Medicare intermediary. Settlements for differences between the interim rates paid by Medicare and the Center's actual cost for rendering care are based on annual cost report filings. The estimated amounts due to or from this program is reflected in the accompanying consolidated financial statements as cost settlement receivable or payable and are recorded as an increase or decrease to patient service revenue in the year the related care is rendered.

Any adjustments to the estimates as a result of final determination by the intermediary are recorded as increases or decreases to patient service revenue in the year of final determination.

NOTE 7 – PROPERTY AND EQUIPMENT

The following summarizes property and equipment at June 30:

	2014	2013
Building and improvements	$5,670,162	$5,670,162
Land	718,427	718,427
Equipment and furniture	1,331,701	1,331,701
	7,720,290	7,720,290
Less: accumulated depreciation	(1,444,256)	(1,172,424)
	$6,276,034	$6,547,866

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

NOTE 8 – LINES OF CREDIT

Goodwin Community Health maintained a $150,000 line of credit with a financial institution. Interest is at the Wall Street Journal prime rate plus 1% with a floor rate of 6.25% (6.25% at June 30, 2014 and 2013, respectively). The line of credit was due on demand and secured by substantially all the assets of Goodwin Community Health. The outstanding balance on the line of credit at June 30, 2013 was $132,280. The balance was paid in full and the line of credit closed during the year ended June 30, 2014.

Goodwin Community Health maintains 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, 2014 and 2013 were $193,500 and $195,000, respectively.

NOTE 9 – LONG-TERM DEBT

Long-term debt consisted of the following at June 30:

	2014	2013
Note payable to a financial institution payable in 240 monthly installments, initial payments of $4,464 including interest at a fixed rate of 4.75% until December 2018 at which time monthly payments shall be adjusted to reflect changes in interest rates, due December 2029. The note is secured by real estate. **	$ 584,049	$ 607,470
Note payable to a financial institution payable in 60 monthly installments of $596 including variable interest based on People's United Bank Prime Rate plus 1.50 percentage points over the index, currently at 4.75%, due June 2017, secured by all assets of Great Bay and an unlimited corporate guaranty of Goodwin Community Health.	19,307	25,359
Note payable to a not-for-profit corporation. The note is secured by real estate and substantially all the assets of the Center. An allonge dated September 19, 2012 extended the maturity date from July 1, 2014 to September 1, 2017 and converted the payment schedule to monthly principal and interest payments of $8,069 with interest at 5.25%. **	288,858	368,172
Note payable to a not-for-profit corporation payable in monthly installments of $1,709 including interest at a fixed rate of 1.00% due July 2016. The note is unsecured.	42,275	62,256
Note payable to a financial institution payable in 60 monthly installments of $1,860 including interest at a fixed rate of 4.75% due January 2019. The note is secured by all assets. **	90,112	-
	1,024,601	1,063,257
Less: Current portion	154,716	128,157
	$ 869,885	$ 935,100

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

NOTE 9 – LONG-TERM DEBT – CONTINUED

** The notes are subject to various administrative and financial covenants which the Center was in compliance with at June 30, 2014.

Future minimum principal payments as of June 30, 2014 are as follows:

2015	$ 154,716
2016	163,841
2017	148,442
2018	75,730
2019	43,045
Thereafter	438,827
	$1,024,601

NOTE 10 – PATIENT SERVICE REVENUE

The Center 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. It recognizes significant amounts of patient service revenue at the time services are rendered even though it does not assess the patient's ability to pay. For uninsured patients who do not qualify for charity care, the Center recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a significant portion of the Center's uninsured patients will be unable or unwilling to pay for the services provided. Accordingly, the Center records a significant provision for bad debts related to uninsured patients in the period the services are provided. Patient service revenue, net of contractual allowances and discounts, recognized in the period from these major payor sources, is as follows:

	2014	2013
Gross patient service revenue	$6,078,965	$5,723,972
Contractual adjustments	(737,859)	(619,738)
Charity care	(542,126)	(636,207)
Patient service revenue	$4,798,980	$4,468,027

The Center 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 services for which no payment is anticipated. In assessing a patient's eligibility for charity care, the Center uses federally established poverty guidelines. The Center is required to provide a full discount to patients with annual incomes at or below 100% of the poverty guidelines. For those patients with income between 100% and 200% of poverty guidelines, fees must be charged in accordance with a sliding scale discount policy based on family size and income. No discounts may be provided to patients with incomes over 200% of federal poverty guidelines.

Charity care is measured based on services provided at established rates but is not included in net patient service revenue. Costs and expenses incurred in providing these services are included in operating expenses. The Center determines the costs associated with providing charity care by calculating a ratio of costs to gross charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. Under this methodology, the estimated costs of caring for charity care patients for the years ended June 30, 2014 and June 30, 2013 were approximately $680,000 and $790,000, respectively. Charges for services rendered to individuals from whom payment is expected and ultimately not received are written off as part of the provision for bad debts.

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

NOTE 11 – TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consisted of the following at June 30:

	2014	2013
Grants for construction costs	$5,107,237	$5,245,938
Grants for equipment	246,178	347,524
Grants for regional network	49,105	
Pledges receivable	17,461	36,530
	$5,419,981	$5,629,992

NOTE 12 – GRANTS, CONTRACTS AND CONTRIBUTION REVENUE

Grants, contracts and contributions included in operating revenue and support in the consolidated statements of activities consisted of the following at June 30:

	2014	2013
U.S. Department of Health and Human Services		
Community Health Center Grant	$ 983,748	$ 808,480
State of New Hampshire		
Family Planning	114,834	130,905
Primary Care	323,005	248,712
Public Health	150,103	
Oral Health	34,778	18,077
Substance Abuse & Prevention		74,237
Breast and Cervical Cancer Screening	37,255	31,102
Woman, Infants, and Children	433,714	452,980
	1,093,689	956,013
Wentworth Douglass Hospital	150,000	125,000
NH Charitable Foundation	50,000	104,554
Other grants and contributions	198,356	177,344
	398,356	406,898
	$2,475,793	$2,171,391

NOTE 13 – DEFINED CONTRIBUTION 401(k) PLAN

The Center sponsors a defined contribution 401(k) plan for all eligible employees. Employer discretionary matching contributions are 100% of contributions up to 3% of eligible employees' salaries. In September 2010, the Center temporarily suspended the employer match.

NOTE 14 – LEASES

The Center is lessor under several non-cancelable leases for certain office space in its Somersworth, New Hampshire location. The leases call for monthly rental payments ranging from $225 to $863 and expire in April 2016.

The Center leased office space as a tenant at will. Rent expense was $6,600 for the years ended June 30, 2014 and 2013.

Notes to Consolidated Financial Statements

June 30, 2014 and 2013

NOTE 15 – WIC FOOD VOUCHERS

The Center 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 (C.F.D.A 10.557). The value of food vouchers distributed by the Center was $1,572,910 and $1,644,806 for the years ended June 30, 2014 and 2013, respectively. These amounts are included in the accompanying consolidated financial statements.

NOTE 16 – CONTINGENCIES

Notice of Federal Interest

During the year ended June 30, 2011, the Center received federal grant funding totaling $4,957,300 under the ARRA - Facilities Improvement Program for construction of a new health center building. The project was completed and the building was placed in service in May 2011. In accordance with the grant agreement, a Notice of Federal Interest (NFI) is required to be recorded 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.

Mortgage Deed

During the year ended June 30, 2011, the Center was the beneficiary of an award by the New Hampshire Community Development Finance Authority (CDFA) of $108,000 in the form of Community Development Investment Program (CDIP) funds. The grant was awarded for the purposes of development and construction of a new health center building. On August 4, 2011, a mortgage deed was given to guarantee a long-term benefit to low and moderate-income individuals, by requiring that the property remain in the ownership of the Center, or another non-profit entity approved by CDFA, for a period of ten years. In the event the project property is sold to a third party, not approved by CDFA, an amount equal to the total amount of CDIP funds disbursed by CDFA ($108,000) will be repaid to CDFA.

NOTE 17 – EVALUATION OF SUBSEQUENT EVENTS

Management has evaluated subsequent events through November 25, 2014, the date the consolidated financial statements were available to be issued.

Consolidating Schedule of Financial Position

June 30, 2014

ASSETS	Goodwin Community Health	Great Bay	Eliminations	Consolidated
Current Assets				
Cash and cash equivalents	$ 634,174	$ 21,405		$ 655,579
Accounts receivable, net	446,806	125,184	$ (154,286)	417,704
Grants receivable	145,940			145,940
Current portion of pledges receivable	9,451			9,451
Prepaid expenses	5,896	1,797		7,693
Total Current Assets	1,242,267	148,386	(154,286)	1,236,367
Property and Equipment, Net	6,272,158	3,876		6,276,034
Other Assets				
Goodwill	45,000		(27,418)	17,582
Pledges receivable, net of current portion	8,010			8,010
Total Other Assets	53,010		(27,418)	25,592
Total Assets	$ 7,567,435	$ 152,262	$ (181,704)	$ 7,537,993
LIABILITIES AND NET ASSETS				
Current Liabilities				
Accounts payable	$ 180,453	$ 154,407	$ (153,623)	$ 181,237
Accrued expenses	306,222	57,601		363,823
Lines of credit	193,500			193,500
Current portion of long-term debt	148,377	6,339		154,716
Total Current Liabilities	828,552	218,347	(153,623)	893,276
Long-term Liabilities				
Long-term debt, net of current portion	856,917	13,631	(663)	869,885
Total Liabilities	1,685,469	231,978	(154,286)	1,763,161
Net Assets				
Unrestricted (Deficit)	461,985	(79,716)	(27,418)	354,851
Temporarily restricted	5,419,981			5,419,981
Total Net Assets (Deficit)	5,881,966	(79,716)	(27,418)	5,774,832
TOTAL LIABILITIES AND NET ASSETS	$ 7,567,435	$ 152,262	$ (181,704)	$ 7,537,993

See independent auditors' report.

Consolidating Schedule of Activities of Unrestricted Net Assets

Year Ended June 30, 2014

	Unrestricted Goodwin Community Health	Unrestricted Great Bay	Eliminations	Total
Operating Revenue and Support				
Patient service revenue	$ 4,057,589	$ 741,391		$ 4,798,980
Provision for bad debts	(302,150)	(1,854)		(304,004)
Net patient service revenue	3,755,439	739,537		4,494,976
Grants, contracts and contributions	2,409,793			2,409,793
WIC food vouchers	1,572,910			1,572,910
Other	150,554			150,554
	7,888,696	739,537		8,628,233
Net assets released from restrictions	276,011			276,011
Total Operating Revenue and Support	8,164,707	739,537		8,904,244
Functional Expenses				
Program services	6,733,373	613,197	$ (46,161)	7,300,409
Fundraising	137,934			137,934
General and administrative	966,043	89,379	(5,129)	1,050,293
Total Expenses	7,837,350	702,576	(51,290)	8,488,636
Change in Unrestricted Net Assets from Operations	327,357	36,961	51,290	415,608
Non-Operating Revenue and Support				
Rent income	64,340		(51,290)	13,050
Total Change in Unrestricted Net Assets	391,697	36,961		428,658
Unrestricted Net Assets (Deficit), Beginning of Year	70,288	(116,677)	(27,418)	(73,807)
Unrestricted Net Assets (Deficit), End of Year	$ 461,985	$ (79,716)	$ (27,418)	$ 354,851

Consolidating Schedule of Functional Expenses

Year Ended June 30, 2014

	Goodwin Community Health				Great Bay Mental Health Associates, Inc.				
	Program	Fundraising	General and Administrative	Total	Program	General and Administrative	Total	Eliminations	Consolidated
Personnel									
Salaries and wages	$ 3,181,670	$ 88,625	$ 462,402	$ 3,732,697	$ 482,239	$ 41,600	$ 523,839		$ 4,256,536
Payroll taxes and employee benefits	796,210	20,778	181,659	998,647	43,706	3,182	46,888		1,045,535
	3,977,880	109,403	644,061	4,731,344	525,945	44,782	570,727		5,302,071
Other									
WIC food vouchers	1,572,910			1,572,910					1,572,910
Depreciation	222,916		46,881	269,797	204	1,832	2,036		271,833
Equipment leases and supplies	219,472	2,554	34,066	256,092	1,451	161	1,612		257,704
Professional fees	100,935	200	45,473	146,608	11,256	31,792	43,048		189,656
Medical supplies	131,695			131,695					131,695
Physician services	114,921			114,921					114,921
Repairs and maintenance	63,163	490	29,016	92,669					92,669
Utilities	46,302		23,853	70,155					70,155
Interest			57,006	57,006		239	239		57,245
Lab and radiology fees	72,844	182	563	73,589					73,589
Insurance	11,233		26,647	37,880	11,526	3,594	15,120		53,000
Office materials	46,696	151	9,189	56,036	6,867	763	7,630		63,666
Postage and shipping	18,368	275	10,092	28,735	3,665	407	4,072		32,807
Telephone and communications	34,844		3,537	38,381	2,619	291	2,910		41,291
Dues and subscriptions	15,342	375	12,360	28,077					28,077
Advertising and promotion	20,477	20,857	252	41,586	323	36	359		41,945
Travel	20,448	668	5,993	27,109					27,109
Education and training	21,783	270	6,396	28,449					28,449
Rent	12,170		5,570	17,740	46,161	5,129	51,290	$ (51,290)	17,740
Service charges	7,594		2,885	10,479	3,180	353	3,533		14,012
Printing	1,380	2,509	835	4,724					4,724
Real estate taxes			1,368	1,368					1,368
	2,755,493	28,531	321,982	3,106,006	87,252	44,597	131,849	(51,290)	3,186,565
Total Functional Expenses	$ 6,733,373	$ 137,934	$ 966,043	$ 7,837,350	$ 613,197	$ 89,379	$ 702,576	$ (51,290)	$ 8,488,636

See independent auditors' report.

Goodwin Community Health

Mission

To provide integrated,
comprehensive, quality healthcare,
serving all in our community,
payment for which is based on ability to pay.

Board Approved on 1-8-2015

BOARD OF DIRECTORS 2015

Goodwin Community Health

Name/Address	Occupation
Chair David B. Staples, DDS	Dentist **Consumer**
Vice Chair Valerie Goodwin	Business **Consumer**
Board Treasurer Mark Boulanger	CPA
Board Secretary: Kirsten Jones	Service Industry **Consumer**
Board Members	
Robert F. Kraunz, MD	Retired Physician
Allison Neal	Education Consultant **Consumer**
Hilton Kelly	Financial Advisor **Consumer**
Allyson Hicks	Hospital Finance Director
Don Chick	Photographer **Consumer**
Mathurin Malby, MD	Physician
Timothy M. Harrington, Esq.	Attorney
Jennifer Glidden	DHHS Admin. Supervisor **Consumer**
Lisa Hall	Retired Accountant

JANET M. LAATSCH
[redacted]

Objective: To utilize my leadership skills to create a dynamic, sustainable non-profit organization.

WORK EXPERIENCE:

Goodwin Community Health (GCH)

Somersworth, NH **2001-Present**

Chief Executive Officer **2005-Present**

Accomplishments:

- Successfully retained all Directors and Physicians
- Built relationships with donors, foundations, local and state representatives and other non-profit and for-profit organizations
- Retention of an active Board of Directors
- Improvement of patient outcomes
- Successfully implemented mental health integration program
- Successfully acquired a for-profit mental health organization
- Developed a new partnership with Noble High School
- Developed a new partnership with Southeastern NH Services
- Obtained new grant funding of over $7.0 million
- Expansion of donor base
- Development of a corporate compliance program
- Merged the public health and safety council under AGCHC

Responsibilities:

- Oversight of operations, finance, personnel and fund development
- Grant writing and donor development
- New business development
- Compliance with all federal and state regulations
- Build relationships and partnerships locally and statewide
- Strategic planning
- Report directly to the Board of Directors

Finance Director **2002-2005**

Accomplishments:

- Brought in over $3.0 million in grant funds for the organization
- Obtained Federally Qualified Health Center status in 2004
- Designed and implemented a successful new dental program
- Achieved a financial surplus annually

Responsibilities:

- Responsible for all financial transactions, billing, collections, patient accounts
- Strategic planning as it relates to capital funding
- Budget development, cost/benefit analysis of existing programs and potential new programs
- Development and implementation of an annual development plan
- Research, write, submit and provide follow-up reports for grant funds

- Oversee human resource functions of the organization

Grant Writer/Per Diem Nurse **2001-2002**

Grant Writing Services,
N. Hampton, NH
Sole Proprietor **1999-2001**

Accomplishments:

- Successfully researched and submitted grants for health and educational organizations totaling over $150k

Responsibilities:

- Research private, industry, state and federal funds for non-profit organizations

North Shore Medical Center (Partners Health Care) **1991-1999**
Salem, MA
Acting Chief Operations Officer for the
North Shore Community Health Center **1997-1999**

Accomplishments:

- Successfully submitted their competitive Federal grant and other state grants
- Recruited a medical director and re-negotiated existing provider contracts to include productivity standards
- Re-designed operations to improve productivity
- Incorporated the hospital's medical residency program into the Health Center
- Achieved a financial surplus for the first time in five years
- Developed a quality improvement program and framework

Responsibilities:

- Placed at the Health Center by the North Shore Medical Center to revamp operations and improve the cash flow for the organization
- Reported directly to the Board of Directors

EDUCATION:

University of New Hampshire:	M.B.A.	
Durham, N.H.	Concentration in Finance	**1991**
Northern Michigan University:	B.S.N.	
Marquette, M.I.	Minor in Biology	**1981**

LICENSES/CERTIFICATES:
Real Estate Broker
N.H. Nursing License

PROFESIONAL:
Member of the National Association of Community Health Centers
Previous Board member of the United Way of the Greater Seacoast
Treasurer for the Health and Safety Council of Strafford County
Board member of the Community Health Network Access (CHAN)
Board member of the Rochester Rotary, slotted for President in 2011

Erin E. Ross

[redacted]

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 2009- Present **Chief Executive Officer**
Great Bay Mental Health Associates, Inc

- Responsible for all operations of private, for-profit mental health practice.
- Recruit both professional and administrative staff as needed for practice.
- Develop and implement policies and procedures as needed for practice.

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

Jannell Levine, MS, RN

Professional Experience

Goodwin Community Health, Somersworth, NH Nov. 2006-present

Director of Patient Services and Quality Improvement (May 2012-present)

- Facilitate and implement clinical quality improvement initiatives in accordance with the mission, goals and objectives of GCH.
- Collaborate with Providers, Medical Director, Managers and Support Staff to ensure that day to day operations of the health center run smoothly and that patients receive high quality care.
- Improve patient outcomes by training staff on standard operating procedures, evidence based practices, customer service skills and by providing patient education.
- Successfully coordinated and managed the 2012 GCH application to be certified as a Patient Centered Medical Home.
- Facilitate monthly CQI and Customer Service Committee meetings, and report to the board monthly regarding the committee initiatives.
- Continuously review, revise and implement changes to GCH policies and procedures as new workflow changes are required as a result of Medical Home, Meaningful Use, Managed Care, and Internal Improvements.
- Address and resolve all patient complaints.
- Supervise Nursing Staff, Medication Assistance Coordinator, QI Nurse Coordinator, BCCP Coordinator, Baby Steps Consultant and Community Outreach Worker. Collaborate with these staff to ensure their programs run smoothly and efficiently.

Registered Nurse/Care Manager (Nov. 2006-May 2012)

- Provide quality nursing care to patients ranging in age from infants to elderly in a community health care setting. Duties include telephone triage, patient assessment, injection administration, patient education, monitor lab and test results, vaccine management, medication dispensing and case management of patients to promote comprehensive patient care.
- Assess, triage and treat patients appropriately based on their current medical needs. Triage patients via telephone, schedule appointments as needed, and provide with education related to their medical issue.
- Provide comprehensive education to patients in order to assist them in health promotion and disease prevention.
- Assist patients to develop, maintain, and evaluate goals for management of both acute and chronic disease.
- Collaborate with providers and support staff to promote a team-based approach to management of patients' current health and disease states.
- Facilitate the proper administration of vaccinations to children and adults through screening and education of patients.
- Review and update various nursing policies and procedures as needed.
- Actively participated in the process of implementing Mental Health Integration to GCH. Served as Mental Health Care Manager and assisted in all aspects of program development.
- Member of the Medical Home Committee, actively participating in the process of achieving Medical Home Certification for GCH.

Exeter Hospital, Exeter, NH Feb.-Nov. 2006

Registered Nurse

- Staff RN on a busy 15 bed Telemetry unit.
- Provided quality direct patient care to both medical-surgical and progressive care patients—responsibilities included patient assessment, medication administration, dressing changes, IV insertion, creation and implementation of care plans, documentation, supervision of nursing assistants, patient and family education and all other aspects of nursing care.
- Managed and implemented care for patients in varying states of acuity, including the care of critically ill, terminally ill, palliative and stable patients.

[redacted]

- Educated patients regarding medications, upcoming procedures, health maintenance, disease management and lifestyle modifications.
- Collaborated with interdisciplinary team members to coordinate and plan care.

Boston Children's Hospital, Boston, MA Oct. 2000-Sept. 2003

Special Events Coordinator (Sept. 2002-Sept. 2003)

- Managed all aspects of the first *Miles for Miracles Walk* including strategic planning, marketing, participant, team and volunteer recruitment, web and collateral development, and logistical design.
- Planned, organized and implemented walk-related activities, such as committee meetings and receptions.
- Collaborated with technical consultants to develop a specialized computer database created exclusively for the walk, managed the system and trained staff on program methods and techniques.
- Served as the walk's primary contact for more than 2,000 participants, developing and managing effective systems for registering, providing guidance and advising walkers on fundraising strategies and best practices.
- Created and implemented a special walker recognition program, including incentives for top fundraisers.
- Supervised staff, temporary help, and volunteers.

Development Associate (Oct 2000-Sept. 2002))

- Coordinated all aspects of the 2002 Kids at Heart Marathon program, generating $800,000. Responsibilities included organizing and facilitating the application process, producing all marketing materials and newsletters, recruiting patient families and qualified runners, coordinating two receptions, and managing the Advisory Committee.
- Recruited and managed more than 200 volunteers for the 2001 and 2002 WBZ-Children's Hospital Telethon.
- Assisted in the organization of donor cultivation and stewardship events including developing and maintaining invitation lists, confirming attendance, securing speakers, VIPs, and meeting space, preparing event briefing materials, staffing the events, confirming event arrangements, and managing follow up.
- Maintained the budget for four programs, processed invoices and consolidated monthly budget reports, assisted in the development of budget plans.
- Drafted original donor acknowledgements, meeting agendas/minutes, and other correspondence.
- Organized and facilitated monthly meetings for Development Associates.

Education

University of New Hampshire, Durham, NH December 2006

- Master's of Science in Nursing
- GPA 3.88

University of New Hampshire, Durham, NH May 2000

- B.A. Communications and Political Science
- GPA 3.67
- Personally financed 100% of education through employment, scholarships, and loans.

Certifications and Membership

- Current NH Registered Nurse License, licensed since January 2006
- American Heart Association BLS for the Healthcare Provider

Computer Skills

- Proficient in Logician (EMR), Microsoft Word, Excel, PowerPoint and Outlook

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Janet Laatsch	CEO	$143,208	0%	$0
Erin Ross	CFO	$91,124.80	0%	$0
Kevin Zent, MD	Associate Medical Director	$180,065.60	0%	$0
Jannell Levine	Director of Quality Improvement & Patient Service	$66,310.40	5%	$3,315.52

Bobbie's Full Copy

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

March 28, 2014

G&C Approved
Date 5/8/14
Item # 34A

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 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

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

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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

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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	28.00	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	13.00	15.00	12.00	13.00	15.00	12.00
Format	5	4.00	5.00	5.00	5.00	5.00	4.00	5.00	5.00
Total	100	93.00	93.00	93.00	97.00	93.00	81.00	95.00	90.00

BUDGET REQUEST									
Year 01		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Year 02		$147,940.97	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	$238,202.00	$117,175.00
Year 03		$0.00	[illegible]	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET REQUEST		$647,133.22	$237,918.00	$551,408.00	$340,554.00	$584,694.00	$398,254.80	$556,404.80	$234,350.00
BUDGET AWARDED									
Year 01		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	(P/Adolescent) Health Program Manager	NH DHHS, DPHS, MCH	
3	Liz 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 Streit	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	15.00	9.00	0.00	0.00	0.00
Format	5	4.00	5.00	3.00	3.00	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		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			
Year 02		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00			
TOTAL BUDGET REQUEST		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			
BUDGET AWARDED									
Year 01		$161,532.00	$79,157.00	[illegible]	[illegible]	[illegible]			
Year 02		$161,532.00	$79,157.00	[illegible]	$441,218.00	$70,158.00			
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00			
TOTAL BUDGET AWARDED		$323,064.00	$158,314.00	$318,668.00	$882,436.00	$140,316.00			

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	Lindsey 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
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: JA
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 New Hampshire, County of Strafford 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
comm exp. 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: 4/1/14

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 3000 users annually with 9000 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.

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: Goodwin Community Health

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	$ 59,434.40	$ -	$ 59,434.40	
2. Employee Benefits	$ 14,858.60	$ -	$ 14,858.60	
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	$ 74,293.00	$ -	$ 74,293.00	

Indirect As A Percent of Direct 0.0%

Contractor Initials: DA

Date: 3/11/14

Exhibit B-1 (2015) -Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Goodwin Community Health

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 Share
1. Total Salary/Wages	$ 331,123.36	$ -	$ 331,123.36	0
2. Employee Benefits	$ 76,125.64	$ -	$ 76,125.64	0
3. Consultants	$ -	$ -	$ -	0
4. Equipment:	$ -	$ -	$ -	0
Rental	$ -	$ -	$ -	0
Repair and Maintenance	$ -	$ -	$ -	0
Purchase/Depreciation	$ -	$ -	$ -	0
5. Supplies:	$ -	$ -	$ -	0
Educational	$ -	$ -	$ -	0
Lab	$ -	$ -	$ -	0
Pharmacy	$ -	$ -	$ -	0
Medical	$ -	$ -	$ -	0
Office	$ -	$ -	$ -	0
6. Travel	$ -	$ -	$ -	0
7. Occupancy	$ -	$ -	$ -	0
8. Current Expenses	$ -	$ -	$ -	0
Telephone	$ -	$ -	$ -	0
Postage	$ -	$ -	$ -	0
Subscriptions	$ -	$ -	$ -	0
Audit and Legal	$ -	$ -	$ -	0
Insurance	$ -	$ -	$ -	0
Board Expenses	$ -	$ -	$ -	0
9. Software	$ -	$ -	$ -	0
10. Marketing/Communications	$ -	$ -	$ -	0
11. Staff Education and Training	$ -	$ -	$ -	0
12. Subcontracts/Agreements	$ -	$ -	$ -	0
13. Other (specific details mandatory):	$ -	$ -	$ -	0
Clinical Services	$ 13,330.00	$ -	$ 13,330.00	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
	$ -	$ -	$ -	0
TOTAL	**$ 420,579.00**	**$ -**	**$ 420,579.00**	0

Indirect As A Percent of Direct 0.0%

Contractor Initials: _____

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
Improving health, preventing disease, reducing costs for all

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 8, 2012

APPROVED G&C # 135
DATE 6/20/12

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section, to enter into an agreement with 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/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.

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 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	

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]

SHERRYL ANN 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 Hoyt ~~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:

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

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 hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.
5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials: TA
Date: 3/26/17

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 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, the following insurance:

14.1.1 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 occurrence; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

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certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.
15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").
15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

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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: Goodwin Community Health

ADDRESS: 311 Route 108
Somersworth, New Hampshire 03878
Executive Director: Janet Atkins
TELEPHONE: 603-953-0065

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 300 users annually with 1000 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.

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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.

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.*

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

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.

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: JK

Date: 3/21/12

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: **Goodwin Community Health**

ADDRESS: **311 Route 108**
Somersworth, New Hampshire 03878
Executive Director: **Janet Atkins**
TELEPHONE: **603-953-0065**

Vendor #154703-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:

   $497,424 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.

   $102,972 for Breast and Cervical Cancer Screening, funded from 100% federal funds from the Center for Disease Control (CFDA #93.283).

TOTAL: $600,396

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: [illegible]

Date: 3/27/12

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: 3/7/12

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: JLL
Date: 3/22/12

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: JH

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: JLA

Date: 3/26/12

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.*

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: JA
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: JA

Date: 3/26/12

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: JA

Date: 2/8/2012

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: [illegible]
Date: 3/21/13

(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.

Goodwin Community Health — From: 7/1/12 or date of G&C Approval, whichever is later To: 6/30/14

Contractor Name — **Period Covered by this Certification**

Janet Adkins, Executive Director

Name and Title of Authorized Contractor Representative

Janet Adkins — 3-26-2012

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.

[signature]	Executive Director
Contractor Signature	**Contractor's Representative Title**
Goodwin Community Health	3-26-2012
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: [illegible]

Date: 2/26/12

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.

Janet Cetkovich — Executive Director

Contractor Signature — **Contractor's Representative Title**

Goodwin Community Health — 3-26-2012

Contractor Name — **Date**

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.

Janet Atkins — Executive Director

Contractor Signature — **Contractor's Representative Title**

Goodwin Community Health — 3-26-12

Contractor Name — **Date**

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

MELANIE J. SANUTH
STATE OF
- MY -
COMMISSION
EXPIRES
JUNE 22,
2016
NEW HAMPSHIRE
NOTARY PUBLIC

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

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

OFFICE OF THE ATTORNEY GENERAL

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. F.
Date 6/8/15

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.

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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.

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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.

Date: 6/8/15

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: J.G.
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 (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: 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-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: Manchester Health Dept.

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		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 108,576.00	$ -	$ 108,576.00	$ 54,288.00	$ -	$ 54,288.00	$ 54,288.00	$ -	$ 54,288.00
2. Employee Benefits	$ 26,788.00	$ -	$ 26,788.00	$ 13,394.00	$ -	$ 13,394.00	$ 13,394.00	$ -	$ 13,394.00
3. Consultants	$ 49,920.00	$ -	$ 49,920.00	$ 33,280.00	$ -	$ 33,280.00	$ 16,640.00	$ -	$ 16,640.00
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):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Manchester Health Department - Admin Fee	$ -	$ 1,200.00	$ 1,200.00	$ -	$ -	$ -	$ -	$ 1,200.00	$ 1,200.00
TOTAL	$ 185,284.00	$ 1,200.00	$ 186,484.00	$ 100,962.00	$ -	$ 100,962.00	$ 84,322.00	$ 1,200.00	$ 85,522.00
Indirect As A Percent of Direct		0.6%							

Date: 6/8/15

Contractor's Initials:

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

	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
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 153,593.00	$ -	$ 153,593.00	$ 75,593.00	$ -	$ 75,593.00	$ 78,000.00	$ -	$ 78,000.00

Indirect As A Percent of Direct 0.0%

Contractor Initials: J.G.

Date: 6/8/15

EXHIBIT B-3 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: Manchester Health Dept.

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		
Line Item	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**	**Direct Incremental**	**Indirect Fixed**	**Total**
1. Total Salary/Wages	$ 108,576.00	$ -	$ 108,576.00	$ 54,288.00	$ -	$ 54,288.00	$ 54,288.00	$ -	$ 54,288.00
2. Employee Benefits	$ 26,788.00	$ -	$ 26,788.00	$ 13,394.00	$ -	$ 13,394.00	$ 13,394.00	$ -	$ 13,394.00
3. Consultants	$ 49,920.00	$ -	$ 49,920.00	$ 33,280.00	$ -	$ 33,280.00	$ 16,640.00	$ -	$ 16,640.00
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):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Manchester Health Department - Admin Fee	$ -	$ 1,200.00	$ 1,200.00	$ -	$ -	$ -	$ -	$ 1,200.00	$ 1,200.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -		$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 185,284.00**	**$ 1,200.00**	**$ 186,484.00**	**$ 100,962.00**	**$ -**	**$ 100,962.00**	**$ 84,322.00**	**$ 1,200.00**	**$ 85,522.00**
Indirect As A Percent of Direct		0.6%							

Date: 6/8/15

Contractor's Initials: JG

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, 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	$ 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
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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-9-

Date: 6/8/15

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:

6/8/15
Date

Name: Theodore Gatsas
Title: Mayor

Contractor Initials T.G.
Date 6/8/15

City of Manchester
Office of Risk Management

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

CERTIFICATE OF COVERAGE

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

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

GENERAL LIABILITY	Bodily Injury and Property Damage	
	Each Person	275
	Each Occurrence	925
AUTOMOBILE LIABILITY	Bodily Injury and Property Damage	
	Each Person	275
	Each Occurrence	925
WORKER'S COMPENSATION	Statutory Limits	

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

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

Issued the 26th day of May, 21015..

Safety Manager

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 2, 2015,

RESOLVED: That this Municipality enter into a contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health 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 8th, 2015.

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

(Signature of the Clerk of the Municipality)

State of New Hampshire
County of Hillsborough

The foregoing instrument was acknowledge before me this 8th day of June, 2015 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
STATE OF NEW HAMPSHIRE
MY COMMISSION EXPIRES SEPTEMBER 3, 2019
JUSTICE OF THE PEACE

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
Sole Source
62% Federal funds
38% 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

J

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 Lawless	Program Specialist	Bureau of Drug & Alcohol Services	
3	Bobbie Bagley	Chief Public Health Nurse	Rivier College, Nursing	

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

This 1st Amendment to the Manchester Health Department contract (hereinafter referred to as "Amendment One") dated this 3rd day of April, 2014, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Manchester Health Department (hereinafter referred to as "the Contractor"), a corporation with a place of business at 1528 Elm Street, Manchester, New Hampshire 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2012, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

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

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

To amend as follows:

- Form P-37, to change:
  Block 1.7 to read: June 30, 2015
  Block 1.8 to read: $232,205

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

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

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

  Paragraph 1.2 to Paragraph 1:
  Funding is available as follows:
- $18,270 from 05-95-90-902010-5190-102-500731, 100% General Funds;
- $91,611 from 05-95-90-902010-5190-102-500731, 6.7% Federal Funds from the US Department of Health and Human Services Administration, Maternal and Child Health Bureau, CFDA #93.994 and 93.3% General Funds;

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

Add Paragraph 8
8. Notwithstanding paragraph 18 of the General Provisions P-37, an amendment limited to adjustments to amounts between and among account numbers, within the price limitation, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

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

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

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

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

State of New Hampshire
Department of Health and Human Services

4/11/14
Date

Brook Dupee
Bureau Chief

Manchester Health Department

4/3/14
Date

Name: Ted Gatsas
Title: Mayor

Acknowledgement:

State of New Hampshire, County of Hillsborough on 4/3/2014, before the undersigned officer, personally appeared the person identified above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

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

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

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

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

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

OFFICE OF THE ATTORNEY GENERAL

4/17/14
Date

Name: Amanda C. Godleiwski
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

_____
Date

Name:
Title:

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

Scope of Services

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

The Contractor shall:

I. **General Provisions**

A) Eligibility and Income Determination

1. Primary care services will be provided to homeless, low-income individuals and families (defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), in the State of New Hampshire. Using flexible hours and minimal use of appointment systems, services may be provided in:
   - Permanent office based locations
   - Mobile or temporary delivery locations
2. The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing if, at any time, the practice is closed to new patients, or maintains a wait list for new patients, or any other mechanism is used that limits access for new or existing patients for more than a one month period.
3. The Contractor shall document, for each client enrolled in the program, family income and family size, and calculate percentage of the federal poverty level. If calculations indicate that the client may be eligible for enrollment in Medicaid, the Contractor shall complete the most recent version of the 800P form with the client.
4. The Contractor shall implement, and post in a public and conspicuous location, a sliding fee payment schedule, approved in advance by the Division of Public Health Services (DPHS), for low-income patients. Signage must state that no client will be denied services for inability to pay.
   a. As an alternative, the contractor may post, in a public and conspicuous location, a notice to clients that a sliding fee scale is available and that no client will be denied services for inability to pay. The sliding fee scale must be updated annually based on USDHHS Poverty guidelines as published in the Federal Register, submitted to and approved by DPHS.
5. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private and commercial insurances, Medicare, and Medicaid for all reimbursable services rendered.

B) **Numbers Served**

1. The contract funds shall be expended to provide the above services to a minimum of 4,000 users with 3,000 medical encounters, as defined in the Data and Reporting Requirements for State Fiscal Year FY15. Clinical service reimbursements shall not exceed the Medicare rate.

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

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services.

Cultural appropriateness in dealing with homeless populations not only addresses the specific linguistic and cultural needs of minorities, but also includes sensitivity to their unique vulnerabilities. Cultural sensitivity recognizes the distrust of providers and institutions often felt by people in these situations. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

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

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

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

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

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

D) State and Federal Laws

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

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 301, adopted 6/3/08.

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

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

E) Relevant Policies and Guidelines

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

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

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

   - Individuals who are residents in transitional housing.

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

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

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

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

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

F) Publications Funded Under Contract

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

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

3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C (14.1).

G) Subcontractors

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

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

II. Minimal Standards of Core Services

A) Service Requirements

1. Medical Home

The Contractor shall provide a Medical Home that:

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

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

2. Primary Care Services

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

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

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

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

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

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

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

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

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

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

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

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

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

3. Reproductive Health Services

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

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

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

c) Genetic Screening:

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

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

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

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

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

4. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", *Third* Edition or most recent. Children and adolescent visits shall include:

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

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

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

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

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

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

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

5. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment for sexually transmitted infections.

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

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

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

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

6. Substance Use Services

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

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

7. Immunizations

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

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

8. Prenatal Genetic Screening

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

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

9. Additional Requirements

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

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

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

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

B) Staffing Provisions

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

a) executive director

b) financial director

c) registered nurse

d) clinical coordinator

e) medical service director (or by contract)

f) nutritionist (on site or by referral)

g) social worker

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

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

b) registered nurse

c) clinical coordinator

d) social worker

1. Qualifications

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

In addition the following minimum qualifications shall be met for:

a) Registered Nurse

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

b) Nutritionists:

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

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

c) Social Workers shall have:

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

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

d) Clinical Coordinators shall be:

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

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

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

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator or any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.

3. Vacancies

a) The Contractor must notify the MCHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month. This may be done through a budget revision.

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

C) Coordination of Services

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

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

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

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

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

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

D) Meetings and Trainings

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

1. MCHS Agency Directors' meetings

2. MCHS Agency Medical Directors meetings

III. <u>Quality or Performance Improvement (QI/PI)</u>

A) Workplans

1. Performance Workplans are required for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the RHPCS and the MCHS performance-based contracting system and of this contract. Outcomes shall be reported by clinical site.

2. Submit Performance Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

3. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan and activities that monitor and evaluate the agency's progress toward performance measure targets.

4. The Contractor shall comply with modifications and/or additions to the workplan and annual report format as requested by RHPCS and MCHS. MCHS will provide the contractor with reasonable notice of such changes.

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

B) Additional Reporting Requirements

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

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

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

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

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

5. A copy of the agency's updated Sliding Fee Scale including the amount(s) of any client fees and the schedule of discounts must be submitted by March 31st of each year. The agency's sliding fee scale must be updated annually based on the US DHHS Poverty guidelines as published in the Federal Register.
6. An annual summary of program-specific patient satisfaction results obtained during the prior contract period and the method by which the results were obtained shall be submitted annually as an addendum to the Workplan Outcome/Progress reports.

C) On-site reviews

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Indicator #1

Measure: Patient Payor Mix

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

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

Data Source: Provided by agency

Note: An encounter is face-to-face contact between a user and a provider who exercises independent judgment in the provision of services to the individual (UDS Table Definition).

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #1

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

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

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

Denominator-
Total number of client encounters.

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #2

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

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

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

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

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #3

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

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

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

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

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #4

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

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

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

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

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

*Measure based on the National Quality Forum 0018

**2020 National Target 61.2%

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #5

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

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

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

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

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

PRIMARY CARE FOR THE HOMELESS PERFORMANCE MEASURE DEFINITIONS Fiscal Year 2015

Primary Care for the Homeless Performance Measure #6

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

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

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

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

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

Exhibit B-1 (2014) - Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

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

Budget Period: SFY 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ -	$ -	$ -	
2. Employee Benefits	$ -	$ -	$ -	
3. Consultants	$ -	$ -	$ -	
4. Equipment:	$ -	$ -	$ -	
Rental	$ -	$ -	$ -	
Repair and Maintenance	$ -	$ -	$ -	
Purchase/Depreciation	$ -	$ -	$ -	
5. Supplies:	$ -	$ -	$ -	
Educational	$ -	$ -	$ -	
Lab	$ -	$ -	$ -	
Pharmacy	$ -	$ -	$ -	
Medical	$ -	$ -	$ -	
Office	$ -	$ -	$ -	
6. Travel	$ -	$ -	$ -	
7. Occupancy	$ -	$ -	$ -	
8. Current Expenses	$ -	$ -	$ -	
Telephone	$ -	$ -	$ -	
Postage	$ -	$ -	$ -	
Subscriptions	$ -	$ -	$ -	
Audit and Legal	$ -	$ -	$ -	
Insurance	$ -	$ -	$ -	
Board Expenses	$ -	$ -	$ -	
9. Software	$ -	$ -	$ -	
10. Marketing/Communications	$ -	$ -	$ -	
11. Staff Education and Training	$ -	$ -	$ -	
12. Subcontracts/Agreements	$ 18,270.00	$ -	$ 18,270.00	
13. Other (specific details mandatory):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	**$ 18,270.00**	**$ -**	**$ 18,270.00**	

Indirect As A Percent of Direct 0.0%

Contractor Initials: _____

Date: _____

J.G. 4/3/14

Exhibit B-1 (2015) - Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

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

Budget Period: SFY 2015

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

Indirect As A Percent of Direct 0.0%

Contractor Initials: _____

Date: _____

J.G. 4/3/15

CERTIFICATE OF VOTE

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

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

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

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

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

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

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

(Signature of the Clerk of the Municipality)

State of New Hampshire
County of Hillsborough

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

(NOTARY SEAL)

(Name of Notary Public)

Title: Notary Public/Justice of the Peace
Commission Expires:

SRA

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 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

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.

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 imporvement; 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	

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:

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

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 hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.
5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

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

8. EVENT OF DEFAULT/REMEDIES.
8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):
8.1.1 failure to perform the Services satisfactorily or on schedule;
8.1.2 failure to submit any report required hereunder; and/or
8.1.3 failure to perform any other covenant, term or condition of this Agreement.
8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:
8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.
9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.
9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.
9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.
14.1 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, the following insurance:
14.1.1 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 occurrence; and
14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.
14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.
14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

Contractor Initials: JG.
Date: 5/9/12

certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.
15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").
15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreemcnt shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

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

NH Department of Health and Human Services

Exhibit A

Scope of Services

Primary Care Services for the Homeless

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

CONTRACTOR NAME: **Manchester Health Department**

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

The Contractor shall:

I. General Provisions

A) Eligibility and Income Determination

1. Primary care services will be provided to homeless, low-income individuals and families (defined as ≤ 185% of the U.S. Department of Health and Human Services (USDHHS), Poverty Guidelines, updated annually and effective as of July 1 of each year), in the State of New Hampshire. Using flexible hours and minimal use of appointment systems, services may be provided in:
   - Permanent office based locations
   - Mobile or temporary delivery locations

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

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

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

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

5. The primary care contract entered into here shall be the payer of last resort. The contractor shall make every effort to bill all other payers including but not limited to: private *and commercial* insurances, Medicare, and Medicaid for all reimbursable services rendered.

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

B) Numbers Served

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

C) Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services.

Cultural appropriateness in dealing with homeless populations not only addresses the specific linguistic and cultural needs of minorities, but also includes sensitivity to their unique vulnerabilities. Cultural sensitivity recognizes the distrust of providers and institutions often felt by people in these situations. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

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

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

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

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

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

D) State and Federal Laws

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

1. *The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 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: J.G.
Date: 5/9/12

E) Relevant Policies and Guidelines

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

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

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

   - Individuals who are residents in transitional housing.

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

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

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

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

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

F) Publications Funded Under Contract

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

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

3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C (14.1).

G) Subcontractors

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

Contractor Initials: JG.
Date: 5/9/12

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

II. Minimal Standards of Core Services

A) Service Requirements

1. Medical Home

The Contractor shall provide a Medical Home that:

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

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

2. Primary Care Services

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

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

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

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

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

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

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

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

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

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

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

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

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

3. Reproductive Health Services

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

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

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

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

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

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

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

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4. Services for Children and Adolescents

The Contractor shall provide as a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' most recent periodicity schedule "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", *Third* Edition or most recent. Children and adolescent visits shall include:

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

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

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

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

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

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

5. Sexually Transmitted Infections

Primary Care Services shall provide age appropriate screening and treatment for sexually transmitted infections.

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

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

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

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

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6. Substance Use Services

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

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

7. Immunizations

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

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

8. Prenatal Genetic Screening

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

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

9. Additional Requirements

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

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

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

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

B) Staffing Provisions

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

a) executive director

b) financial director

c) registered nurse

d) clinical coordinator

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

f) nutritionist (on site or by referral)

g) social worker

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

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

b) registered nurse

c) clinical coordinator

d) social worker

1. Qualifications

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

In addition the following minimum qualifications shall be met for:

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

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

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

c) Social Workers shall have:

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

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

d) Clinical Coordinators shall be:

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

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

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

2. New Hires

The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing within one month of hire when a new administrator, clinical coordinator or any staff person essential to carrying out contracted services is hired to work in the program. A resume of the employee shall accompany the aforesaid notification.

3. Vacancies

a) The Contractor must notify the MCHS in writing if any critical position is vacant for more than one month, or if at any time funded under this contract does not have adequate staffing to perform all required services for more than one month. This may be done through a budget revision.

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

C) Coordination of Services

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

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

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

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

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

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

D) Meetings and Trainings

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

1. MCHS Agency Directors' meetings

2. MCHS Agency Medical Directors meetings

III. Quality or Performance Improvement (QI/PI)

A) Workplans

1. Performance Workplans are required for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the RHPCS and the MCHS performance-based contracting system and of this contract. *Outcomes shall be reported by clinical site.*

2. Submit Performance Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.

3. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's Performance Workplan. Reports on Workplan Progress/Outcomes shall detail the Performance Workplan and activities that monitor and evaluate the agency's progress toward performance measure targets.

4. The Contractor shall comply with modifications and/or additions to the workplan and annual report format as requested by RHPCS and MCHS. *MCHS* will provide the contractor with reasonable notice of such changes.

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

B) Additional Reporting Requirements

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

1. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff list forms must be completed according to

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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.

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NH Department of Health and Human Services

Exhibit B

Purchase of Services
Contract Price

Primary Care Services for the Homeless

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

CONTRACTOR NAME: **Manchester Health Department**

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

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

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

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

TOTAL: $122,324

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

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

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

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

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

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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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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.*

(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

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

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

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: J.G.

Date: 5/9/12

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

(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.

Manchester Health Department **From: 7/1/12** or date of G&C Approval, whichever is later **To: 6/30/14**
Contractor Name **Period Covered by this Certification**

Theodore Gatsas, Mayor
Name and Title of Authorized Contractor Representative

Theodore Gatsas Mayor 5/9/12
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.

Theodore Gatsas — Mayor
Contractor Signature — **Contractor's Representative Title**

Manchester Health Department — 5/9/12
Contractor Name — **Date**

NH Department of Health and Human Services

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: J.G.

Date: 5/9/12

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.

Theodore Gatsas — Mayor

Contractor Signature — **Contractor's Representative Title**

Manchester Health Department — 5/9/12

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.

Theodore Gatsas — Mayor

Contractor Signature — **Contractor's Representative Title**

Manchester Health Department — 5/9/12

Contractor Name — **Date**

Budget Form

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

Bidder/Program Name: Manchester Health Department

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

Budget Period: July 1, 2012 - June 30, 2013

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Costs
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	$ 61,162.00	$ -	$ 61,162.00	
13. Other (specific details mandatory):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	**$ 61,162.00**	**$ -**	**$ 61,162.00**	

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: Manchester Health Department

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

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ -	$ -	$ -	
2. Employee Benefits	$ -	$ -	$ -	
3. Consultants	$ -	$ -	$ -	
4. Equipment:	$ -	$ -	$ -	
Rental	$ -	$ -	$ -	
Repair and Maintenance	$ -	$ -	$ -	
Purchase/Depreciation	$ -	$ -	$ -	
5. Supplies:	$ -	$ -	$ -	
Educational	$ -	$ -	$ -	
Lab	$ -	$ -	$ -	
Pharmacy	$ -	$ -	$ -	
Medical	$ -	$ -	$ -	
Office	$ -	$ -	$ -	
6. Travel	$ -	$ -	$ -	
7. Occupancy	$ -	$ -	$ -	
8. Current Expenses	$ -	$ -	$ -	
Telephone	$ -	$ -	$ -	
Postage	$ -	$ -	$ -	
Subscriptions	$ -	$ -	$ -	
Audit and Legal	$ -	$ -	$ -	
Insurance	$ -	$ -	$ -	
Board Expenses	$ -	$ -	$ -	
9. Software	$ -	$ -	$ -	
10. Marketing/Communications	$ -	$ -	$ -	
11. Staff Education and Training	$ -	$ -	$ -	
12. Subcontracts/Agreements	$ 61,162.00	$ -	$ 61,162.00	
13. Other (specific details mandatory):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	**$ 61,162.00**	**$ -**	**$ 61,162.00**	

Indirect As A Percent of Direct 0.0%

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. Yeagle
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: MC
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

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.

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.

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%

Contractor Initials: JL

Date: 5/14/15

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: 5/14/15

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: VLL
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: [illegible]
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)

	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	$ 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)

	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	$ 35,414.00	$ -	$ 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: 5/14/15

Contractor's Initials: 5/14/15

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)

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: 5/14/16

Contractor's Initials:

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)

	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	$ 35,414.00	$ -	$ 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:

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 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 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: KEI

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

Contractor Initials KMC
Date 5/14/15

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 formed May 7, 1992. 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 14th day of April, A.D. 2015

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Gerri Provost, Secretary of the Board, do hereby certify that:
(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of Manchester Community Health 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 4-7-15:
(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 14th day of May, 2015.
(Date Contract Signed)

4. Kris Wallace is the duly elected President/CEO
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

Gerri Provost
(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE

County of Hillsborough

The forgoing instrument was acknowledged before me this 14th day of May, 2015,

By Gerri Provost
(Name of Elected Officer of the Agency)

LAURIE A. GARLAND
MY COMMISSION EXPIRES FEB. 12, 2019
NOTARY PUBLIC NEW HAMPSHIRE

(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: 2/12/19

MANCCOM-01 NPOULIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/10/2014

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

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

PRODUCER License # AGR8150 Clark Insurance 80 Canal St Manchester, NH 03101	CONTACT NAME: Lorraine Michals PHONE (A/C, No, Ext): (603) 622-2855 FAX (A/C, No): (603) 622-2854 E-MAIL ADDRESS: lmichals@clarkinsurance.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Acadia — 31325
INSURED Manchester Community Health Center 141 Hollis Street Manchester, NH 03101	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	$ 2,000,000
	[ ] CLAIMS-MADE [X] OCCUR			CPA5181886-10	11/01/2014	11/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	[ ] POLICY [ ] PRO-JECT [X] LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	[ ] OTHER:						EPL	$ 100,000
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			CAA5181888-10	11/01/2014	11/01/2015	BODILY INJURY (Per person)	$
	[ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS [ ] NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			CUA5181889-10	11/01/2014	11/01/2015	EACH OCCURRENCE	$ 3,000,000
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$ 3,000,000
	[ ] DED X RETENTION $ 0							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WCA5181890-10	11/01/2014	11/01/2015	X PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (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

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

MANCCOM-01 LMICHALS

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/13/2015

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 80 Canal St Manchester, NH 03101	CONTACT NAME: Lorraine Michals PHONE (A/C, No, Ext): (603) 622-2855 FAX (A/C, No): (603) 622-2854 E-MAIL ADDRESS: info@clarkinsurance.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : AIX Specialty Insurance Co — 12833
INSURED Manchester Community Health Center 141 Hollis Street Manchester, NH 03101	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	
	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 $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (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	$
A	FTCA GAP Liability			L1V-A515491-00	02/15/2015	02/15/2016	Per Claim	1,000,000
A				L1V-A515491-00	02/15/2015	02/15/2016	Aggregate	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 for the following individuals while working on behalf of or at the direction of Manchester Community Health Center. Coverage excludes claims covered by the Federal Tort Claims Act.

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

NH Department of Health and Human Services
Office of Business Operations
Bureau of Contracts & Procurement
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

AGENCY CUSTOMER ID: MANCCOM-01 LMICHALS

LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	License # AGR8150	NAMED INSURED
Clark Insurance		Manchester Community Health Center 141 Hollis Street Manchester, NH 03101
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
Mary Cullen, DO - Retroactive date: 7/27/10
J. Gavin Muir, MD - Retroactive date: 8/17/2006
Laura R. Fry, MD - Retroactive date: 9/19/2005
William Kassler, MD - Retroactive date: 12/6/2013
Peter Kiprop, MD - Retroactive date: 8/4/2008
Elizabeth M. Keane, MD - Retroactive date: 2/27/2004
Katharine Wetherbee, DO - Retroactive date: 02/01/13
Lisa DiBrigida, MD - Retroactive Date: 10/31/2014
Emily Frydman, MD - Retroactive Date: 10/31/2014

The following provider limits are on a Shared Limit Basis:
Kristin Schmidt, PA-C - Retroactive date: 5/1/2006
Steven Gutwillig, ARNP - Retroactive date: 4/1/2005
Victoria Ziemer, CNMW - Retroactive date: 9/19/2005
Igbal Mohamed, PA-C - Retroactive date: 1/6/2009
Lauren Wrightson, PA-C - Retroactive date: 9/19/12
Gerald Astorino, Optometrist
Dorice Reitchel, CNMW - Retroactive date: 12/1/2014
Jessica Montemayor, PA-C - Retroactive date: 3/9/2015
Matthew Voss, PA-C - Retroactive date: 2/6/2015
Jill White, APRN - Retroactive date: 1/5/2015
Kristin Tierney, APRN - Retroactive date: 7/21/2014
Shannon, Dorman, APRN - Retroactive date: 11/01/2014
Claudete Ramsey, APRN - Retroactive date: 11/01/2014
Kristin Migliori, APRN - Retroactive date: 11/01/2014

MANCHESTER COMMUNITY HEALTH CENTER

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
Manchester Community Health Center
Manchester, New Hampshire

We have audited the accompanying financial statements of Manchester Community Health Center, which comprise the balance sheets as of June 30, 2014 and 2013, 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 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 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 opinions.

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, 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 is 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 Health Centers, and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards 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 October 7, 2014, on our consideration of the Association'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
October 7, 2014

MANCHESTER COMMUNITY HEALTH CENTER

BALANCE SHEETS

JUNE 30, 2014 AND 2013

ASSETS

	2014	2013
Current Assets:		
Cash and cash equivalents	$ 616,493	$ 797,377
Patient accounts receivable, net of allowance for uncollectible accounts of $375,000 and $360,000 at June 30, 2014 and 2013, respectively	871,492	529,437
Other receivables	341,980	339,015
Prepaid expenses	82,656	52,833
Total Current Assets	1,912,621	1,718,662
Assets Limited As To Use	101,136	211,197
Property and Equipment, Net	2,893,406	2,847,044
TOTAL ASSETS	$ 4,907,163	$ 4,776,903

LIABILITIES AND NET ASSETS

Current Liabilities:		
Accounts payable and accrued expenses	$ 199,943	$ 137,922
Accrued payroll and related expenses	455,296	276,074
Advances from third party payers	-	319,224
Current maturities of long-term debt	36,800	21,300
Total Current Liabilities	692,039	754,520
Long-term Debt, Less Current Maturities	1,326,917	1,372,197
Total Liabilities	2,018,956	2,126,717
Net Assets:		
Unrestricted	2,640,470	2,331,752
Temporarily restricted	247,737	318,434
Total Net Assets	2,888,207	2,650,186
TOTAL LIABILITIES AND NET ASSETS	$ 4,907,163	$ 4,776,903

(See accompanying notes to these financial statements)

MANCHESTER COMMUNITY HEALTH CENTER

STATEMENTS OF OPERATIONS

FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014	2013
Operating Revenue:		
Patient service revenue	$ 4,767,269	$ 3,855,463
Provision for bad debts	(205,317)	(173,402)
Net patient service revenue	4,561,952	3,682,061
Grants and contracts	2,928,941	2,375,428
Other operating revenue	261,743	218,772
Net assets released from restrictions for operations	290,215	199,668
Total Operating Revenue	8,042,851	6,475,929
Operating Expenses:		
Salaries and benefits	5,253,638	4,151,361
Other operating expenses	2,280,111	1,759,278
Depreciation	177,006	180,844
Interest expense	36,545	69,366
Total Operating Expenses	7,747,300	6,160,849
OPERATING INCOME	295,551	315,080
Other Revenue and Gains:		
Investment income	1	9,740
Contributions	9,079	32,820
Total Other Revenue and Gains	9,080	42,560
EXCESS OF REVENUE OVER EXPENSES	304,631	357,640
Change in Unrealized Gain on Financial Instrument	4,087	44,085
INCREASE IN UNRESTRICTED NET ASSETS	$ 308,718	$ 401,725

(See accompanying notes to these financial statements)

MANCHESTER COMMUNITY HEALTH CENTER

STATEMENTS OF CHANGES IN NET ASSETS

FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014	2013
Unrestricted Net Assets:		
Excess (deficit) of revenue over expenses	$ 304,631	$ 357,640
Change in unrealized gain on financial instrument	4,087	44,085
Increase in Unrestricted Net Assets	308,718	401,725
Temporarily Restricted Net Assets:		
Contributions	219,518	175,248
Net assets released from restrictions for operations	(290,215)	(199,668)
Decrease in Temporarily Restricted Net Assets	(70,697)	(24,420)
Change in Net Assets	238,021	377,305
Net Assets, Beginning of Year	2,650,186	2,272,881
NET ASSETS, END OF YEAR	$ 2,888,207	$ 2,650,186

(See accompanying notes to these financial statements)

MANCHESTER COMMUNITY HEALTH CENTER

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014	2013
Cash Flows From Operating Activities:		
Change in net assets	$ 238,021	$ 377,305
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities:		
Provision for bad debts	205,317	173,402
Depreciation	177,006	180,844
Change in unrealized gain on financial instrument	(4,087)	(44,085)
Restricted contributions	(219,518)	(175,248)
(Increase) decrease in the following assets:		
Patient accounts receivable	(547,372)	(459,188)
Other receivables	(2,965)	(234,906)
Pledges receivable	-	1,138
Due from third party payers	-	132,000
Prepaid expenses	(29,823)	18,640
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	62,021	41,750
Accrued payroll and related expenses	179,222	14,263
Advances from third party payers	(319,224)	319,224
Net Cash (Used) Provided by Operating Activities	(261,402)	345,139
Cash Flows From Investing Activities:		
Decrease in board designated reserves	100,000	-
Capital expenditures	(223,368)	(183,524)
Net Cash Used by Investing Activities	(123,368)	(183,524)
Cash Flows From Financing Activities:		
Restricted contributions	219,518	175,248
Decrease in donor restricted assets	10,061	(49,352)
Payments on long-term debt	(25,693)	(22,340)
Net Cash Provided by Financing Activities	203,886	103,556

MANCHESTER COMMUNITY HEALTH CENTER

STATEMENTS OF CASH FLOWS (CONTINUED)

FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014	2013
Net (Decrease) Increase in Cash and Cash Equivalents	(180,884)	265,171
Cash and Cash Equivalents, Beginning of Year	797,377	532,206
CASH AND CASH EQUIVALENTS, END OF YEAR	$ 616,493	$ 797,377
Supplemental Disclosures of Cash Flow Information:		
Cash paid for interest	$ 36,545	$ 69,366

(See accompanying notes to these financial statements)

MANCHESTER COMMUNITY HEALTH CENTER

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2014 AND 2013

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

Manchester Community Health Center, "the Health Center," is a non-stock, not-for-profit corporation organized in New Hampshire. The Health Center is a Federally Qualified Health Center (FQHC) providing high-quality, comprehensive family oriented primary health-care services, which meet the needs of a diverse community regardless of age, ethnicity or income.

Income Taxes

The Health Center is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Health 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 Health Center's tax positions and concluded that the Health Center has no unrelated business income or uncertain tax positions that require adjustment to the financial statements. Management believes the Health Center is no longer subject to income tax examinations for years prior to 2011.

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 certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

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. Short-term highly liquid investments with an original maturity of more than three months are classified as temporary investments.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Accounts Receivable

Accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of accounts receivable, the Health Center uses a set percentage. Management evaluates the percentage of collections using a rolling twelve month average on a monthly basis. The Health Center has not changed its methodology for estimating the allowance for doubtful accounts.

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

	2014	2013
Balance, beginning of year	$ 360,000	$ 360,000
Provision for bad debts	205,317	173,402
Write-offs	(190,317)	(173,402)
Balance, end of year	$ 375,000	$ 360,000

Assets Limited as to Use

Assets limited as to use include assets designated by the board of directors and donor restricted grants and contributions.

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 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 contributions and grants for capital acquisitions are released from restriction over the life of the related asset acquired in accordance with the reporting of related asset's depreciation expense. Restricted contributions and grants released are reported as unrestricted revenue and support.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Temporarily and Permanently Restricted Net Assets (Continued)

Permanently restricted net assets are restricted by donors to be maintained by the Health Center in perpetuity. The Health Center has no permanently restricted net assets at June 30, 2014 and 2013.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Health Center are reported at fair market value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported as 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 as unrestricted net assets released from restriction. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements.

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 Health Center is reimbursed at a tentative encounter rate with final settlement determined after submission of annual cost reports by the Health Center and audits thereof by the Medicare administrative contractor. The Health Center's Medicare cost reports have been retroactively settled by the Medicare administrative contractor through June 30, 2012.

- Other payers -- The Health Center 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 Health Center under these agreements includes prospectively determined rates per visit, and discounts from established charges.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Patient Service Revenue (Continued)

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 Health 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 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 patient service revenues by approximately $4,848 and $41,423 for the years ended June 30, 2014 and 2013, respectively.

The Health Center, 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 Health Center contracts with local pharmacies under this program. The local pharmacies dispense drugs to eligible patients of the Health Center and bill Medicare and commercial insurances on behalf of the Health Center. Reimbursement received by the pharmacies is remitted to the Health Center, less dispensing and administrative fees. Gross revenue generated from the program is included in patient service revenue. Contracted expenses incurred related to the program are included in other operating expenses.

Excess of Revenue Over Expenses

The statement of operations includes 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 unrealized gains and losses on investments other than trading securities, 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).

NOTE 2 ASSETS LIMITED AS TO USE

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

	2014	2013
Board designated:		
Working capital (Federal 330 monies)	$ -	$ 150,000
Future capital	50,000	-
Donor restricted:		
Temporarily	51,136	61,197
Total	$ 101,136	$ 211,197

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

NOTE 3 PROPERTY AND EQUIPMENT

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

	2014	2013
Land	$ 81,000	$ 81,000
Building and leasehold improvements	2,756,571	2,707,810
Medical equipment	205,201	185,668
Furniture and equipment	1,016,001	860,928
Total cost	4,058,773	3,835,406
Less accumulated depreciation	1,165,367	988,362
Property and Equipment, Net	$ 2,893,406	$ 2,847,044

NOTE 4 LINE OF CREDIT

The Health Center has a $300,000 line of credit demand note with a local banking institution, which renews annually in December. The line of credit is secured by all assets and a second mortgage on the Health Center's real property. The interest rate on the line is set at the British Bankers' Association LIBOR plus 4% (4.154% at June 30, 2014). There was no outstanding balance at June 30, 2014 and 2013, respectively.

NOTE 5 NOTES PAYABLE

Long-term debt consisted of the following at June 30, 2014 and 2013:

	2014	2013
Note payable, with a bank (see terms below)	$ 1,363,717	$ 1,393,497
Less current maturities	36,800	21,300
Total Long-term Debt	$ 1,326,917	$ 1,372,197

On July 22, 2008, the Health Center obtained a $1,500,000 promissory note with RBS Citizens, N. A. for the purchase of the medical and office facility in Manchester, New Hampshire. The note is secured by the real estate. The note was a five-year balloon note due July 22, 2014 to be paid at the amortization rate of 30 years. The Health Center refinanced the note on December 6, 2013. The refinanced note is a five-year balloon note due 12/1/2018 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 Health Center's achievement of two operating performance milestones (3.2542% at June 30, 2014).

New Hampshire Health and Educational Facilities Authority (NH HEFA) is participating in the lending for thirty percent of the refinanced promissory note, amounting to $414,534. Under the NH HEFA program, the interest rate on that portion is approximately 30% of the interest rate charged by RBS Citizens, N. A.

The Health Center is required to meet an annual minimum working capital and debt service coverage ratio as defined in the loan agreement with RBS Citizens, N. A. In the event of default, RBS Citizens, N. A. has the option to terminate the agreement and immediately request payment of the outstanding debt without notice of any kind to the Health Center. The covenants were met at June 30, 2014.

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

Year Ending June 30,	Long-Term Debt
2015	$ 36,800
2016	37,382
2017	38,652
2018	39,965
2019	1,210,918
Total	$ 1,363,717

NOTE 6 TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consisted of the following at June 30, 2014 and 2013:

	2014	2013
United Way-Last Resort Manchester Community Medical Fund	$ 1,005	$ 2,207
Merger costs	14,045	-
Behavioral health	583	-
Center for Excellence for Culturally Effective Care	31,274	-
Medicare FQHC APCP Demonstration Project	4,230	3,990
New access point	-	55,000
Capital improvements (expended)	196,600	257,236
Total	$ 247,737	$ 318,433

NOTE 7 PATIENT SERVICE REVENUE

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

	2014	2013
Medicare	$ 479,894	$ 419,236
Medicaid	3,170,576	2,569,299
Patient and patient health insurance	1,003,522	866,928
Medical patient service revenue	4,653,992	3,855,463
340B pharmacy revenue	113,277	-
Total Patient Service Revenue	$ 4,767,269	$ 3,855,463

The Health 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 Health Center does not pursue collection of amounts determined to qualify as charity care, the revenue is recorded net of the free care allowance. The Health Center 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 Health Center's charity care policy amounted to $1,721,704 and $1,459,027 for the years ended June 30, 2014 and 2013, respectively.

The Health Center 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.

NOTE 8 FUNCTIONAL EXPENSES

The Health Center 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	$ 6,644,962	$ 5,198,285
Administrative and general	1,102,338	962,564
Total	$ 7,747,300	$ 6,160,849

NOTE 9 RETIREMENT PLAN

The Health Center sponsors a defined contribution plan under Section 403(b) of the Internal Revenue Code. Contributions to the plan amounted to $124,789 and $107,301 for the years ended June 30, 2014 and 2013, respectively.

NOTE 10 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 for the Health Center at the year ended June 30, 2014, that have initial or remaining lease terms in excess of one year.

Year Ending June 30,	Minimum Lease Payments
2015	$ 127,321
2016	111,812
2017	74,299
2018	70,604
2019	72,016
Thereafter	362,094
Total	$ 818,146

Rental expense amounted to $99,880 and $41,591 for the years ended June 30, 2014 and 2013, respectively.

NOTE 11 MALPRACTICE INSURANCE

The Health Center is protected from medical malpractice risk as a FQHC under the Federal Tort Claims Act (FTCA). The Health Center 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 gap insurance coverage nor are there any unasserted claims or incidents which require loss accrual. The Health Center intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

NOTE 12 CONCENTRATION OF RISK

The Health Center 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.

The Health Center grants credit without collateral to its patients, most of who are local residents and are insured under third-party payer agreements. At June 30, 2014, Medicaid and Medicare represented 53% and 11% of gross accounts receivable, respectively. No other individual payer source exceeded 10% of the gross accounts receivable balance.

NOTE 13 PRIOR YEAR COMPARATIVE AMOUNTS

Certain prior year comparative amounts have been reclassified to be consistent with current year presentations. Certain other prior year amounts have been reclassified for the correction of an error. The impact of the reclassification was to reduce the excess of revenue over expenses and net assets by $45,198.

NOTE 14 SUBSEQUENT EVENTS

On May 20, 2014 the Health Center entered into an asset transfer agreement with Child Health Services, "CHS", a New Hampshire not-for-profit corporation, in which the Health Center would acquire substantially all of CHS's assets and liabilities, excluding CHS's endowment funds. It is anticipated the acquisition will be completed during fiscal year 2015.

For financial reporting purposes, subsequent events have been evaluated by management through October 7, 2014, which is the date the financial statements were available to be issued.

MANCHESTER COMMUNITY HEALTH CENTER

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		$ 1,666,348
Pass-through programs from:			
State of New Hampshire Department of Health and Human Services			
Project LAUNCH	93.243	157274-B001/90002996	355,628
Primary Care	93.994	102-500731/90080000	23,900
Breast and Cervical Cancer Prevention	93.283	102-500731/90080081	47,036
Bi-State Primary Care Association			
Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges	93.750		24,843
Total U.S. Department of Health and Human Services			2,117,755
U.S. Department of Housing and Urban Development			
Pass-through programs from:			
City of Manchester, NH			
Community Development Block Grant	14.218	213613-H	12,250
Total Expenditures of Federal Awards			$ 2,130,005

The accompanying notes are an integral part of this schedule.

MANCHESTER COMMUNITY HEALTH CENTER

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 Manchester Community Health Center, "the Health Center", 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 Health Center, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Health Center.

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.

NOTE 3 SUBRECIPIENTS

Of the federal expenditures presented in the schedule, the Health Center provided federal awards to subrecipients as follows:

Program Title	CFDA Number	Amount Provided to Subrecipients
Project LAUNCH	93.243	$ 113,915

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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
Manchester Community Health Center
Manchester, 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 Manchester Community Health Center, which comprise the balance sheets as of June 30, 2014 , 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, and have issued our report thereon dated October 7, 2014.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Health Center'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 Health Center's internal control. Accordingly, we do not express an opinion on the effectiveness of the Health Center'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 Health Center'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
October 7, 2014

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

Board of Directors
Manchester Community Health Center
Manchester, New Hampshire

Report on Compliance for Each Major Federal Program

We have audited Manchester Community Health Center'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 Health Center's major federal programs for the year ended June 30, 2014. The Health Center'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 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 Health Center'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 Health Center'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 Health Center's compliance.

Opinion on Each Major Federal Program

In our opinion, the Health Center 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 Health Center'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 Health Center'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
October 7, 2014

MANCHESTER COMMUNITY HEALTH CENTER

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

FOR THE YEAR ENDED JUNE 30, 2014

Section I - Summary of Auditor's 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
Project LAUNCH	93.243

D. Dollar threshold used to distinguish between Type A and Type B programs	$300,000
E. Auditee qualified as low-risk auditee?	Yes

MANCHESTER COMMUNITY HEALTH CENTER

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.

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

A. Financial Statements

2013-1 Accounts Receivable and Revenue Recognition

Condition:

Accounts receivable and revenue were not recorded in the appropriate accounting period.

Recommendations:

We recommend management evaluate the differences between date of entry and date of service and potential reporting and posting challenges presented by either method. Once evaluated, we recommend management develop internal control procedures to ensure charges and related adjustments are reported in the appropriate period.

Current Status:

Management evaluated the differences between the two reporting mechanisms and adopted the report that best ensured revenue was posted to the appropriate period and developed internal control procedures to also ensure charges and any related adjustments are reported in the appropriate period.

Section III – Prior Findings and Questioned Costs for the Year Ended June 30, 2013 (Continued)

B. Federal Awards

2013-1 Accounts Receivable and Revenue Recognition

Same as financial statement findings reported above.

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

Board of Directors

Manchester Community Health Center

KATHLEEN DAVIDSON	Marketing & Dev	Director	11/4/2014	November, 2017	11/04/23
BARBARA LABONTE	Finance (CHAIR)	Treasurer	6/25/2014	June, 2017	06/25/23
	Executive				
DOMINIQUE A. RUST	Executive (CHAIR)	President	4/6/2010	April, 2016	04/06/19
	Finance				
DAVID CUZZI	Strategic Planning (CHAIR)	Vice President	2/7/2012	February, 2018	02/07/21
	Executive				
GERMANO MARTINS	Strategic Planning	Director	2/2/2010	February, 2016	02/02/19
TONI PAPPAS	Marketing & Dev (CHAIR)	Director	2/2/2010	February, 2016	02/02/19
GERRI PROVOST	Finance	Secretary	11/4/2008	Term ends 11/4/17	11/04/17
	Executive				
ANDRU VOLINSKY	Strategic Planning	Director	7/23/2013	July, 2016	07/23/21
MUKHTAR IDHOW		Director	4/6/2010	April, 2016	04/06/19
MYRA NIXON	Personnel (CHAIR)	Director	9/1/2008	Term ends 9/17	09/01/17
DON WALEGA	Quality Improvement	Director	1/3/2012	January, 2018	01/03/21
IDOWU EDOKPOLO		Director	11/19/2013	November, 2016	11/19/21
TULASI POKHREL	Personnel	Director	11/19/2013	November, 2016	11/19/21

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. ITI 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

Michele M. Croteau

Certified Management Accountant

Experience

Financial Management in a Multi-Corporate, Multi-State, Multi-Location Environment
Not for Profit & Fund Accounting
Risk Management
Cash Flow Management
Short Term Investing
Financing Negotiations & Lease Purchasing
Bond Financing, BANs, QSCB, BABs
Budget / Project Planning & Management
Mergers
RFP & Bid Development
Medicare / CORF Cost Reports
Collective Bargaining
Board Level Presentations
GASB 34 & 45 Implementation
Audit Management
Design of Internal Controls
Single Audit Act Requirements
DOL Requirements
Grant Management /Federal Contracts
Direct Supervision of Various Departments:
Accounts Payable, Accounting, Payroll
Accounts Receivable, Purchasing
Transportation, Food Service,
Facility Management, Human Resources
TV, Radio, and Public Presentations
Capital Campaign Reporting
Cost Analysis
Software Research, Selection & Implementation
Process Walk Through & Design
Team Management
Team Facilitation
990 & 990t Preparation
State Charitable Trust Reports
Fixed Assets Management
Insurance Negotiations
Worker's & Unemployment Comp.
Conference Speaker

Software

Excel Spread Sheets / Graphs / Pivot Tables
Approach Database Word
Google Mail & Google Docs
Unifund / Pentamation / MUNIS
Outlook / Organizer / First Class
Crystal Report Writer
Power Point
Solomon & FRX Drilldown
Quickbooks & Quicken

Major Accomplishments – Concord School District (SAU#8)

Coordinated search, selection and implementation process for new financial / human resources software
Established a new chart of accounts to better meet District needs and comply with GAAP and State Handbook II guidelines
Introduced internal controls which successfully reduced the Management Letter comments by 100% from 38 to -0-
Obtained approval of $3.68m in Qualified School Construction Bond funding - savings of approx. $1m in interest
Created detailed financial model for costing all components of proposals during collective bargaining negotiations
Established a standardized procedure manual for use district-wide in the management of Student Activity Accounts
Established monthly process to export financial expenditure data for ease of analysis using Excel Pivot Tables
Refined budget process and created materials for Board presentation and public hearings
Positioned District to be able to bond $62.5m for a facility project independently; Secured Moody's rating of Aa2 in 2010
Issued $55m in bonds including Build America Bonds; Affirmed Aa2 Moody's rating; Secured first Standard & Poor's rating of AA-
Saved $8.5m in interest expense on $55m bond issue through interest rebates

Major Accomplishments – SAU #19

Implementation of Annual Benefit Fairs
Negotiation of District Wide Copier Upgrade Plan
Staff Retention and Development
Implementation of Internal Controls
Financial Tracking / Reporting of Building Projects
Search and Selection of Finance/HR Software
District Savings Through:
* Resolution of Outstanding IRS Issues upon hire
* Implementation of Health Insurance Reconciliation
* Implementation of COBRA Tracking Process
* Bond Refunding resulting in $340k+ in savings
* Implementation of GASB 34 In-house / No Consultant Fees
* Negotiation of a 3-Year Rate Guarantee for Life & LTD Coverage
* Renegotiated a 66-Month Fixed Fee Copier Contract Resulting in $26K in Savings Over Prior Contract
* Improved Goffstown School District's Bond Rating from A3 in 1998 to A2 in 2001

Major Accomplishments – Easter Seal Society

Active in Financial Turnaround of Not-for-Profit Organization
Assisted in Merger of $5 Million NY Organization
Implemented Weekly Financial Information
Roll out of Drilldown Process & Networked Financial Information
Successful IRS Audits – No Adjustments
Conversion to Client / Server / Financial Software
Successful Financial & A-133 Audits
430% increase in Short Term Cash
Recipient of Awards for Outstanding Service

Michele M. Croteau

Certified Management Accountant

Relevant Work History

June 2012 – Present ***Manchester Community Health Center(MCHC) Manchester, NH***

Chief Financial Officer – MCHC is a not-for-profit Federally Qualified Healthcare Center with 2 locations providing comprehensive primary care services with a focus on ensuring access to healthcare for the uninsured and underserved in the Greater Manchester Area. With an annual budget of $7m, MCHC provides family practice, pediatrics, obstetrics, podiatry, optometry, behavioral health, nutrition and health education, interpretation, transportation, and 403(b) pharmacy services for 8,800 active patients with 35,000 encounters and 220 deliveries annually. The CFO is responsible for all aspects of financial operations including leading, planning, organizing and overseeing financial operations. The CFO is a key member of the Senior Management team, serves as the MCHC representative to various external organizations, services on the Finance Committee (FC) of the Board of Directors and is responsible for financial reporting to the FC and the Board. The CFO is responsible for the recommendation of fiscal policy as well as the interpretation and application of fiscal policy as established by the Board of Directors.

December 2005 – June 2012 Concord School District SAU #8 Concord, NH

Business Administrator / Treasurer – The Concord School District is the 4th largest district in the State with approximately 4,900 students throughout 5 active elementary schools, 1 middle school and 1 high school, 1,000 staff, an operating budget of $70m plus $66.8m in construction budgets. This position supervises an office of 7 and is responsible for all financial operations, including but not limited to the processing of payroll, accounts payable, cash receipts, purchasing, budget development and tracking, financial reporting, internal controls, bid management, bond issuance and alternative financing arrangements, grant management, audit preparation, participation in risk management and insurance negotiations, and State reports. Additionally, this role functions as a member of the Executive Team, is responsible for supervision of the Food Service and Transportation departments, and is on the negotiating team for the Concord Education Association collective bargaining agreement.

October 1998 – December 2005 School Administrative Unit # 19 Goffstown, NH

Business Manager - The SAU served the school districts of Dunbarton, Goffstown, and New Boston including 6 schools, approximately 3,800 students and 500 staff. This position supervised an office of 5 and was responsible for all financial operations, including but not limited to the processing of 4 payrolls, accounts payable, cash receipts, purchasing, budget development and tracking, financial reporting, internal controls, bid management, bond issuance, grant management, audit preparation, review and negotiation of contractual documents, risk management and insurance negotiations. food service operations, State reports, and development of the annual district meeting warrants. Dunbarton's budget was approved via traditional Town Meeting, New Boston's was SB-2 non-Municipal Budget Act (no Budget Committee; Finance Committee advisory only), Goffstown was SB-2 Municipal Budget Act (Budget Committee approved budget for public vote) and the SAU's budget was approved via the SAU Board.

July 1986 – September 1998 Easter Seal Society of NH, Inc. Manchester, NH

July 1988 – September 1998 Controller (for Parent & Subsidiaries)

Corporate headquarters for a $29 million tri-state, multi-corporate not-for-profit organization employing approximately 1000 staff. Supervised departments including 13 staff responsible for 4 payrolls, purchasing, accounts payable, cash receipts, internal and external audits, grant reporting and management, budget development, financial statement preparation, general ledger chart of accounts structure, and new reports development. Provided cash management, investing of short term funds, negotiating and securing loans, cost analysis, and cost projections. Served as an authorized signer on all accounts.

Sept. 1992 – Sept. 1994 Controller & Information Systems Supervisor (including network management)

July 1986 – July 1988 Assistant Controller (Promoted)

1979 – 1986 Employment in accounting (Easter Seal Society) and computer programming.

Education

New Hampshire College	Bachelor in Management Advisory Services (Dual Degree – Accounting & Computer Science)
Certifications:	Certified Management Accountant, IMA; Certified Netware Administrator version 3.11, Novel
Credentials:	Business Administrator - Alternative IV Statement of Eligibility

Associations

NH ASBO – Immediate Past President (2007, 2008), President (2006), Vice President (2005), Executive Committee (2003, 2004)

Institute of Management Accountants IMA – Controllers Council (Past Member)

ASBO International NH School Administrators Association

Other

Presenter: Budgeting – NH ASBO (2005); Budgeting – Tri-State ASBO (2005); RFP's – NH SAA (2005 Best Practices)
Competitive Bidding for Utilities - NH SAA (Best Practices)
Various presentations for aspiring school administrators – NH SAA

Board Member: NHTI Advisory Board (active; appointed summer 2010)
Founding Member of the John Stark General's Football Association; Treasurer (term expired)

Contractor Name: Manchester Community Health Center

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Kris McCracken	Chief Executive Officer/ President	$153,005	0%	$0
Michele Croteau	Chief Financial Officer	$113,298	0%	$0
Gavin Muir	Chief Medical Officer	$206,565	0%	$0
Diane Trowbridge	Chief Operating Officer	$104,998	0%	$0

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 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	Lin 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: 4/2/14

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

Manchester Community Health Center

3/12/14
Date

Name: Karen Mackinnon
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: 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 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: 3/17/14

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 <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.

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: 12/12/14

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%

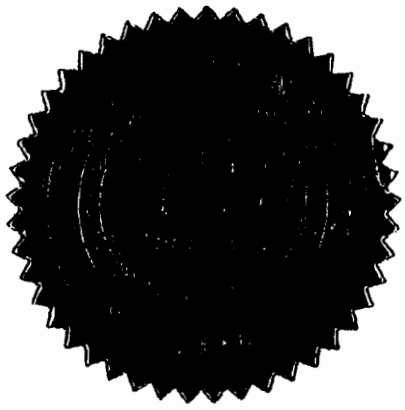
Contractor Initials: MM

Date: 3/12/14

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MANCHESTER COMMUNITY HEALTH CENTER is a New Hampshire nonprofit corporation formed May 7, 1992. 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 20th day of May A.D. 2013

William M. Gardner
Secretary of State

WITHOUT SEAL

CERTIFICATE OF VOTE

I, Anthony J. Chismark, of Manchester Community Health Center, do hereby certify that:

1. I am the duly elected Board President of Manchester Community Health Center;

2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation, duly held on March 4, 2014;

   RESOLVED: That this corporation enters into contracts with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Public Health Services.

   RESOLVED: That the President / CEO is hereby authorized on behalf of this corporation to enter into said contracts with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate. Kris McCracken is the duly elected President / CEO of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of March 12, 2014.

IN WITNESS WHEREOF, I have hereunto set my hand as the Board President of the corporation this 12th day of March, 2014.

Board President

STATE OF New Hampshire

COUNTY OF Hillsborough

The foregoing instrument was acknowledged before me this 12 day of March, 2014 by Anthony Chismark.

Notary Public/Justice of the Peace
My Commission Expires:

AMANDA BRUNO
Notary Public - New Hampshire
My Commission Expires June 20, 2017

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 7/3 _____
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 Edward G. George		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

Cecilia M. Sherry Notary Public Commission expires 05-12-2016 NEW HAMPSHIRE [Seal]

1.13.2 Name and Title of Notary or Justice of the Peace

Cecilia M. Sherry

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 S. 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.

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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.

Contractor Initials: [signature]
Date: 4/3/17

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]
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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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Date: 4/3/12

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

Contractor Initials: _____
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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.

Contractor Initials: [signature]
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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]
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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: **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.

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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.

The remainder of this page is intentionally left blank.

Contractor Initials:

Date: 4/20/17

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: [signature]

Date: 4/3/17

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: 4/23/12

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: 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: 4/3/18

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: [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. Gyles	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: 

Date 

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**

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 Services-PC
(Name of RFP)

Budget Period: July 1, 2012 - June 30, 2013

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 219,002.00	$ -	$ 219,002.00	
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	$ 20,000.00	$ -	$ 20,000.00	
13. Other (specific details mandatory):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 239,002.00	$ -	$ 239,002.00	

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: Manchester Community Health Center

Budget Request for: Primary Care Services-PC
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 219,002.00	$ -	$ 219,002.00	
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	$ 20,000.00	$ -	$ 20,000.00	
13. Other (specific details mandatory):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 239,002.00	$ -	$ 239,002.00	

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: Manchester Community Health Center

Budget Request for: Breast and Cervical Cancer Program
(Name of RFP)

Budget Period: July 1, 2012 - June 30, 2013

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 30,722.00	$ -	$ 30,722.00	
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	$ 16,474.00	$ -	$ 16,474.00	
13. Other (specific details mandatory):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 47,196.00	$ -	$ 47,196.00	

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: MANCHESTER COMMUNITY HEALTH CENTER

Budget Request for: Breast and Cervical Cancer Program
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 30,722.00	$ -	$ 30,722.00	
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	$ 16,474.00	$ -	$ 16,474.00	
13. Other (specific details mandatory):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 47,196.00	$ -	$ 47,196.00	

Indirect As A Percent of Direct 0.0%

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

Jean Monroe
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. Yarde
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 $\leq$ 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:

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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
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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. 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: SB
Date: 5-26-15

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: SB
Date: 5-26-15

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: SB
Date: 5-21-15

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: Mid-State Health Center

Budget Request for: Primary Care MCH-RHPC

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	$ 479,000.76	$ -	$ 479,000.76	$ 347,926.36	$ -	$ 347,926.36	$ 131,074.40	$ -	$ 131,074.40
2. Employee Benefits	$ 119,750.19	$ -	$ 119,750.19	$ 86,981.59	$ -	$ 86,981.59	$ 32,768.60	$ -	$ 32,768.60
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	$ 598,750.95	$ -	$ 598,750.95	$ 434,907.95	$ -	$ 434,907.95	$ 163,843.00	$ -	$ 163,843.00
Indirect As A Percent of Direct		0.0%							

Date: 5-26-15

Contractor's Initials: SB

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)

	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	$ -	$ -	$ -	$ 158.13	$ -	$ 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	$ 3,663,933.95	$ -	$ 3,663,933.95	$ 78,625.00	$ -	$ 78,625.00
Indirect As A Percent of Direct		0.0%							

Contractor Initials: JS

Date: 5-26-15

EXHIBIT B-3 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: Mid-State 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		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 493,370.78	$ -	$ 493,370.78	$ 362,296.38	$ -	$ 362,296.38	$ 131,074.40	$ -	$ 131,074.40
2. Employee Benefits	$ 123,342.70	$ -	$ 123,342.70	$ 90,574.10	$ -	$ 90,574.10	$ 32,768.60	$ -	$ 32,768.60
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	$ 616,713.48	$ -	$ 616,713.48	$ 452,870.48	$ -	$ 452,870.48	$ 163,843.00	$ -	$ 163,843.00

Indirect As A Percent of Direct 0.0%

Date: 5-26-15

Contractor's Initials: SB

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: [signature]

Date: 5-26-15

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:

5-26-15
Date

Sharon Beaty
Name: Sharon Beaty
Title: CEO, Mid-State Health Center

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 formed January 9, 1998. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.

In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 7th day of April, A.D. 2015

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

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

1. I am a duly elected Officer of Mid-State Health 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 04/23/13:
(Date)

RESOLVED: That the Chief Executive Officer
(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 26th day of May, 2015.
(Date Contract Signed)

4. Sharon Beaty is the duly elected Chief Executive Officer
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

Ann Blair
(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE

County of Grafton

The forgoing instrument was acknowledged before me this 26th day of May, 2015,

By Ann Blair.
(Name of Elected Officer of the Agency)

Jean Monroe
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: April 9, 2019

Client#: 5846 MIDSTATE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/02/2015

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 William Gallagher Associates 470 Atlantic Avenue Boston, MA 02210	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : National Fire & Marine Insuranc	20079
INSURED Mid-State Health Center 101 Boulder Point Drive Suite 1 Plymouth, NH 03264	INSURER B : New Hampshire Employers Insuran	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			HN004919	10/01/2014	10/01/2015	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$3,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC							$
	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 $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			ECC60040000792014A	10/01/2014	10/01/2015	[X] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [N]	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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

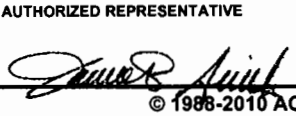
CERTIFICATE HOLDER

Evidence of Insurance

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



MCD

Client#: 5846 MIDSTATE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/04/2015

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 William Gallagher Associates 470 Atlantic Avenue Boston, MA 02210	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED Mid-State Health Center 101 Boulder Point Drive Suite 1 Plymouth, NH 03264	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : National Fire & Marine Insuranc 20079 INSURER B : New Hampshire Employers Insuran INSURER C : INSURER D : INSURER E : INSURER F :

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			HN004919	10/01/2014	10/01/2015	EACH OCCURRENCE	$1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$3,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC							$
	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 $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			ECC60040000792014A	10/01/2014	10/01/2015	[X] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N]	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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

DHHS
Contracts & 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

MCD

MIDSTATE

ACORD™ INSURANCE BINDER

DATE 10/03/14

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER		COMPANY	BINDER #
PHONE (A/C, No, Ext):		Federal Insurance Company	35942595
FAX (A/C, No):			
William Gallagher Associates 470 Atlantic Avenue Boston, MA 02210		EFFECTIVE DATE: 10/01/14 TIME: 12:01 X AM / PM	EXPIRATION DATE: 10/01/15 TIME: X 12:01 AM / NOON
CODE:	SUB CODE:	☐ THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
AGENCY CUSTOMER ID: 5846		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)	
INSURED: Mid-State Health Center 101 Boulder Point Drive Suite 1 Plymouth, NH 03264		Commercial Property Renewal Premium: $3,875	

COVERAGES

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	LIMITS AMOUNT
PROPERTY — CAUSES OF LOSS: ☐ BASIC ☐ BROAD ☒ SPEC	Blanket Business Personal Property	10,000		$8,008,169
	Business Income w/Extra Expense	24 Hours		$2,511,250
GENERAL LIABILITY		EACH OCCURRENCE		$
☐ COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREMISES		$
☐ CLAIMS MADE ☐ OCCUR		MED EXP (Any one person)		$
		PERSONAL & ADV INJURY		$
		GENERAL AGGREGATE		$
	RETRO DATE FOR CLAIMS MADE:	PRODUCTS - COMP/OP AGG		$
AUTOMOBILE LIABILITY		COMBINED SINGLE LIMIT		$
☐ ANY AUTO		BODILY INJURY (Per person)		$
☐ ALL OWNED AUTOS		BODILY INJURY (Per accident)		$
☐ SCHEDULED AUTOS		PROPERTY DAMAGE		$
☐ HIRED AUTOS		MEDICAL PAYMENTS		$
☐ NON-OWNED AUTOS		PERSONAL INJURY PROT		$
		UNINSURED MOTORIST		$
				$
AUTO PHYSICAL DAMAGE — DEDUCTIBLE	☐ ALL VEHICLES ☐ SCHEDULED VEHICLES	☐ ACTUAL CASH VALUE		
☐ COLLISION:		☐ STATED AMOUNT		$
☐ OTHER THAN COL:		☐ OTHER		
GARAGE LIABILITY		AUTO ONLY - EA ACCIDENT		$
☐ ANY AUTO		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT		$
		AGGREGATE		$
EXCESS LIABILITY		EACH OCCURRENCE		$
☐ UMBRELLA FORM		AGGREGATE		$
☐ OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	SELF-INSURED RETENTION		$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		☐ WC STATUTORY LIMITS		
		E.L. EACH ACCIDENT		$
		E.L. DISEASE - EA EMPLOYEE		$
		E.L. DISEASE - POLICY LIMIT		$
SPECIAL CONDITIONS/ OTHER COVERAGES (See attached Spec Conditions/Other Covs page.)		FEES		$
		TAXES		$
		ESTIMATED TOTAL PREMIUM		$

NAME & ADDRESS

	☐ MORTGAGEE ☐ ADDITIONAL INSURED ☐ LOSS PAYEE
	LOAN #
	AUTHORIZED REPRESENTATIVE

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars ($1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than $1,000,000.00 when proof is required: (A) Shall be fined not more than $500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

SPECIAL CONDITIONS/OTHER COVERAGES (Cont. from page 1)

SCHEDULED LOCATIONS

101 Boulder Point Drive, Plymouth, NH
100 Robie Road, Bristol, NH

MID-STATE HEALTH CENTER

Where your care comes together.

Family, Internal and Pediatric Medicine • Behavioral Health • Dental Care

midstatehealth.org

Mission Statement

Mid-State Health Center provides sound primary medical 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 health care.
- MSHC develops 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.
- 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

- Holds employees and clinicians to high ethical and professional standards
- Commits to creating a healthier community
- Provides high-quality medical care
- Respects the privacy of the provider-patient relationship
- Supports continuing education at all levels of the organization
- 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 MSHC

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MID-STATE HEALTH CENTER
AND SUBSIDIARY

Consolidated Financial Statements

As of and for the Years Ended
June 30, 2014 and 2013

Supplemental Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2014

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, 2014 and 2013

TYLER, SIMMS & ST. SAUVEUR, 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, 2014 and 2013, 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, 2014 and 2013, 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 supplemental Schedule of Expenditures of Federal Awards on pages 21-30 is presented for purposes of additional analysis as required by the U.S. Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations and is not a required part of the financial statements. The consolidating information is also presented on pages 31-36 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 November 13, 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 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. Saveur, CPAs, P.C.

Lebanon, New Hampshire
November 13, 2014

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statements of Financial Position

As of June 30, 2014 and 2013

	2014	2013
Assets		
Current assets		
Cash and cash equivalents	$ 1,027,767	$ 771,305
Patient accounts receivable, net	564,515	389,029
Estimated third-party settlements	50,000	35,000
Grants and state contracts receivable	972,793	391,025
Prepaid expenses and other receivable	375,600	209,052
Total current assets	2,990,675	1,795,411
Property and equipment, net	6,591,105	4,470,183
Other assets		
Deferred financing costs	60,465	1,931
Other assets	1,835	2,751
Total other assets	62,300	4,682
Total assets	$ 9,644,080	$ 6,270,276
Liabilities		
Current liabilities		
Line of credit - SMH (Note 12)	$ 75,000	$ 75,000
Accounts payable	393,737	312,129
Construction payable	221,468	34,955
Accrued expenses and other current liabilities	89,424	86,885
Accrued payroll and related expenses	132,025	179,785
Accrued earned time	261,041	256,704
Current portion of long-term debt	120,827	113,926
Current portion of capital lease obligations	7,581	6,628
Deferred grants and state contract revenue	768,760	322,871
Total current liabilities	2,069,863	1,388,883
Long-term debt, less current portion	5,046,856	3,568,108
Capital lease obligations, less current portion	2,133	9,761
Total liabilities	7,118,852	4,966,752
Commitments and contingencies (See Notes)		
Net assets		
Unrestricted	1,714,723	519,915
Temporarily restricted	810,505	783,609
Total net assets	2,525,228	1,303,524
Total liabilities and net assets	$ 9,644,080	$ 6,270,276

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, 2014 and 2013

	2014	2013
Changes in unrestricted net assets		
Unrestricted revenue, gains and other support		
Patient service revenue (net of contractual allowances and discounts)	$ 5,300,033	$ 5,414,241
Provision for bad debts	348,130	367,681
Net patient service revenue	4,951,903	5,046,560
Community Benefit Grant	228,000	228,000
Other grant and state contract revenue	1,136,271	387,597
Contributions	499,298	16,164
Other operating revenue	1,349,093	930,556
Total unrestricted revenue, gains and other support	8,164,565	6,608,877
Expenses		
Salaries and wages	4,129,562	3,952,349
Employee benefits	832,921	845,074
Insurance	103,535	98,084
Professional fees	447,205	311,437
Supplies and expenses	1,145,679	1,003,119
Depreciation and amortization	171,778	183,861
Interest expense	160,823	219,366
Total expenses	6,991,503	6,613,290
Increase (decrease) in net assets from operating activities	1,173,062	(4,413)
Non-operating gains (losses)		
Gain (loss) on disposal of fixed assets	(1,358)	959
Net assets released from restrictions used for property and equipment	23,104	23,104
Total non-operating gains (losses)	21,746	24,063
Increase in unrestricted net assets	1,194,808	19,650
Changes in temporarily restricted net assets		
Contributions	50,000	-
Net assets released from restrictions	(23,104)	(23,104)
Increase (decrease) in temporarily restricted net assets	26,896	(23,104)
Change in net assets	1,221,704	(3,454)
Net assets, beginning of year	1,303,524	1,306,978
Net assets, end of year	$ 2,525,228	$ 1,303,524

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, 2014 and 2013

	2014	2013
Cash flows from operating activities		
Change in net assets	$ 1,221,704	$ (3,454)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	171,778	183,861
Amortization reflected as interest	10,985	21,663
Provision for bad debts	348,130	367,681
(Gain) loss on disposal of fixed assets	1,358	(959)
In-kind contributions	(482,417)	-
Contributions restricted for long-term investments	(50,000)	-
(Increase) decrease in the following assets:		
Patient accounts receivable	(523,616)	(369,924)
Estimated third-party settlements	(15,000)	-
Community benefit grant receivable	-	106,244
Grants and state contracts receivable	(581,768)	(148,632)
Prepaid expenses and other receivable	(166,548)	(49,184)
Increase (decrease) in the following liabilities:		
Accounts payable	81,608	50,819
Construction payable	186,513	34,955
Accrued payroll and related expenses	(47,760)	24,776
Accrued earned time	4,337	28,474
Accrued other expenses	2,539	(23,199)
Deferred grants and state contract revenue	445,889	114,696
Net cash provided by operating activities	607,732	337,817
Cash flows from investing activities		
Deferred financing costs	(48,443)	-
Purchases of property and equipment	(2,294,335)	(220,859)
Proceeds from sale of assets	1,193	-
Net cash used in investing activities	(2,341,585)	(220,859)
Cash flows from financing activities		
Contributions restricted for long-term investment	50,000	-
Payments on capital leases	(6,675)	(28,567)
Payments on long-term debt	(413,689)	(93,156)
Proceeds on long-term debt	2,360,679	150,100
Net cash provided by financing activities	1,990,315	28,377
Net increase in cash and cash equivalents	256,462	145,335
Cash and cash equivalents, beginning of year	771,305	625,970
Cash and cash equivalents, end of year	$ 1,027,767	$ 771,305

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

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statements of Cash Flows (continued)

For the Years Ended June 30, 2014 and 2013

Supplemental Disclosures of Cash Flow Information

	2014	2013
Cash payments for:		
Interest	$ 198,020	$ 197,436
State taxes	$ 2,228	$ 2,610

Supplemental Disclosures of Non-Cash Transactions

During 2014, the Organization refinanced various obligations through the issuance of long-term notes payable totaling $2,904,000 (see Note 10).

During 2014, the Organization recognized an in-kind contribution in the amount of $482,417, representing forgiveness of the Organization's outstanding balance on a certain note payable at the time of the contribution (see Note 10).

During 2013, the Organization purchased certain equipment through the issuance of capital leases totaling $7,132.

During 2013, the Organization purchased land through the issuance of a long-term note payable in the amount of $152,000.

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 CRDC Plymouth Community Development Corporation (CRDC Plymouth), collectively, "the Organization".

Effective September 23, 2010, the Organization was transferred a sole member interest in CRDC Plymouth, 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 participating 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 CRDC Plymouth 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, 2014 and 2013.

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

The Organization is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (Code) and is 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 2010.

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, 2014 and 2013 was $20,370 and $15,440, 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.

Reclassification

Certain reclassifications have been made to the 2013 consolidated financial statements to conform to the 2014 presentation. Such reclassifications had no effect on the previously reported change in net assets.

Recent Accounting Pronouncements

In April 2013, the FASB issued Accounting Standards Update (ASU) No. 2013-06, *Not-for-Profit Entities (Topic 958) - Services Received from Personnel of an Affiliate.* The objective of the amendments in this ASU is to specify the guidance that the NFP apply for recognizing and measuring services received from personnel of an affiliate. More specifically, the amendments in this ASU apply to a NFP that receives services from personnel of an affiliate that directly benefit the recipient NFP and for which the affiliate does not charge the recipient NFP. The amendments in this ASU require a recipient NFP to recognize all services received from personnel of an affiliate that directly benefit the recipient NFP. Those services should be measured at the cost recognized by the affiliate for the personnel providing those services. However, if measuring a service received from personnel of an affiliate at cost will significantly overstate or understate the value of the service received, the recipient NFP may elect to recognize that service received at either: (a) the cost recognized by the affiliate for the personnel providing that service, or (b) the fair value of that service. The amendments in this ASU are effective prospectively for fiscal years beginning after June 15, 2014, and interim and annual periods thereafter. A recipient NFP may apply the amendments using a modified retrospective approach under which all prior periods presented upon the date should be adjusted, but no adjustment should be made to the beginning balance of net assets of the earliest period presented. Early adoption is permitted.

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 $401,000 and $371,000 for the years ended June 30, 2014 and 2013, respectively. Gross patient service revenue provided on a charity care basis was approximately 5.7% and 5.6% for the years ended June 30, 2014 and 2013, respectively.

2. Charity Care (continued):

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 2014 and 2013, 832 and 751 patients received charity care out of a total of 10,148 and 10,093 patients, respectively. The Organization provides health care services to residents of Plymouth, New Hampshire and the surrounding area, 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. 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 440 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.

Third-Party Payor Losses – In addition, the Organization incurred losses in the treatment of Medicare and Medicaid patients. Both of these government programs reimburse for medical services at less than billed charges to provide those services. In 2014 and 2013, the Organization incurred losses of $1,035,162 and $989,213, respectively, related to treating Medicare and Medicaid patients.

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:

	2014	2013
Gross patient service revenue	$ 7,335,081	$ 7,461,836
Third-party payor settlements	83,825	45,373
Less: Contractual allowances and discounts	2,118,873	2,092,968
Net patient service revenue before provision for bad debts	5,300,033	5,414,241
Less: Provision for bad debt	348,130	367,681
Net patient service revenue	$ 4,951,903	$ 5,046,560

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:

	2014	2013
Governmental payors	$ 2,544,332	$ 2,486,638
Other third-party payors	2,478,023	2,597,334
Self-pay	277,678	330,269
Total all payors	$ 5,300,033	$ 5,414,241

3. Net Patient Service Revenue and Patient Accounts Receivable (continued):

Patient Accounts Receivable – Patient accounts receivable is reported net of estimated contractual allowances and allowance for doubtful accounts, as follows, as of June 30:

	2014	2013
Patient accounts receivable	$ 1,042,117	$ 781,700
Less: Estimated contractual allowances	269,602	209,564
Less: Estimated allowance for doubtful accounts	208,000	183,107
Patient accounts receivable, net	$ 564,515	$ 389,029

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:

	Total Award	Earned Grant and State Contract Revenue 2014	Earned Grant and State Contract Revenue 2013	Outstanding Receivable 2014	Outstanding Receivable 2013	Deferred Grants and State Contract Revenue 2014	Deferred Grants and State Contract Revenue 2013
HPHC Quality Grant - 2013	$ 71,755	$ 35,877	$ 17,939	$ 17,939	$ 53,816	$ 17,939	$ 53,816
HRSA Grant - 2012	55,877	-	31,273	-	-	-	-
HRSA Grant - 2013	135,645	-	73,128	-	9,195	-	-
HRSA Grant - 2014	147,202	115,257	28,528	-	28,528	-	-
HRSA Grant - 2015	173,857	42,007	-	-	-	-	-
HRSA Grant - 2014 - 2016	812,500	433,333	-	512,500	-	379,167	-
Bi-State PCA Grant	267,927	124,367	-	-	-	-	-
NH Primary Care Contract - 2013	117,175	-	117,175	-	9,765	-	-
NH Primary Care Contract - 2014	152,176	152,176	-	54,530	117,175	-	117,675
NH Primary Care Contract - 2015	175,511	-	-	175,511		175,511	-
Emergency Preparedness Grant - 2013	91,000	-	88,659	-	21,166	-	-
Emergency Preparedness Grant - 2014	175,269	175,269	-	23,109	151,380	-	151,380
Emergency Preparedness Grant - 2015	151,880	-	-	151,880		151,880	-
Other Grant and Contract Awards	-	57,985	30,895	37,324	-	44,263	-
	$ 2,527,774	$ 1,136,271	$ 387,597	$ 972,793	$ 391,025	$ 768,760	$ 322,871

6. Property and Equipment:

Property and equipment consisted of the following as of June 30:

	2014	2013
Land	$ 525,773	$ 525,773
Buildings	6,338,876	4,089,569
Leasehold improvements	97,798	97,798
Furniture, fixtures and equipment	820,047	729,819
Projects in progress	-	228,658
	7,782,494	5,671,617
Less: Accumulated depreciation	1,191,389	1,201,434
	$ 6,591,105	$ 4,470,183

Depreciation and amortization expense, including amortization expense on capital lease obligations, for the years ended June 30, 2014 and 2013 amounted to $164,054 and $182,945, respectively.

7. Deferred Financing Costs:

Costs related to obtaining financing are deferred and reported net of accumulated amortization. Amortized is recognized on a straight-line basis over the period the related obligations are outstanding.

In August 2006, the Organization recognized financing costs related to the financing of CRDC Plymouth's land purchase and building construction ("2006 Financing") totaling $151,642. The 2006 Financing matured during 2014. Accumulated amortization as of June 30, 2013 was $149,711. Amortization expense associated with the 2006 Financing included in interest expense was $1,931 and $21,663 for the years ended June 30, 2014 and 2013, respectively.

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 and amortization expense included in interest expense as of and for the year ended June 30, 2014 was $2,247.

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 and amortization expense included in interest expense as of and for the year ended June 30, 2014 was $1,833.

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, 2014 and 2013 was $916. Accumulated amortization was $7,328 and $6,412 as of June 30, 2014 and 2013, respectively.

9. Line of Credit:

The Organization had an available line of credit with a maximum borrowing amount of $100,000 as of June 30, 2014. 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, 2014 and 2013.

10. Long-Term Debt:

In August 2006, CRDC Plymouth entered into certain long-term debt arrangements to purchase land in Plymouth, New Hampshire and finance the construction of a 19,500 square foot operating facility that houses a substantial portion of the Organization's operations, providing medical services to the underserved community in the Plymouth, New Hampshire region. Details of the project financing follow.

During 2013, MSHC entered into two debt arrangements with Woodsville Guarantee Savings Bank to purchase land in Bristol, New Hampshire and finance the construction of a new facility for operations. During 2014, the Organization refinanced the Woodsville Guarantee Savings notes payable with a construction loan. The new loan had an advancement amount of up to $2,700,000, with 23 interest only payments commencing in October 2013 at a rate of 5% and a balloon payment due September 2015 for all unpaid principal and accrued unpaid interest. Details of the project financing follow.

10. **Long-Term Debt (continued):**

Long-term debt consisted of the following at June 30:

	2014	2013
CCML Investment Fund II, LLC note payable, maturing August 2013, referred to as the "CRDC Plymouth Loan 1", principal and interest payable in 85 monthly installments of $5,253 through August 1, 2013, CRDC Plymouth is required to refinance the then outstanding unpaid principal as of August 4, 2013, interest is charged at a rate of 5.514% (see Note 10a).	$ -	$ 958,589
CCML Investment Fund II, LLC note payable, maturing August 2013, referred to as the "CRDC Plymouth Loan 2", principal and interest payable in 85 monthly installments of $9,440 through August 1, 2013, CRDC Plymouth is required to refinance the then outstanding unpaid principal as of August 4, 2013, interest is charged at a rate of 5.514% (see Note 10a).	-	1,722,548
CCML Investment Fund II, LLC note payable, maturing August 2013, referred to as the "CRDC Plymouth Loan 3", principal and interest payable in 227 monthly installments of $2,646 through July 1, 2026, CRDC Plymouth is required to refinance the then outstanding unpaid principal as of August 1, 2016, interest is charged at a rate of 5.514% (see Note 10b).	-	482,770
NH Electric Cooperative, Inc. interest free note payable, maturing September 2013, principal payable in 72 monthly installments of $2,083 through August 1, 2013, and one lump sum payment of $203,750 on September 1, 2013 (see Note 10c).	-	210,000
Capital Regional Development Council note payable, maturing September 2013, principal and interest payable in 36 monthly installments of $2,842 through September 23, 2013. Interest is charged at a rate of 5%.	-	8,467
Woodsville Guarantee Savings Bank note payable, principal and interest payable in 288 monthly installments of $941. Interest is charged at a rate of 4.25%. The note was repaid in full during 2014.	-	149,560
Woodsville Guarantee Savings interim note payable, principal and interest payable in three monthly installments of $50,033 interest is charged at a rate of 5.5%. The note was repaid in full during 2014.	-	150,100

10. **Long-Term Debt (continued):**

	2014	2013
Woodsville Guarantee Savings Bank note payable, maturing September 2015, 23 interest only payments at a rate of 5%, 1 balloon payment of principal and accrued unpaid interest (see Note 10d).	2,110,002	-
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% (see Note 10a).	2,634,916	-
Woodsville Guarantee Savings Bank note payable, maturing August 2018, principal and interest payable in 60 monthly installments of $3,757 through August 2018. Interest is charged at a rate of 4% (see Note 10b).	172,765	-
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 principle of the note will be forgiven in August 2016.	250,000	-
Total debt	5,167,683	3,682.034
Less: current portion	120,827	113,926
Long-term debt, less current portion	$ 5,046,856	$ 3,568,108

10a In August 2013, the Organization refinanced the CCML Investment Fund II, LLC CRDC Plymouth loans 1 and 2 with Woodsville Guarantee Savings Bank by entering into a $2,700,000 first mortgage note payable, "WGSB Loan 1", principal and interest payable in 240 monthly installments of $18,194, maturing August 2033, interest charged at a rate of 5.25%.

10b In August 2013, the CCML Investment Fund II, LLC contributed its interest in the outstanding balance on the CRDC Plymouth Loan 3 to MSHC resulting in contribution income of $482,417.

10c In August 2013, the Organization refinanced the NH Electric Cooperative, Inc. note payable with Woodsville Guarantee Savings Bank. The new $204,000 note, "WGSB Loan 2", matures August 2018, principal and interest payable in 60 monthly installments of $3,757 and interest charged at a rate of 4.0%. The WGSB Loan 2 is secured by a second mortgage against the Organization's Plymouth Facility.

10d In September 2013, the Organization refinanced the 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. Advances on the construction loan totaled $2,110,002.

10. Long-Term Debt (continued):

Future maturities of long-term debt are as follows as of June 30, 2014:

2015	$ 120,827
2016	2,236,820
2017	383,110
2018	139,720
2019	108,525
Thereafter	2,178,681
	$ 5,167,683

11. Capital Lease Obligations:

The Organization has entered into capital lease obligations on certain equipment. The terms of the leases are between three and four years expiring at various times through 2016. Accordingly, the Organization has recorded the transactions as capital lease obligations. For the years ended June 30, 2014 and 2013, amortization expense totaling $6,658 and $7,768, respectively, was included in depreciation and amortization expense. The cost basis of all equipment under capital leases was $23,968 as of June 30, 2014 and 2013.

The following is a schedule, by year, of future minimum lease payments under the capital leases as of June 30, 2014:

2015	$ 7,581
2016	2,754
Total mimimum lease payments	10,335
LESS: Amount representing interest	621
Present value of minimum lease payments	9,714
LESS: Current portion	7,581
Long-term capital lease obligations	$ 2,133

12. Commitments and Contingencies:

Litigation – The Organization is involved in litigation arising in the ordinary course of business. Prior to July 1, 2009, the Organization and two former employees of the Organization had been jointly named, alongside a related party, in a malpractice and wrongful death lawsuit. As of June 30, 2014, the outcome and potential liability in relation to the suit were unknown. Management believes the Organization is not at material risk of loss related to the suit and as such has not provided for an estimate of loss.

Operating Leases:

Speare Memorial Hospital – The Organization leases office space from Speare Memorial Hospital (SMH). Rent expense related to the lease for the years ended June 30, 2014 and 2013 was $31,815 and $31,296, respectively

12. Commitments and Contingencies (continued):

Prior to November 15, 2003, Mid-State Health Center (MSHC), formerly known as Speare Medical Associates, was a subsidiary of SMH. Effective November 15, 2003, the Board of Directors of SMH approved a resolution to relinquish control of MSHC to allow MSHC the opportunity to apply for FQHC status to enhance their ability to provide health services to the population of the community. SMH has provided financial assistance to MSHC over the years, including working capital grants and a loan. For the years ended June 30, 2014 and 2013, SMH provided community benefit grants of $228,000, by varying monthly cash receipts in addition to foregoing collection of certain outstanding payables, primarily related to the monthly rental payments and operating expenses.

Speare Memorial Hospital – The Organization has an outstanding balance on a line of credit provided by SMH of $75,000. The funds were initially advanced to establish a lease deposit account with CRDC Plymouth on behalf of the Organization. The line calls for interest at the greater of 2% or the interest earned on the deposit account. The line was repaid subsequent to June 30, 2014 (see Note 18).

13. 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:

	2014	2013
Medicare	29.2%	31.0%
Medicaid	14.0%	9.8%
Blue Cross	15.7%	11.8%
Patients	17.2%	20.5%
Other third-party payors	23.9%	26.9%
	100.0%	100.0%

The mix of gross patient service revenue from patients and third-party payors was as follows at June 30:

	2014	2013
Medicare	35.5%	34.4%
Medicaid	9.9%	9.8%
Blue Cross	21.5%	22.2%
Patients	9.9%	10.4%
Other third-party payors	23.2%	23.2%
	100.0%	100.0%

14. 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, 2014 and 2013 were $80,322 and $72,303, respectively.

15. Other Operating Revenue:

The following summarizes components of other operating revenue for the years ended June 30:

	2014	2013
Other operating revenue:		
Montessori Center	$ 130,721	$ 134,628
Pharmacy income - 340B	940,488	563,389
Accountable Care Organization	112,375	115,740
Other operating revenue	165,509	116,799
	$ 1,349,093	$ 930,556

During April 2012, the Organization began participating in the first Medicare Shared Savings Program, sponsored by the Center for Medicare Services (CMS). The North Country Accountable Care Organization (ACO) was designated by CMS to be a beneficiary in the program, of which the Organization is involved in a collaborative relationship. The ACO aims to create financial incentives for physicians, hospitals and other healthcare providers to better coordinate care and improve the health of Medicare beneficiaries while lowering their costs. The funds available for the program are distributed to the ACO based upon an agreed-upon amount; the ACO then distributes to the participants based upon need. For the period of April 2012 to June 2014, the Organization received funds from the ACO based on a pre-determined amount of $6 per patient per month basis. The Organization has not been notified of available funding for the program for period beginning after June 30, 2014.

16. 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, 2014 and 2013 was $5,206 and $7,846, 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, 2014 and 2013, "accrued expenses and other current liabilities" include an accrued liability related to these plans of $8,600.

17. Related Party:

During 2011, the Organization was gifted a sole membership interest in CRDC Plymouth (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, 2014 and 2013 was $23,104, included in depreciation and amortization in the consolidated statement of activities.

18. Subsequent Events:

The Organization has reviewed events occurring after June 30, 2014 through November 13, 2014, the date the board of trustees accepted the final draft of the consolidated financial statements and made them available to be issued. The Organization has not identified events requiring disclosure that have occurred between the period of June 30, 2014 and the report date, November 13, 2014. 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 July 2014, the Organization repaid its outstanding line of credit of $75,000 to SMH.

In August 2014, the Organization received an adjustment in the amount of $66,617 to its original HRSA grant award of $812,500. The adjustment is applicable for the original budget period of November 2013 through January 2015.

In August 2014, the Organization received an expanded service adjustment to its original HRSA grant award of $812,500. The adjustment is applicable for the budget period of November 2013 through January 2015.

In October 2014, the Organization received an adjustment in the amount of $72,728 to its original HRSA grant award of $812,500. The adjustment is applicable for the budget period of November 2014 through October 2015.

MID-STATE HEALTH CENTER
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 or Award Identifying Number	Federal Expenditures
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES:			
Consolidated Health Centers	93.224	H80CS26640-01-03	$ 433,333
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement Program	93.912	D04RH23600-01-00	157,264
			590,597
Pass-Through from N.H. Department of Health and Human Services:			
Grant to States to Support Oral Health Workforce Activities	93.236	22-3061156	124,368
Public Health Emergency Preparedness	93.069		64,942
Block Grants for Prevention and Treatment of Substance Abuse	93.959		65,380
Immunization Cooperative Agreements	93.268		10,500
Maternal and Child Health Services Block Grant to the States	93.994		23,376
TOTAL EXPENDITURES OF FEDERAL AWARDS			$ 879,163

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, 2014

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, 2014.

The information in the 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*. 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 OMB Circular A-122, *Cost Principles for Non-profit Organizations*, 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.

TYLER, SIMMS & ST. SAUVEUR, 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, 2014, 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 November 13, 2014.

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 opinions 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 and, therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. We did identify certain deficiencies in internal control, described in the accompanying schedule of findings and questioned costs that we consider to be significant deficiencies, 2014-001 and 2014-002.

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 instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards* and which are described in the accompanying schedule of findings and questioned costs as items 2014-001 and 2014-002.

We noted certain other matters that we reported to management of MSHC in a separate letter dated November 13, 2014.

Mid-State Health Center's Response to Findings

MSHC's response to the findings identified in our audit is described in the accompanying schedule of findings and questioned costs. MSHC's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

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.

Tyler, Simms and St. Laurent, CPAs, P.C.

Lebanon, New Hampshire
November 13, 2014

TYLER, SIMMS & ST. SAUVEUR, 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 *OMB Circular A-133*

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 Circular A-133 Compliance Supplement* that could have a direct and material effect on each of MSHC's major federal programs for the year ended June 30, 2014. 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 the requirements of laws, regulations, contracts and grants applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of 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 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 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 *OMB Circular A-133* (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, 2014.

Other Matters

The results of our auditing procedures disclosed an instance of noncompliance, which is required to be reported in accordance with OMB Circular A-133 and which is described in the accompanying schedule of findings and questioned costs as item 2014-002. Our opinion on each major federal program is not modified with respect to this matter.

MSHC's response to the noncompliance finding identified in our audit is described in the accompanying schedule of findings and questioned costs. MSHC's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

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 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 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.

Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by *OMB Circular A-133* (continued)

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 and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, we identified a certain deficiency in internal control over compliance, as described in the accompanying schedule of findings and questioned costs as item 2014-002, that we consider to be a significant deficiency.

MSHC's response to the internal control over compliance finding identified in our audit is described in the accompanying schedule of findings and questioned costs. MSHC's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

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.

Tyler, Simms and St. Laurent, CPAs, P.C.

Lebanon, New Hampshire
November 13, 2014

MID-STATE HEALTH CENTER
Schedule of Findings and Questioned Costs
As of and For the Year Ended June 30, 2014

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	__X__ Yes ____ 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	__X__ Yes ____ 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 .510(a) of Circular A-133	____ Yes __X__ No

Identification of major programs:

Federal CFDA Number	Name of Federal/Local Program
93.224	Consolidated Health Centers
93.912	Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement Program

Dollar threshold used to distinguish between Type A and Type B programs	$300,000
Auditee qualified as low-risk auditee?	____ Yes __X__ No

SECTION II - SUMMARY OF AUDITORS' RESULTS

2014-001

Criteria: There should be a patient accounts receivable credit balance policy, to ensure proper handling of patient overpayments and compliance with New Hampshire's abandoned property rules.

Condition: There is no patient accounts receivable credit balance policy and the credit balances are significant.

Context: Patient accounts receivable credit balances were observed in the aging, totaled and compared to the overall financial statements. Management was asked if a credit balance policy existed.

Effect: MSHC has significant amounts owed to patients or third parties and may not be complying with New Hampshire's abandoned property rules.

Cause: Due to the size of the accounting department, it has been difficult over the past year to bring the credit balance down to a reasonable balance.

Recommendation: MSHC should adopt a credit balance policy and implement procedures to monitor and control accounts receivable credit balances.

Views of responsible officials and planned corrective actions: MSHC will monitor new credit balances and will review old credit balances in accounts receivable in order to determine those credit balances requiring refund to a patient or third party payor.

2014-002

Criteria: There should be segregation of duties.

Condition: Many critical duties are combined and given to available employees.

Context: Inquiry of management of the internal controls in place.

Effect: Lack of segregation of duties causes checks and balances to be lost and does not allow for the best control environment possible.

Cause: There are limited number of people working in the accounting office.

Recommendation: Duties should be segregated, however, we understand that the Entity's resources are limited. The Entity should maintain a general understanding that, wherever possible, additional controls should be implemented to mitigate the risk of error in the financial statements.

Views of responsible officials and planned corrective actions: MSHC hired a second bookkeeper subsequent to year-end in order to segregate more duties. A policy will also be created for the approval process of any journal entries made by the CFO to be approved by the finance committee.

SECTION III - FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

2014-002

See finding 2014-002 under Section II - Summary of Auditors' Results

SECTION IV - PRIOR YEAR AUDIT FINDINGS

2013-001

Criteria: The patient accounts receivable aging and subsidiary ledgers must agree to the general ledger.

Condition: The auditee now reconciles all patient accounts receivable aging and subsidiary ledgers to the general ledger.

2013-002 Repeated as 2014-001

2013-003 Repeated as 2014-002

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Assets – Schedule 1

As of June 30, 2014

	MSHC	CRDC	ELIMINATION	TOTAL
Assets				
Current assets				
Cash and cash equivalents	$ 513,927	$ 513,840	$ -	$ 1,027,767
Patient accounts receivable, net	564,515	-	-	564,515
Estimated third-party settlements	50,000	-	-	50,000
Grants and state contracts receivable	972,793	-	-	972,793
Prepaid expenses and other receivable	397,517	-	(21,917)	375,600
Total current assets	2,498,752	513,840	(21,917)	2,990,675
Related party note receivable	568,885	150,723	(719,608)	-
Property and equipment, net	2,799,557	3,031,043	760,505	6,591,105
Other assets				
Deferred financing costs	9,530	50,935	-	60,465
Other assets	122,212	-	(120,377)	1,835
Investment in subsidiary	760,505	-	(760,505)	-
Total other assets	892,247	50,935	(880,882)	62,300
Total assets	$ 6,759,441	$ 3,746,541	$ (861,902)	$ 9,644,080

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Liabilities and Net Assets – Schedule 1

As of June 30, 2014

	MSHC	CRDC	ELIMINATION	TOTAL
Liabilities				
Current liabilities				
Line of credit - SMH (Note 12)	$ 75,000	$ -	$ -	$ 75,000
Accounts payable	393,737	15,327	(15,327)	393,737
Construction payable	221,468	-	-	221,468
Accrued expenses and other current liabilities	52,046	43,968	(6,590)	89,424
Accrued payroll and related expenses	132,025	-	-	132,025
Accrued earned time	261,041	-	-	261,041
Current portion of long-term debt	-	120,827	-	120,827
Current portion of capital lease obligations	7,581	-	-	7,581
Deferred grants and state contract revenue	768,760	-	-	768,760
Total current liabilities	1,911,658	180,122	(21,917)	2,069,863
Lease deposits	-	120,377	(120,377)	-
Related party note payable	150,723	568,885	(719,608)	-
Long-term debt, less current portion	2,110,002	2,936,854	-	5,046,856
Capital lease obligations, less current portion	2,133	-	-	2,133
Total liabilities	4,174,516	3,806,238	(861,902)	7,118,852
Net assets				
Unrestricted	1,774,420	(59,697)	-	1,714,723
Temporarily restricted	810,505	-	-	810,505
Total net assets	2,584,925	(59,697)	-	2,525,228
Total liabilities and net assets	$ 6,759,441	$ 3,746,541	$ (861,902)	$ 9,644,080

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Activities and Changes in Net Assets – Schedule 2

For the Year Ended June 30, 2014

	MSHC	CRDC	ELIMINATION	TOTAL
Changes in unrestricted net assets				
Unrestricted revenue, gains and other support				
Patient service revenue (net of contractual allowances and discounts)	$ 5,300,033	$ -	$ -	$ 5,300,033
Provision for bad debts	348,130	-	-	348,130
Net patient service revenue	4,951,903	-	-	4,951,903
Community Benefit Grant	228,000	-	-	228,000
Other grant and state contract revenue	1,136,271	-	-	1,136,271
Contributions	499,298	-	-	499,298
Other operating revenue	1,348,757	378,450	(378,114)	1,349,093
Total unrestricted revenue, gains and other support	8,164,229	378,450	(378,114)	8,164,565
Expenses				
Salaries and wages	4,129,562	-	-	4,129,562
Employee benefits	832,921	-	-	832,921
Insurance	103,535	-	-	103,535
Professional fees	440,590	6,615	-	447,205
Supplies and expenses	1,451,550	72,243	(378,114)	1,145,679
Depreciation and amortization	68,073	80,601	23,104	171,778
Interest expense	7,423	153,400	-	160,823
Total expenses	7,033,654	312,859	(355,010)	6,991,503
Increase (decrease) in net assets from operating activities	1,130,575	65,591	(23,104)	1,173,062
Non-operating gains (losses)				
Loss on disposal of fixed assets	(1,358)	-	-	(1,358)
Gain on involuntary conversion	-	-	-	-
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)	(1,358)	-	23,104	21,746
Increase in unrestricted net assets	1,129,217	65,591	-	1,194,808
Changes in temporarily restricted net assets				
Contributions	50,000	-	-	50,000
Net assets released from restrictions	(23,104)	-	-	(23,104)
Increase in temporarily restricted net assets	26,896	-	-	26,896
Change in net assets	1,156,113	65,591	-	1,221,704
Net assets (deficit), beginning of year	1,428,812	(125,288)	-	1,303,524
Net assets (deficit), end of year	$ 2,584,925	$ (59,697)	$ -	$ 2,525,228

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Assets – Schedule 3

As of June 30, 2013

	MSHC	CRDC	ELIMINATION	TOTAL
Assets				
Current assets				
Cash and cash equivalents	$ 393,225	$ 378,080	$ -	$ 771,305
Patient accounts receivable, net	389,029	-	-	389,029
Estimated third-party settlements	35,000	-	-	35,000
Community benefit grant receivable	-	-	-	-
Grants and state contracts receivable	391,025	-	-	391,025
Prepaid expenses and other receivable	226,821	21,094	(38,863)	209,052
Total current assets	1,435,100	399,174	(38,863)	1,795,411
Related party note receivable	74,601	-	(74,601)	-
Property and equipment, net	574,930	3,111,644	783,609	4,470,183
Other assets				
Deferred financing costs	-	1,931	-	1,931
Deposits and other assets	122,901	-	(120,150)	2,751
Investment in subsidiary	783,609	-	(783,609)	-
Total other assets	906,510	1,931	(903,759)	4,682
Total assets	$ 2,991,141	$ 3,512,749	$ (233,614)	$ 6,270,276

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Liabilities and Net Assets – Schedule 3

As of June 30, 2013

	MSHC	CRDC	ELIMINATION	TOTAL
Liabilities and net assets				
Current liabilities				
Line of credit - SMH (Note 12)	$ 75,000	$ -	$ -	$ 75,000
Accounts payable	312,129	11,179	(11,179)	312,129
Construction payable	34,955	-	-	34,955
Accrued expenses and other current liabilities	64,835	49,734	(27,684)	86,885
Accrued payroll and related expenses	179,785	-	-	179,785
Accrued earned time	256,704	-	-	256,704
Current portion of long-term debt	825	113,101	-	113,926
Current portion of capital lease obligations	6,628	-	-	6,628
Deferred grants and state contract revenue	322,871	-	-	322,871
Total current liabilities	1,253,732	174,014	(38,863)	1,388,883
Lease deposits	-	120,150	(120,150)	-
Related party note payable	-	74,601	(74,601)	-
Long-term debt, less current portion	298,836	3,269,272	-	3,568,108
Capital lease obligations, less current portion	9,761	-	-	9,761
Total liabilities	1,562,329	3,638,037	(233,614)	4,966,752
Net assets				
Unrestricted	645,203	(125,288)	-	519,915
Temporarily restricted	783,609	-	-	783,609
Total net assets	1,428,812	(125,288)	-	1,303,524
Total liabilities and net assets	$ 2,991,141	$ 3,512,749	$ (233,614)	$ 6,270,276

MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Activities and Changes in Net Assets – Schedule 4

For the Year Ended June 30, 2013

	MSHC	CRDC	ELIMINATION	TOTAL
Changes in unrestricted net assets				
Unrestricted revenue, gains and other support				
Patient service revenue (net of contractual allowances and discounts)	$ 5,414,241	$ -	$ -	$ 5,414,241
Provision for bad debts	367,681	-	-	367,681
Net patient service revenue	5,046,560	-	-	5,046,560
Community Benefit Grant	228,000	-	-	228,000
Other grant and state contract revenue	387,597	-	-	387,597
Contributions	16,164	-	-	16,164
Other operating revenue	930,219	366,822	(366,485)	930,556
Total unrestricted revenue, gains and other support	6,608,540	366,822	(366,485)	6,608,877
Expenses				
Salaries and wages	3,952,340		-	3,952,349
Employee benefits	845,074	-	-	845,074
Insurance	98,084	-	-	98,084
Professional fees	304,847	6,590	-	311,437
Supplies and expenses	1,308,558	61,046	(366,485)	1,003,119
Depreciation and amortization	80,156	80,601	23,104	183,861
Interest expense	4,135	215,231	-	219,366
Total expenses	6,593,203	363,468	(343,381)	6,613,290
Increase (decrease) in net assets from operating activities	15,337	3,354	(23,104)	(4,413)
Non-operating gains (losses)				
Gain on disposal of fixed assets	959	-	-	959
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)	959	-	23,104	24,063
Increase in unrestricted net assets	16,296	3,354	-	19,650
Changes in temporarily restricted net assets				
Net assets released from restrictions	(23,104)	-	-	(23,104)
Decrease in temporarily restricted net assets	(23,104)	-	-	(23,104)
Change in net assets	(6,808)	3,354	-	(3,454)
Net assets (deficit), beginning of year	1,435,620	(128,642)	-	1,306,978
Net assets (deficit), end of year	$ 1,428,812	$ (125,288)	$ -	$ 1,303,524

MID-STATE HEALTH CENTER
Where your care comes together.

Family, Internal and Pediatric Medicine • Behavioral Health • Dental Care
midstatehealth.org

Mid-State Health Center
Board of Directors
2014-2015

Carol Bears	Voting Member	Term Exp: 6/30/15
Ann Blair	**Secretary**	Term Exp: 6/30/15
Mary Cooney	Voting Member	Term Exp: 6/30/16
James Dalley	Voting Member	Term Exp: 6/30/16
Linda Dauer	Voting Member	Term Exp: 6/30/16
Robin Fisk	Voting Member	Term Exp: 6/30/17
Robert MacLeod	**President**	Term Exp: 6/30/16
Timothy Naro	**Treasurer**	Term Exp: 6/30/17
Scott Stephens	Voting Member	Term Exp: 6/30/17
Jeff White	Voting Member	Term Exp: 6/30/15

Non-Voting Members:

Diane Arsenault, MD, FAAFP, Physician
Tonya Warren, PsyD, Behavioral Health Director
Frederick S. Kelsey, MD, FACP, Chief Medical Officer
Sharon Beaty, MBA, FACMPE, Chief Executive Officer

Curriculum Vitae

Frederick S. Kelsey, M.D., F.A.C.P.

CURRENT POSITIONS

Medical Director/Internist
Mid-State Health Center **2002-Present**
Plymouth, NH

Medical Director
Grafton County Nursing Home **2000-Present**
North Haverhill, NH

Active Medical Staff Member
Speare Memorial Hospital
Plymouth, NH

EDUCATION

University of Pittsburgh, Presbyterian University Hospital
Residency in Internal Medicine **1975-1978**

Pennsylvania State University College of Medicine
Doctor of Medicine **1975**

Pennsylvania State University
B.S. with Honors, Pre-Medicine **1971**

MILITARY SERVICE

Lt. Commander, Medical Corps.
United States Navy Reserve **1978-1980**
Newport, RI

ACCREDITATIONS

Board Certification

- National Board of Medical Examiners (all parts), 1976
- American Board of Internal Medicine (permanent certification), 1978
- American Board of Internal Medicine (voluntary re-certification), 1992
- BLS - 2002, 2004, 2006, 2008, 2010
- ACLS - 2005, 2007

Medical Licensure

- State of New Hampshire, No. 6088
- State of Maine, No. 016074
- DEA No. AK8798045

HONORS & AWARDS

- Alpha Epsilon Delta: Undergraduate Pre-Medical Honor Society, President **1971**
- The Lange Publications Award, Pennsylvania State University College of Medicine **1975**

- Letter of Commendation, United States Navy **1980**
- William Chambers Community Faculty Award, Dartmouth Medical School **1999-2002**
  2011-2012

TEACHING EXPERIENCE

Dartmouth Medical School, Hanover, NH
Adjunct Assistant Professor of Clinical Medicine **1983-Present**

Instructor – Physical Diagnosis **1983-1984**

Penn State College of Medicine
Clinical Assistant Professor of Family and Community Medicine **2011 - Present**

Speare Memorial Hospital, Plymouth, NH
Instructor – Directed and taught 16 hours of a 40 hour ICU course for ICU nursing staff **1981**

RELATED EXPERIENCE

American College of Physicians
Medical Informatics Committee **2008-Present**

NH ACO Pilot Committee **2010-Present**

New Hampshire Health Information Exchange
Technical Operations Workgroup **2010**

New Hampshire Governor's Commission – Primary Care Workforce **2008-2009**
2011-Present

Foundation for Health Care
Taskforce for Medical Home **2008**

New Hampshire Medicaid
Quality and Medical Management Committee **2007-2009**

North East Health Care Quality Foundation
Review Physician **1990-Present**

Board of Directors **1994-2003**

Executive Committee **1997-1999**

Speare Medical Associates
Medical & Executive Director **1996-2002**

Good Health Medical Services of NH LLC
President **1997-1998**
A regional multi-hospital PHO.

Internal Medicine Associates of Plymouth; Plymouth Internal Medicine, PA
Owner **1979-1996**

Speare Memorial Hospital

Medical Director, Cardiopulmonary Lab **1981-1996**

Board of Directors, Executive Committee **1995-1996 &**
1983-1989

Chief of Division of Medicine **1989-1996**

Secretary/Treasurer of the Medical Staff	**1995-1996**
Chairman, Patient Care Committee Coordinated project to successfully reduce readmission rate at Speare Memorial Hospital to state mean.	**1993-1995**
Bylaws Committee Chairman during complete revision of bylaws and rules/regulations, 1981-1982.	**1980-1992**
Medical Director, Intensive Care Unit (ICU)	**1989-1991**
Chairman Medical Records Committee	**1989-1991 & 1986-1987**
President of the Medical Staff	**1987-1989 & 1983-1985**
Vice President of the Medical Staff	**1986**
Chief Division of Outpatient Medicine	**2008-present**
Member, Medical Staff Development Committee	**2007-present**
Medicare	
Carrier Advisory Committee Representing Internal Medicine in New Hampshire	**1993-1995**
Plymouth Regional Clinic	
Volunteer Physician	**1994**
Dartmouth Medical School	
Board of Office of Community Education and Research	**2011-present**
American College of Physicians	
American College of Physicians Medical Informatics Committee (National)	**2009-present**
NH ACO Pilot	
NH ACO Pilot Committee	**2010-present**

PRESENTATIONS

- Medical Home – Clinicians Perspective
  NH Commission for Primary Care Workforce, 01/30/2012
- "What's Happening to my Doctor?"
  Speaker at the Young Ladies Library Association, Plymouth, NH Spring 2008
- "What's Happening to my Doctor?"
  Speaker at the Waterville Valley Chamber of Commerce Annual Dinner, New Hampshire 2007
- Living Will Presentation
  Plymouth State University, Plymouth, NH 2007
- Alzheimer's Health Seminar
  New Hampshire,1997
- Migraine Lecture
  Presented at Speare Memorial Hospital, Plymouth, NH 1995
- Lecture on Death and Dying
  Presented at Speare Memorial Hospital, Plymouth, NH 1993
- Lecture on Smoking
  Presented at Speare Memorial Hospital Smoking Clinic, Plymouth, NH 1986

- Presentation concerning Pain Control Issues
  Presented to the Visiting Nurses Association Hospice, New Hampshire 1985
- Breast Cancer Diagnosis and Treatment
  New Hampshire, 1985
- Alzheimer's Support Group
  New Hampshire, 1983
- Presentation at the Rural Care Conference
  University of Pittsburgh, Pittsburgh, PA 1982
- "Obtaining Medical Home Certification – the good bad and the ugly"
  ACP RI State Meeting, Providence, RI, October 2010
- Presentation at the NH State House of Representatives Finance Committee
  New Hampshire, March 2011

LANGUAGES

- English – native language

PROFESSIONAL MEMBERSHIPS AND SOCIETIES

- NH Governor's Commission for Health Manpower for the North Country, 7/2008-10/2009
- Taskforce for Medical Home, Foundation for Health Care, Spring 2008
- Quality and Medical Management Committee for NH Medicaid, 2007-2008
- American College of Physicians Executive, 1997-Present
- American Running and Fitness Association, 1987-2005
- American Society of Internal Medicine, 1985-
- Belknap County Medical Society, 1979-
- New Hampshire Medical Society, 1979- present
- American College of Physicians, 1979-Present (Fellowship, 1991; Governor's Council, 1990-1994; New Hampshire Chapter Meeting Chair, 1992-1994)
- American Thoracic Society, 1979-1992

OUTSIDE INTERESTS AND HOBBIES

- Hiking
- Canoeing and kayaking
- Skiing
- Cabinet making
- Home brewing

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.

References upon Request

[redacted]

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 Mid-State Health Center Plymouth, NH
Director of Quality

- 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.

WENDY LASCH-WILLIAMS

SUMMARY OF QUALIFICATIONS

A skilled organizer with an energetic personality, excellent communication skills and the ability to multi-task. Experienced in conflict management and resolution, finance, sales, customer service and administrative support in private business, grant-funded youth services and the public school system. Dedicated to the services of community and youth. Proficient in the use of multiple types of software including Microsoft Word, Excel, Access, Publisher, Outlook, and PowerPoint.

EDUCATION

2010 - Granite State College, Concord, NH ~ *Human Services Administration, B.S.*
2002 - Woodbury College, Montpelier, VT, ~ *Mediation and Conflict Management Program*
1990 - Champlain College, Burlington, VT ~ *Business Management, A.S.*

PROFESSIONAL CERTIFICATIONS

- New Hampshire Certified Guardian ad Litem (since 2006)
- New Hampshire Certified Family Mediator (since 2004)
- New Hampshire Certified Prevention Specialist (in process of completing)

PROFESSIONAL MEMBERSHIPS

- New Hampshire Conflict Resolution Association, member since 2002
- Association of Family and Conciliation Courts, member since 2007

PROFESSIONAL EXPERIENCE

10/2010 – Present CADY, Inc. & Mid-State Health Center
Plymouth, NH
ADVANCEMENT & OUTREACH COORDINATOR

- Provide advancement and outreach support to CADY, Inc. & Mid-State Health Center
- Promote and support both organization in community based outreach efforts
- Marketing and promotion of programs and activities

06/2006 – 10/2010 All That Matters, LLC Bristol, NH
OWNER - CONSULTING AND CONTRACTED SERVICES

- Provide fundraising and administrative support to CADY, Inc. a regional alcohol, tobacco and other drug prevention coalition.
- Provide coordination and support to the Town of Plymouth as they develop their Local Emergency Operations Plan.
- Provide court-contracted services for family and marital mediation and serve as a court-appointed Guardian ad Litem primarily serving Belknap and Grafton County Family Division Courts.

10/2009 – 6/2010 Greater Plymouth Public Health Network Plymouth, NH
ASSISTANT COORDINATOR/H1N1 CONTRACTOR

- Develop community collaboration for the implementation of regional public health emergency activities related to H1N1 and future public health initiatives.
- Coordinate, market, and deliver H1N1 vaccination clinics in the Greater Plymouth Region.
- Provide public information and contact relative to the H1N1 pandemic for the region.
- Coordinate community outreach to gain participation in the vaccination clinics to ensure maximum community access to the vaccination.
- Build regional participation of area municipalities, health organizations, and other stakeholders to ensure

successful implementation of the program.

10/2007 – 3/2009 Belknap County CoRe Coalition Meredith, NH

ASSISTANT DIRECTOR

- Accountable for the successful and timely implementation of strategies and visions set by the Director including overseeing the day-to-day operations of the various aspects of all Coalition initiatives.
- Promote, develop and implement public relations and multi-media marketing efforts for approved Coalition initiatives to increase partnerships and collaboration with other groups; maintain Coalition membership; and maintain participation in Coalition activities.
- Facilitate, coordinate and participate in youth activities as related to Coalition initiatives. Actively promote youth leadership events, cross training and the development of life learning skills that serve as protective factors and build resiliency among youth within Belknap County.

10/2004 – 06/2007 Franklin High School Franklin, NH

PROGRAM YOUTH SPECIALIST - School-to-Work Program

- Implement the School-to-Work curriculum, teaching employment skills, practical math and reading skills, self-awareness skills, and life skills to high school students.
- Responsible for maintaining reporting and E-team notes for WIA Grant.
- Coordinated support services, leadership events, community service projects, job shadowing, and work-based learning opportunities.
- Provided guidance to students in using labor market information and career exploration.
- Provided direct support to at-risk students by attending I.E.P. meetings, disciplinary actions, and developing problem solving plans, grade recovery, and class selection.

08/2003 – 09/2004 Jobs for NH Graduates Laconia, NH

TUTOR/PROGRAM ASSISTANT - Laconia Out-of-School Youth Program

- Implemented the national Jobs for America's Graduates curriculum, teaching employment skills, self-awareness skills, and life skills to out of school youth.
- Assisted in the planning and implementation of leadership activities, community service projects, and field trips for the program.

09/2003 – 05/2004 Tapply Thompson Community Center Bristol, NH

AFTER SCHOOL ADVENTURES STAFF MEMBER

- Worked with children in an after-school program in guided and free play activities two days a week.

1997 - 2001 Newfound Area School District Bristol, NH

ASSISTANT TO SUPT. - FINANCE (3/00 – 6/01)

- Acted as liaison to the Superintendent in special projects such as water reporting, building maintenance projects, and copier purchasing.
- Assisted Superintendent with bid processing for capital projects and annual bid-required purchasing for district-wide fuel oil, snowplowing, printing projects, etc.
- Created and performed adjusting entries in the general ledger as required for corrections and maintenance of the accounting system.
- Completed the filing of the DOE-25/MS-25 for state filing of financial reporting for public school systems.
- Prepared all payroll related tax forms including quarterly 941 and W-2 filings for over 300 employees using magnetic media filing. Processed bi-weekly payroll for 300+ employees and all related tax filing. Processed bi-weekly accounts payable for 150+ vendors. (03/00-09/00)

CONTINUING EDUCATION ACTIVITIES

- On-going participation in various educational trainings in the areas ATOD prevention, family mediation, guardian ad litem services, and public health in order to maintain certifications.

References and Work Experience prior to the year 2000 available upon request.

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services
Division of Public Health Services

Agency Name: Mid-State Health Center

Name of Bureau/Section: Bureau of Community Health Services, Maternal and Child Health Section - PC

BUDGET PERIOD:	SFY 2016	July 1, 2015 - June 30, 2016	
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	Total Salary Amount Paid By Contract
Frederick Kelsey, MD CMO	$175,000	2.50%	$4,375.00
TBD, CMO	$175,000	2.50%	$4,375.00
Sharon Beaty, CEO	$175,000	5.00%	$8,750.00
Bill Sweeney, CFO	$124,752	5.00%	$6,237.60
Peggy Rosen,Director of Quality	$52,035	30.00%	$15,610.50
	$0	0.00%	$0.00
	$0	0.00%	$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			**$39,348.10**

BUDGET PERIOD:	SFY 2017	July 1, 2016 - June 30, 2017	
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	Total Salary Amount Paid By Contract
TBD, CMO	$175,000	5.00%	$8,750.00
Sharon Beaty, CEO	$182,000	5.00%	$9,100.00
Bill Sweeney, CFO	$128,495	5.00%	$6,424.75
Peggy Rosen,Director of Quality	$53,596	30.00%	$16,078.80
	$0	0.00%	$0.00
	$0	0.00%	$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			**$40,353.55**

Key Administrative Personnel are top-level agency leadership (President, Executive Director, CEO, CFO, etc), and individuals directly involved in operating and managing the program (project director, program manager, etc.). These personnel MUST be listed, **even if no salary is paid from the contract**. Provide their name, title, annual salary and percentage of annual salary paid from agreement.

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
SoS 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 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 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
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-B-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 understandl 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
Improving health, preventing disease, reducing costs for all

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 10, 2012

APPROVED BY _____
DATE 6/20/12
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ITEM # 126

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 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.

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

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.

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 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	

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 NH, County of Grafton

On 4/11/2012 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

Pamela J Plummer

[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 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: 29 May 2012
1.18 Approval by the Governor and Executive Council By:	On:

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

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 hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.
5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials: SB
Date: 4-4-12

8. EVENT OF DEFAULT/REMEDIES.
8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):
8.1.1 failure to perform the Services satisfactorily or on schedule;
8.1.2 failure to submit any report required hereunder; and/or
8.1.3 failure to perform any other covenant, term or condition of this Agreement.
8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:
8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.
9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.
9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.
9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.
14.1 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, the following insurance:
14.1.1 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 occurrence; and
14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.
14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.
14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

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certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.
15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").
15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

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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: **Mid-State Health Center**

ADDRESS: **101 Boulder Point Drive, Suite 1**
Plymouth, New Hampshire 03264
Chief Executive Officer: **Sharon Beaty**
TELEPHONE: **603-536-4099**

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. 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.

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B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 73 users annually with 394 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:

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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. 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.*

n) Breast and cervical cancer screening directly or by referral to an agency or provider with a sliding fee scale using screening guidelines from a nationally accepted organization.

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:

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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.***

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.***

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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 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.*

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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.

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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.

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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.

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.

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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: SB

Date: 6-5-12

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: **Mid-State Health Center**

ADDRESS: **101 Boulder Point Drive, Suite 1**
Plymouth, New Hampshire 03264
Chief Executive Officer: **Sharon Beaty**
TELEPHONE: **603-536-4099**

Vendor #158055-B001 Job #90080000 Appropriation #010-090-51900000-102-500731

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

   $234,350 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.

TOTAL: $234,350

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: SB
Date: 4-4-2012

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: SB
Date: 4-4-12

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: BB
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: [illegible]
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: SB
Date: 4-4-12

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: SB
Date: 4-4-12

(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)
- 101 Boulder Point Drive, Suite 1, Plymouth, NH 03264
- 859 Lake Street, Bristol, NH 03222

Check ☐ if there are workplaces on file that are not identified here.

Mid-State 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**

Sharon Beaty, CEO
Name and Title of Authorized Contractor Representative

Sharon Beaty 4-4-2012
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.

Shawn Beaty — CEO

Contractor Signature — **Contractor's Representative Title**

Mid-State Health Center — 4-4-2012

Contractor Name — **Date**

NH Department of Health and Human Services

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: SB

Date: 4-4-12

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.

Shaun Beaty — CEO

Contractor Signature — **Contractor's Representative Title**

Mid-State Health Center — 4-4-12

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.

Sharon Beady | CEO

Contractor Signature | **Contractor's Representative Title**

Mid-State Health Center | 4-4-12

Contractor Name | **Date**

Budget Form

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

Bidder/Program Name: Mid-State Health Center

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

Budget Period: July 1, 2012 - June 30, 2013

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 93,740.00	$ -	$ 93,740.00	
2. Employee Benefits	$ 23,435.00	$ -	$ 23,435.00	
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	**$ 117,175.00**	**$ -**	**$ 117,175.00**	

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: Mid-State Health Center

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

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 93,740.00	$ -	$ 93,740.00	
2. Employee Benefits	$ 23,435.00	$ -	$ 23,435.00	
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	$ 117,175.00	$ -	$ 117,175.00	

Indirect As A Percent of Direct 0.0%

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

Coua L. Early
Name and Title of Notary or Justice of the Peace

COUA L. EARLY
Notary Public - New Hampshire
My Commission Expires December 8, 2015

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. Caul
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.

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.

EXHIBIT B-1 AMENDMENT #2

PRIMARY CARE BUDGET FORMS

New Hampshire Department of Health and Human Services

COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name:	**New London Hospital**
Budget Request for:	**Primary Care**
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	$ 101,791	$ -	$ 101,791	$ -	$ -	$ -	$ 101,791	$ -	$ 101,791
2. Employee Benefits	$ 25,448	$ -	$ 25,448	$ -	$ -	$ -	$ 25,448	$ -	$ 25,448
3. Consultants	$ 32,523	$ -	$ 32,523	$ -	$ -	$ -	$ 32,523	$ -	$ 32,523
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ 2,200	$ -	$ 2,200	$ -	$ -	$ -	$ 2,200	$ -	$ 2,200
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ 500	$ -	$ 500	$ -	$ -	$ -	$ 500	$ -	$ 500
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	$ -	$ 1,000	$ -	$ -	$ -	$ 1,000	$ -	$ 1,000
12. Subcontracts/Agreements	$ 1,750	$ -	$ 1,750	$ -	$ -	$ -	$ 1,750	$ -	$ 1,750
13. Other (specific details mandatory):	$ 20,000	$ -	$ 20,000	$ -	$ -	$ -	$ 20,000	$ -	$ 20,000
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 185,212	$ -	$ 185,212	$ -	$ -	$ -	$ 185,212	$ -	$ 185,212
Indirect As A Percent of Direct		0.0%							
185212									

Contractor Initials: BOK

Date: 4/28/15

EXHIBIT B-2 AMENDMENT #2

BCCP BUDGET SHEETS

New Hampshire Department of Health and Human Services

COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name:	**New London Hospital**
Budget Request for:	**Primary Care - BCCP**
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	$ 10,411	$ -	$ 10,411	$ -	$ -	$ -	$ 10,411	$ -	$ 10,411
2. Employee Benefits	$ 2,603	$ -	$ 2,603	$ -	$ -	$ -	$ 2,603	$ -	$ 2,603
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ 320	$ -	$ 320	$ -	$ -	$ -	$ 320	$ -	$ 320
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ 250	$ -	$ 250	$ -	$ -	$ -	$ 250	$ -	$ 250
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ 201	$ -	$ 201	$ -	$ -	$ -	$ 201	$ -	$ 201
11. Staff Education and Training	$ 650	$ -	$ 650	$ -	$ -	$ -	$ 650	$ -	$ 650
12. Subcontracts/Agreements	$ 250	$ -	$ 250	$ -	$ -	$ -	$ 250	$ -	$ 250
13. Other (specific details mandatory):	$ 4,000	$ -	$ 4,000	$ -	$ -	$ -	$ 4,000	$ -	$ 4,000
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 18,685	$ -	$ 18,685	$ -	$ -	$ -	$ 18,685	$ -	$ 18,685
Indirect As A Percent of Direct		0.0%							
18685									

Contractor Initials: BBK

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	$ 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
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 79,500	$ -	$ 79,500	$ -	$ -	$ -	$ 79,500	$ -	$ 79,500
Indirect As A Percent of Direct		0.0%							

Contractor Initials: BPK

Date: 4/30/15

EXHIBIT B-4 AMENDMENT #2

PRIMARY CARE BUDGET SHEETS

New Hampshire Department of Health and Human Services										
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD										
Bidder/Program Name:	New London Hospital									
Budget Request for:	Primary Care									
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	$ 131,799	$ -	$ 131,799	$ -	$ -	$ -	$ 131,799	$ -	$ 131,799	
2. Employee Benefits	$ 32,948	$ -	$ 32,948	$ -	$ -	$ -	$ 32,948	$ -	$ 32,948	
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	$ 700	$ -	$ 700	$ -	$ -	$ -	$ 700	$ -	$ 700	
12. Subcontracts/Agreements	$ 1,750	$ -	$ 1,750	$ -	$ -	$ -	$ 1,750	$ -	$ 1,750	
13. Other (specific details mandatory):	$ 18,016	$ -	$ 18,016	$ -	$ -	$ -	$ 18,016	$ -	$ 18,016	
SBIRT Development	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
SBIRT Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
TOTAL	$ 185,212	$ -	$ 185,212	$ -	$ -	$ -	$ 185,212	$ -	$ 185,212	
Indirect As A Percent of Direct		0.0%								
185212										

Contractor Initials: BPK

Date: 5/26/16

EXHIBIT B-5 AMENDMENT #2

BCCP BUDGET SHEETS

New Hampshire Department of Health and Human Services										
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD										
Bidder/Program Name:	New London Hospital									
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	$ 10,411	$ -	$ 10,411	$ -	$ -	$ -	$ 10,411	$ -	$ 10,411	
2. Employee Benefits	$ 2,603	$ -	$ 2,603	$ -	$ -	$ -	$ 2,603	$ -	$ 2,603	
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Educational	$ 320	$ -	$ 320	$ -	$ -	$ -	$ 320	$ -	$ 320	
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
6. Travel	$ 250	$ -	$ 250	$ -	$ -	$ -	$ 250	$ -	$ 250	
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
10. Marketing/Communications	$ 201	$ -	$ 201	$ -	$ -	$ -	$ 201	$ -	$ 201	
11. Staff Education and Training	$ 650	$ -	$ 650	$ -	$ -	$ -	$ 650	$ -	$ 650	
12. Subcontracts/Agreements	$ 250	$ -	$ 250	$ -	$ -	$ -	$ 250	$ -	$ 250	
13. Other (specific details mandatory):	$ 4,000	$ -	$ 4,000	$ -	$ -	$ -	$ 4,000	$ -	$ 4,000	
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
TOTAL	$ 18,685	$ -	$ 18,685	$ -	$ -	$ -	$ 18,685	$ -	$ 18,685	
Indirect As A Percent of Direct		0.0%								
18685										

Contractor Initials: BPL

Date: 5/28/15

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: BPK

Date: 5/20/15

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:

5/28/15
Date

Name: Bruce P. King
Title: President & CEO

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 formed September 25, 1919. 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 14th day of April, A.D. 2015

William M. Gardner
Secretary of State

NEW LONDON HOSPITAL

The New London Hospital Association, Inc.

CERTIFICATE OF VOTE

I, Stanley I. Cundey, Jr. do hereby certify that:
(Name of the elected Officer of the Agency cannot be the same person as the 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 May 28, 2015:
(Date)

RESOLVED: That either the Chief Executive Officer or the Chief Financial Officer
(Title of Contract Signatory)

are 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 28th day of May, 2015.
(Date Contract Signed)

4. Bruce P. King the duly elected Chief Executive Officer
(Name of Contract Signatory) (Title of Contract Signatory)

Donald Griffin is the duly elected Chief Financial Officer
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

Stanley I Cundey Jr
(Signature of the Elected Officer)

STATE OF NEW HAMPSHIRE

County of Merrimack

The forgoing instrument was acknowledged before me this 28th day of May, 2015

By Stanley I. Cundey
(Name of Elected Officer of the Agency)

Coua L Early
(Notary Public/Justice of the Peace)

COUA L. EARLY
Notary Public - New Hampshire
My Commission Expires December 8, 2015

Commission Expires:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/03/2015

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 1-617-531-6000 Integro USA Inc. dba Integro Insurance Brokers Two Financial Center 60 South Street, Suite 800 Boston, MA 02111	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED New London Hospital Association, Inc. 273 County Road New London, NH 03257	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : LEXINGTON INS CO — 19437 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 44157036 **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			6795757	10/01/14	10/01/15	EACH OCCURRENCE	$ 1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 1,000,000
	[X] 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)	$
								$
A	[ ] UMBRELLA LIAB [ ] OCCUR			6975756	10/01/14	10/01/15	EACH OCCURRENCE	$ 1,000,000
	[X] EXCESS LIAB [X] CLAIMS-MADE						AGGREGATE	$ 1,000,000
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (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	$
A	PROFESSIONAL LIABILITY			6795757	10/01/14	10/01/15	Each Medical Incid	1,000,000
	LIABILITY (CLAIMS MADE)						Aggregate	3,000,000

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

Evidence of Insurance only. Any alteration to this certifcate or its attachment by anyone other than Integro USA Inc. will make this certificate null and void.

RE: Agreement with DHHS for the Sullivan County Grant program

CERTIFICATE HOLDER

NH DHHS
Contracts and Procurement

129 Pleasant Street

Concord, NH 03301
USA

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

Client#: 241432 NEWLONDONH1

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/03/2015

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: Andrew Reid
HUB International New England, LLC 136 Turnpike Road, Suite 105 Southborough, MA 01772 508 303-9470	PHONE (A/C, No, Ext): 978-661-6843 FAX (A/C, No): E-MAIL ADDRESS: andrew.reid@hubinternational.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : New Hampshire Employers Ins. Co
INSURED New London Hospital Assoc., Inc Kieran Kays 273 County Road New London, NH 03257	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 Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		ECC60040000802014A	10/01/2014	10/01/2015	X WC STATU-TORY LIMITS ☐ OTH-ER	
							E.L. EACH ACCIDENT	$500,000
							E.L. DISEASE - EA EMPLOYEE	$500,000
							E.L. DISEASE - POLICY LIMIT	$500,000

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

Sullivan County Grant Program

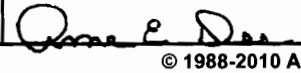
CERTIFICATE HOLDER

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



JS008

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

BerryDunn

[redacted]

THE NEW LONDON HOSPITAL ASSOCIATION, INC. AND SUBSIDIARIES

CONSOLIDATED FINANCIAL STATEMENTS

and

ADDITIONAL INFORMATION

Nine Months Ended June 30, 2014

With Independent Auditor's Report

[redacted]

THE NEW LONDON HOSPITAL ASSOCIATION, INC. AND SUBSIDIARIES

Nine Months Ended June 30, 2014

Table of Contents

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
The New London Hospital Association, Inc. and Subsidiaries

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of The New London Hospital Association, Inc. and Subsidiaries (the Association), which comprise the consolidated balance sheet as of June 30, 2014 and the related consolidated statements of operations, changes in net assets, and cash flows for the nine month period 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 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 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 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 The New London Hospital Association, Inc. and Subsidiaries as of June 30, 2014, and the results of their operations, changes in their net assets and their cash flows for the nine month period 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 financial statements as a whole. Schedules 1 and 2 are presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual organizations, 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 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.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
November 6, 2014

THE NEW LONDON HOSPITAL ASSOCIATION, INC. AND SUBSIDIARIES

Consolidated Balance Sheet

June 30, 2014

ASSETS

Current assets	
Cash and cash equivalents	$ 4,178,519
Patient accounts receivable, net of allowance for uncollectible accounts of $1,589,319	6,539,527
Pledges receivable, net	47,711
Other accounts receivable, net	586,001
Supplies	969,944
Prepaid expenses	1,302,965
Total current assets	13,624,667
Assets limited as to use	10,512,932
Contribution receivable from trust	2,117,600
Long-term investments	279,474
Deferred compensation plan assets	1,395,354
Beneficial interest in perpetual trust	1,750,125
Property and equipment, net	39,100,666
Deferred financing costs, net of amortization	401,222
Other assets	2,206,066
Total assets	$71,388,106

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

LIABILITIES AND NET ASSETS

Current liabilities	
Current portion of long-term debt	$ 307,065
Current portion of capital lease obligation	487,361
Accounts payable and accrued expenses	2,881,709
Accrued salaries, wages, and related amounts	2,168,034
Estimated third-party payor settlements	5,573,624
Current portion of charitable gift annuities	4,930
Other current liabilities	20,000
Total current liabilities	11,442,723
Deferred compensation	1,395,354
Long-term debt, excluding current portion	17,672,398
Capital lease obligations, excluding current portion	694,220
Interest rate swap	3,310,161
Charitable gift annuities, excluding current portion	16,720
Total liabilities	34,531,576
Commitments and contingencies (Notes 8, 11, 12, 13, and 18)	
Net assets	
Unrestricted	32,296,699
Temporarily restricted	318,239
Permanently restricted	4,241,592
Total net assets	36,856,530
Total liabilities and net assets	$ 71,388,106

THE NEW LONDON HOSPITAL ASSOCIATION, INC. AND SUBSIDIARIES

Consolidated Statement of Operations

Nine Month Period Ended June 30, 2014

Unrestricted revenues, gains, and other support	
Patient service revenue (net of contractual allowances and discounts)	$ 41,348,633
Less provision for bad debts	1,866,674
Net patient service revenue	39,481,959
Other operating revenue	2,160,986
Net assets released from restrictions used for operations	94,424
Total revenues, gains, and other support	41,737,369
Expenses	
Salaries and benefits	25,853,432
Supplies and other	7,511,639
Purchased services	5,990,657
Depreciation and amortization	2,710,877
Medicaid enhancement tax	1,852,497
Interest	659,333
Total expenses	44,578,435
Operating loss	(2,841,066)
Nonoperating gains (losses)	
Contribution of net assets	6,697,000
Investment income	231,494
Contributions and program support	501,380
Unrealized loss on interest rate swap	(214,439)
Realized and unrealized gains on investments	912,191
Nonoperating gains, net	8,127,626
Excess of revenues, gains, and other support over expenses and nonoperating gains	5,286,560
Net assets released from restrictions used for purchase of property and equipment	15,350
Increase in unrestricted net assets	$ 5,301,910

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

THE NEW LONDON HOSPITAL ASSOCIATION, INC. AND SUBSIDIARIES

Consolidated Statement of Changes in Net Assets

Nine Month Period Ended June 30, 2014

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balances, October 1, 2013	$ 26,994,789	$ 385,793	$ 2,052,516	$ 29,433,098
Excess of revenues, gains, and other support over expenses and nonoperating gains	5,286,560	-	-	5,286,560
Restricted bequests and contributions	-	42,220	2,117,600	2,159,820
Net assets released from restrictions used for operations	-	(94,424)	-	(94,424)
Net assets released from restrictions used for purchase of property and equipment	15,350	(15,350)	-	-
Change in beneficial interest in perpetual trust	-	-	71,476	71,476
Increase (decrease) in net assets	5,301,910	(67,554)	2,189,076	7,423,432
Balances, June 30, 2014	$ 32,296,699	$ 318,239	$ 4,241,592	$ 36,856,530

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

THE NEW LONDON HOSPITAL ASSOCIATION, INC. AND SUBSIDIARIES

Consolidated Statement of Cash Flows

Nine Month Period Ended June 30, 2014

Cash flows from operating activities	
Change in net assets	$ 7,423,432
Adjustments to reconcile change in net assets to net cash used by operating activities	
Depreciation and amortization	2,710,877
Provision for bad debts	1,866,674
Unrealized loss on interest rate swap	214,439
Net realized and unrealized gains on investments	(912,191)
Net unrealized gain on beneficial interest in perpetual trust	(71,476)
Restricted contributions	(2,159,820)
Contribution of net assets	(6,697,000)
Increase (decrease) in cash resulting from a change in:	
Patient accounts receivable	(1,913,353)
Pledges receivable, net	38,008
Estimated third-party payor settlements	(1,232,364)
Supplies and prepaid expenses	(419,229)
Other accounts receivable, net	(306,549)
Accounts payable and accrued expenses	(1,678,390)
Accrued salaries, wages, and related amounts	327,302
Charitable gift annuities	(383)
Net cash used by operating activities	(2,810,023)
Cash flows from investing activities	
Purchases of property and equipment	(1,314,407)
Proceeds from sale of investments	9,270,976
Purchase of investments	(5,680,866)
Net cash provided by investing activities	2,275,703
Cash flows from financing activities	
Payments on long-term debt	(16,069,175)
Proceeds from long-term debt	18,098,900
Payment on capital lease obligations	(371,188)
Restricted gifts received	42,220
Payment of bond issuance costs	(418,434)
Net cash provided by financing activities	1,282,323
Net increase in cash and cash equivalents	748,003
Cash and cash equivalents, beginning of period	3,430,516
Cash and cash equivalents, end of period	$ 4,178,519
Noncash transaction - acquisition of equipment under capital lease obligation	$ 120,516

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

1. Organization

The New London Hospital Association, Inc. (the NLHA) and Subsidiaries (the Association) is a not-for-profit organization providing inpatient, outpatient and extended care services to residents of Merrimack and Sullivan counties, New Hampshire. Kearsarge Community Services, Inc. (Kearsarge), a taxable corporation which owns and operates a medical office building, is a wholly-owned subsidiary of the Association. New London Medical Center East, Inc. (NLMCE), a taxable corporation which operates a building, is a wholly-owned subsidiary of the Association.

Effective October 1, 2013, the Association became a subsidiary of Dartmouth-Hitchcock Health. Dartmouth-Hitchcock Health is also the parent company of Mary Hitchcock Memorial Hospital and the Dartmouth-Hitchcock Clinic and was formed as an integrated health system designed to efficiently coordinate resources, expand access to specialized services and research, and enhance the value and quality of care in communities throughout New Hampshire and Vermont. As a result of the affiliation, the Association has changed its fiscal year from September 30 to June 30.

The transaction was accounted for as an acquisition in accordance with Accounting Standards Update No. 2010-07, *Not-for-Profit Entities: Mergers and Acquisitions*, which requires the assets and liabilities of the Association to be accounted for at fair value as of the date of the acquisition. The adjustments to fair value of the assets and liabilities were recognized as a contribution of net assets as part of nonoperating gains as of the acquisition date. As of October 1, 2013, the adjustments to each major class of assets and liabilities to reflect fair value were as follows:

Property and equipment	$ 8,124,000
Deferred financing costs	(293,000)
Trade name included in other assets	2,200,000
Estimated third-party payor settlements	(3,334,000)
Contribution of net assets	$ 6,697,000

As of October 1, 2013, the fair value of property and equipment is based on the cost approach and market (comparable sales) approach and considered Level 2, as described in Note 19. The fair value of the trade name is based on an income approach and considered Level 3. The fair value inputs of long-term debt are considered Level 1, since the NHHEFA Revenue Bonds were issued near the date of the affiliation with Dartmouth-Hitchcock Health. The fair values of trade accounts receivable and payable, pledges receivable, and capital lease obligations approximate their carrying values at October 1, 2013 and are considered Level 3 assets and liabilities. Estimated third-party payor settlements were adjusted based on addtional information on the State of New Hampshire's disproportionate share payments to hospitals, and prior deferred financing costs were adjusted as a result of the new NHHEFA Revenue Bonds. Both third-party payor settlements and deferred financing costs are considered Level 3. Cash and cash equivalents are considered Level 1.

2. Summary of Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of the Association and its subsidiaries. Significant intercompany accounts 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 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 bank deposits, certificates of deposits, and short-term investments that have a maturity of three months or less when purchased. Cash and cash equivalents exclude amounts whose use is limited by Board designation or under revenue bond agreements.

Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to operations and a credit to a valuation allowance based on its assessment of individual accounts and historical adjustments. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to patient accounts receivable.

The Association's allowance for doubtful accounts for self-pay patients increased from 85% of self-pay accounts receivable at October 1, 2013, to 86% of self-pay accounts receivable at June 30, 2014. In addition, the Association's self-pay accounts receivable decreased from approximately $1,670,000 at October 1, 2013 to $1,422,000 at June 30, 2014. The Association has not changed its free care or uninsured discount policies during 2014. The Association does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors. The Association recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the service rendered. For uninsured patients that do not qualify for free care, the Association recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a portion of the Association's uninsured patients will be unable to or unwilling to pay for the services provided. Thus, the Association records a significant provision for bad debts related to uninsured patients in the period the services are provided.

Supplies

Supplies are carried at the lower of cost (determined by the first-in, first-out method) or market.

Assets Limited as to Use

Assets limited as to use primarily include investments set aside by the Board of Trustees for future purposes, over which the Board retains control, and which it may at its discretion subsequently use for other purposes.

Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheet. Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in the excess of revenues, gains, and other support over expenses and nonoperating gains pursuant to the fair value option under ASC Topic 825, unless the income or loss is restricted by donor or law.

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. The Association's policy is to capitalize expenditures for major improvements and charge maintenance and repairs currently for expenditures that do not extend the lives of the related assets. 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.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from the excess of revenues, gains, and other support over expenses and nonoperating gains, 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.

Deferred Financing Costs

The costs incurred to obtain long-term financing are being amortized by the straight-line method, which approximates the effective interest method, over the repayment period of the related debt.

Interest Rate Swap

The Association uses an interest rate swap contract to mitigate the cash flow exposure of interest rate movements on variable-rate debt. The Association has adopted Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) Topic 815, *Derivatives and Hedging*, to account for its interest rate swap contract. The interest rate swap is not considered a cash flow hedge and thus the change in value is included in nonoperating gains (losses).

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Association has 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 consolidated statement of operations as net assets released from restrictions.

Permanently restricted net assets have been restricted by donors to be maintained by the Association in perpetuity. Income earned on permanently restricted net assets, including net realized appreciation on investments, is included in the consolidated statement of operations as unrestricted resources or in the consolidated statement of changes in net assets as a change in temporarily restricted net assets in accordance with donor-intended purposes.

Excess of Revenues, Gains, and Other Support Over Expenses and Nonoperating Gains

The statement of operations include the excess of revenues, gains, and other support over expenses and nonoperating gains. Changes in unrestricted net assets that are excluded from this measure, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions that by donor restriction were to be used for the purposes of acquiring such assets).

Net Patient Service Revenue

The Association has agreements with third-party payors that provide for payments to the Association at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, fee schedules and per diem payments. 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, including Medicare and Medicaid. Retroactive adjustments are accrued in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

The Association has a formal charity care policy under which patient care is provided without charge or at amounts less than the established rates to patients who meet certain criteria. Because the Association does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Employee Fringe Benefits

The employees of the Association participate in an "earned time" plan under which each employee earns paid leave for each period worked. These hours of paid leave may be used for vacations, holidays, or illnesses. Hours earned, but not used, are vested with the employee. The Association accrues the cost of these benefits as they are earned up to 300 hours.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Association 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. Pledged intentions to give are recorded as receivables when received net of an estimated uncollectible allowance and present value discount. 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.

Income Taxes

The NLHA is a not-for-profit organization as described in Section 501(c)(3) of the Internal Revenue Code, and is exempt from federal income taxes on related income. Kearsarge and NLMCE are for-profit organizations and, in accordance with federal and state tax laws, file separate returns from that of the NLHA. Taxes were not material in 2014.

Functional Expenses

The Association provides general health care services to residents within its geographic location, including inpatient, outpatient, long-term, and emergency care. Expenses related to providing these services for the nine month period ended June 30, 2014 are:

Health care services	$35,733,591
General and administrative	8,657,759
Fundraising	187,085
	$44,578,435

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through November 6, 2014, the date which the financial statements were issued.

3. Patient Service Revenue (Net of Contractual Allowances and Discounts)

The following summarizes patient service revenue (net of contractual allowances and discounts) for the nine month period ended June 30, 2014:

Gross patient service revenue	$73,732,901
Less contractual allowances and other revenue deductions	32,384,268
Patient service revenue (net of contractual allowances and discounts)	$41,348,633

Revenue net of discounts related to self-pay patients was approximately $3,734,000 for the nine month period ended June 30, 2014.

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

Medicare

Effective April 1, 2003, the NLHA was granted Critical Access Hospital (CAH) status. Under CAH, the NLHA is reimbursed 101% of reasonable allowable cost for its inpatient acute, swing bed, and outpatient services, excluding ambulance services and inpatient hospice care, provided to Medicare patients. The NLHA is reimbursed at tentative interim rates for cost reimbursable items with final settlement determined after submission of annual cost reports by the NLHA and audits thereof by the Medicare fiscal intermediary.The nursing home is not impacted by the CAH designation. Medicare has implemented a prospective payment system for skilled nursing facilities. Providers of care to skilled nursing facility residents eligible for "Part A" Medicare benefits are paid on a prospective basis, with no retrospective settlement. The prospective payment is based on the scoring attributed to the acuity level of the resident at a rate determined by federal guidelines. The NLHA's Medicare cost reports have been audited and settled through September 30, 2010. The physician practices owned by the NLHA are designated as provider-based.

Effective January 1, 2013, the NLHA began participating in Dartmouth-Hitchcock's Pioneer Accountable Care Organization, a Medicare shared savings program initiative. The Association must meet or exceed established quality measures in order to receive any savings. The Association may have a negative shared savings if quality measures are not met. No savings or negative shared savings have been reported to the NLHA since its participation.

Medicaid

Inpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined per diem rates. The prospectively determined per diem rates are not subject to retroactive adjustment. Outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The NLHA is reimbursed at a tentative

rate with final settlement determined after submission of annual cost reports by the NLHA and audits thereof by the fiscal intermediary. The NLHA's skilled nursing facility is reimbursed on a prospectively determined per diem rate. The NLHA's Medicaid cost reports have been audited by the fiscal intermediary through September 30, 2010.

Anthem Blue Cross

The NLHA also maintains contracts with Anthem Blue Cross and various other payors which pay the NLHA for services based on charges with varying discounts, on a per diem basis, or fee schedules.

Revenue from the Medicare and Medicaid programs accounted for approximately 48% and 8%, respectively, of the Association's patient service revenue for the nine month period ended June 30, 2014. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Association 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. As a result, there is at least a reasonable possibility that recorded estimates will 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 revenue in the year that such amounts become known. Net patient service revenue increased approximately $970,000 for the nine month period ended June 30, 2014 due to prior year retroactive adjustments in excess of amounts previously estimated and changes in prior year estimates.

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 and Medicaid Services. Amounts recorded by the Association are therefore subject to change. The DSH payments amounted to $1,552,500 for the nine month period ended June 30, 2014, and are recorded as an increase in net patient service revenue.

The NLHA pays a net patient service revenue tax of 5.5%, which amounted to $1,852,497 for the nine month period ended June 30, 2014, and which is recorded as an operating expense.

4. Charity Care

The Association provides services without charge, or at amounts less than its established rates, to patients who meet the criteria of its charity care policy. The criteria for charity care consider family income, net worth and the federal poverty income guidelines.

The Association estimates the costs associated with providing charity care by calculating a ratio of total costs to total gross charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for charity care. The net cost of charity care provided was approximately $1,329,000 for the nine month period ended June 30, 2014. The net cost of charity care is determined by the total charity care cost less any patient-related revenue due to sliding-scale payments or other patient-specific sources, which were $31,378 in 2014.

In addition to the charity care identified above, the Association does not receive full payment from the Medicaid program for the cost of services to certain low income and elderly patients served through traditional inpatient and outpatient services. The Association incurred $1,007,000 of costs in excess of payments, based on an overall financial statement cost to charge ratio, during the nine month period ended June 30, 2014.

5. Investments

The composition of investments was as follows as of June 30, 2014:

Assets limited as to use by the Board of Trustees	
Cash and cash equivalents	$ 129,838
Mortgage backed securities	309,780
U.S. Treasury obligations	741,872
Marketable equity securities	6,315,266
Corporate bonds	2,010,558
International bonds	1,005,618
	$ 10,512,932
Long-term investments	
Cash and cash equivalents	$ 227,464
Equity mutual funds	20,716
Fixed income mutual funds	31,294
	$ 279,474

Assets limited as to use were designated for the following:

By Board of Trustees:	
Property and equipment reserve	$ 661,266
Depreciation reserve	271,234
Long-term investment purposes	9,580,432
Total assets limited as to use	$ 10,512,932

Investment performance for the nine month period ended June 30, 2014 was as follows:

Investment income	
Interest and dividend income	$ 278,562
Investment fees	(47,068)
	231,494
Realized gains on sales of securities	618,943
Change in unrealized gains on investments	293,248
Total gains on investments	$ 1,143,685

6. Property and Equipment

Property and equipment consists of the following:

Land and land improvements	$ 2,509,337
Buildings and fixed equipment	47,715,848
Major moveable equipment	32,540,489
Construction in progress	1,447,624
	84,213,298
Less accumulated depreciation and amortization	45,112,632
	$39,100,666

Equipment capitalized under capital lease agreements and included in major moveable equipment above consisted of the following as of June 30:

Cost	$ 4,958,479
Accumulated amortization	(2,946,738)
Net book value	$ 2,011,741

Depreciation expense for the nine month period ended June 30, 2014 amounted to $2,694,159.

7. Beneficial Interest in Perpetual Trust

The Association is an income beneficiary of a perpetual trust controlled by an unrelated third-party trustee. The beneficial interest in the assets of the trust is included in the Association's financial statements as permanently restricted net assets. Income is distributed in accordance with the trust documents and is included in investment return. Trust income distributed to the Association for the nine month period ended June 30, 2014 was $62,817.

8. Borrowings

Line of Credit

The Association had a $2,000,000 available line of credit with a local bank, collateralized by a second security interest in the Association's gross receipts and accounts receivable. Interest on borrowings was charged at the Wall Street Journal Prime plus .5%. The line of credit expired in March 2014.

Bonds

In October 2013, the NLHA refunded its Series 2007 Revenue Bonds through NHHEFA Series 2013 Revenue Bonds of $15,520,000. Additional borrowings were obtained (up to $9,480,000 Revenue Bonds, Series 2013B) for the construction of a new health center building in Newport, New Hampshire. 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. The bonds are collateralized by the gross receipts and property of NLHA. 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.

The Series 2013 Revenue Bonds have financial covenants with which the Association must comply. As of June 30, 2014, the Association was not in compliance with certain of the financial covenants and a waiver had been obtained from the issuing bank.

The Association retained its interest rate swap agreement on $15,000,000 of its outstanding bond obligation to hedge the interest rate risk associated with the Bonds. The interest rate swap agreement requires the Association to pay Morgan Stanley Capital Services, Inc., the swap counterparty, a fixed rate of 3.9354% in exchange for the counterparty's payment to the Association of a variable rate based on 67% of the USD-LIBOR-BBA.

The Association is required to include the fair value of the swap in the balance sheet, and annual changes, if any, in the fair value of the swap in the statement of operations. For example, during the swap's holding period, the annually calculated value of the swap will be reported as an asset if expectations regarding future interest rates increase above those in effect on the date the swap was entered into (and unrealized gain in the statement of operations), which will generally be indicative that the net fixed rate the Association is paying is below market expectations of rates during the remaining term of the swap. The swap will be reported as a liability (and as an unrealized loss in the statement of operations) if expectations regarding future interest rates decrease below those in effect on the date the swap was entered into, which will generally be indicative that the net fixed rate the Association is paying on the swap is above market expectations of rates during the remaining term of the swap. These annual accounting adjustments of value changes in the swap transaction are non-cash recognition requirements, the net effect of which will be zero when the swap terminates on October 1, 2037. The Association retains the sole right to terminate the swap agreement should the need arise. The Association recorded the swap at its liability position of approximately $3,310,000 at June 30, 2014.

Long-Term Debt and Capital Leases

Long-term debt consisted of the following as of June 30:

NHHEFA Revenue Bonds, New London Hospital Issue Series 2013, interest is payable at a variable rate ranging from 1.22% to 1.28% at June 30, 2014, annual principal payments are of varying amounts ranging from $255,000 to $1,090,000 through 2043.	$17,923,481
Note payable to Baxter Capital Services payable in interest-free monthly installments of $4,211, through September 2015; collateralized by associated equipment.	55,982
Various capital lease obligations; collateralized by equipment, payable in monthly installments including interest between 0% and 8.62%, expiring through June 2018.	1,181,581
	19,161,044
Less current portion	794,426
Long-term debt and capital leases, excluding current portion	$18,366,618

Aggregate annual principal payments required under long-term debt agreements and annual payments under capital lease obligations are as follows as of June 30, 2014:

	Long-Term Debt	Capital Lease Obligations
Year ending June 30		
2015	$ 307,065	$ 523,093
2016	266,243	358,926
2017	318,838	218,350
2018	348,360	150,007
2019	364,322	-
Thereafter	16,374,635	-
	$ 17,979,463	1,250,376
Less amount representing interest under capital lease obligations		68,795
		$ 1,181,581

Cash paid for interest was approximately $619,500 for the nine month period ended June 30, 2014.

9. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes as of June 30, 2014:

Health care services	$ 213,722
Equipment and capital improvements	30,318
Other	74,199
	$ 318,239

Permanently restricted net assets are restricted to the following as of June 30, 2014:

Assets to be held in perpetuity, the income from which is expendable to support health care services (reported as nonoperating income)	$ 2,349,870
Investments to be held in perpetuity, requiring income to be temporarily restricted for specific purposes (reported as increases in temporarily restricted net assets)	141,597
Beneficial interest in perpetual trust	1,750,125
	$ 4,241,592

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose of providing specific health care services and purchasing of related equipment in the amount of $109,774 for the nine month period ended June 30, 2014.

10. Split-Interest Agreements

The Association administers various charitable gift annuities. A charitable gift annuity provides for the payment of distributions to the donor or other designated beneficiaries for a specified period of time. At the end of that period of time, the remaining assets are available for the Association's unrestricted use or as set forth by the donor agreement. The portion of the assets attributable to the present value of the future benefits to be received by the Association is recorded as an increase in net assets in the period the charitable gift annuity is established in accordance with the Association's policy for recording contribution revenue. There were no contributions for the nine month period ended June 30, 2014. On a quarterly basis, the Association makes distributions to the designated beneficiaries based on actuarial assumptions. The present value of the estimated future payments ($21,650 as of June 30, 2014) is calculated using various discount rates and applicable mortality tables.

11. Related Party Transactions

The Association has entered into a management service agreement (Agreement) with Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital (collectively referred to as D-H), to provide certain management services for the Association. In April 2007, the Association agreed to extend this agreement without an expiration date. The Association engaged D-H to provide, during the term of the Agreement, the chief executive officer (CEO) and also to provide other mutually agreed-upon consultative services and management support. Management fees for the nine month period ended June 30, 2014 were $358,624. Effective January 1, 2009, the Association pays an annual fee to New England Alliance for Health (NEAH), an LLC owned and managed by Mary Hitchcock Memorial Hospital, of $76,000, and many of the consultative services are provided as part of the NEAH arrangement.

12. Commitments

Management Agreement With D-H

The Association has a commitment to purchase management services through D-H for 2015 for the president and CEO, consultative services, and management support in the amount of $598,600.

13. Contingencies

During the period, the Association was covered for malpractice claims under a modified claims-made policy purchased through NEAH. While the Association remains 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 the Association and for services that were provided within the scope of the employee's duties. Therefore, when an employee leaves the insured organization, tail coverage is not required.

The possibility exists, as a normal risk of doing business, that malpractice claims in excess of insurance coverage may be asserted against the Association. U.S generally accepted accounting principles require the Association to accrue the ultimate cost of malpractice 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 Association is involved in litigation and regulatory investigations arising in the normal course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect upon the Association's financial statements.

14. Concentrations of Credit Risk

The Association maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Association has not experienced any losses in such accounts. The Association's management believes it is not exposed to any significant risk on cash and cash equivalents.

The Association 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 as of June 30:

Medicare	42 %
Medicaid	10
Anthem Blue Cross	12
Other third-party payors	19
Patients	17
	100 %

15. Retirement Plans

Defined Contribution Plan

The Association has a tax-sheltered annuity plan under which contributions can be made into the plans by all employees. The Association makes contributions to the plan computed at a percentage of yearly earnings, for employees who meet certain annual and consecutive service requirements, as defined by the plan documents. The Association has temporarily suspended further contributions on behalf of its employees.

Deferred Compensation Plan

The Association has a nonqualified deferred compensation plan established under Section 457 of the Internal Revenue Code of 1986. The plan covers key employees of the Association. The Association has temporarily suspended further contributions on behalf of its employees.

16. Self-Insured Health Plan

Effective October 1, 2001, the Association established a self-funded health insurance plan (Plan). The Plan is administered by an insurance company, which determines 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 Association is insured above a stop-loss amount of $125,000 on individual claims, with a maximum annual aggregate of approximately $3,674,000 for the period ended June 30, 2014. These stop-loss limits exclude the costs of services provided by the Association. Unpaid claims have been recorded as a liability and are reflected in accrued expenses in the balance sheet. Health insurance claims expensed under this Plan amounted to $2,413,265 for the nine month period ended June 30, 2014.

17. Volunteer Services (unaudited)

Volunteer services to the Association totaled approximately 6,667 hours for the nine month period ended June 30, 2014. The Friends of New London Hospital also contributed a significant number of hours supporting a variety of community-based programs. The in-hospital volunteers provide assistance to patients, visitors and staff in a wide range of services including: information and way finding, bedside delivery of mail and flowers, backroom support in multiple departments, system mail delivery and patient activities.

18. Meaningful Use Revenue

The Medicare and Medicaid electronic health record (EHR) incentive programs provide a financial incentive for achieving "meaningful use" of certified EHR technology. The Medicare criteria for meaningful use financial incentives will be staged in three steps up through fiscal year 2016. The meaningful use attestation is subject to audit by CMS 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.

The Medicaid program provides incentive payments to hospitals and eligible professionals, with a certain percentage of Medicaid patient volumes. In the first year of participation, they must adopt and implement, upgrade or demonstrate meaningful use and then demonstrate meaningful use for up to five remaining participation years. There are no payment adjustments under the Medicaid EHR incentive program.

During the nine month period ended June 30, 2014, the NLHA recorded no meaningful use revenue from the Medicare EHR programs. The NLHA has attested to the first stage of meaningful use.

19. Fair Value of Financial Instruments

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.

	Level 1	Level 2	Level 3	Total
Assets:				
Assets limited as to use				
Cash and cash equivalents	$ 129,838	$ -	$ -	$ 129,838
Mortgage backed securities	-	309,780	-	309,780
Corporate bonds	-	2,010,558	-	2,010,558
International bonds		1,005,618		1,005,618
U.S. Treasury obligations	741,872	-	-	741,872
Marketable equity securities				
Basic materials	232,567	-	-	232,567
Communication services	121,275	-	-	121,275
Consumer staples	641,604	-	-	641,604
Consumer discretionary	492,257	-	-	492,257
Energy	533,291	-	-	533,291
Financial services	695,962	-	-	695,962
Healthcare	676,974	-	-	676,974
Industrials	690,707	-	-	690,707
Technology	831,922	-	-	831,922
Utilities	109,283	-	-	109,283
Other	1,289,424	-	-	1,289,424
Total marketable equity securities	6,315,266	-	-	6,315,266
Investments				
Cash and short-term investments	227,464	-	-	227,464
Equity mutual funds	20,716	-	-	20,716
Bond mutual funds	31,294	-	-	31,294
Beneficial interest in perpetual trust	-	-	1,750,125	1,750,125
Contribution receivable from charitable remainder trust	-	-	2,117,600	2,117,600
Deferred compensation plan assets				
Growth mutual funds	242,523	-	-	242,523
Equity mutual funds	844,197	-	-	844,197
Bond mutual funds	79,573	-	-	79,573
International mutual funds	229,061	-	-	229,061
Total deferred compensation plan assets	1,395,354	-	-	1,395,354
Total	$ 8,861,804	$ 3,325,956	$ 3,867,725	$ 16,055,485
Liabilities:				
Interest rate swap	$ -	$ 3,310,161	$ -	$ 3,310,161
Total	$ -	$ 3,310,161	$ -	$ 3,310,161

The fair value of Level 2 assets is based on quoted market prices of comparable securities. The fair value of the interest rate swap is based on quoted market prices of similar swaps.

The fair value of the beneficial interest in perpetual trust and contribution receivable from a charitable remainder trust is based on the quoted market prices of the underlying assets which consist of cash and cash equivalents, marketable equity securities, corporate bonds, and U.S.Treasury obligations. They are classified as Level 3 as there is no market in which to trade the beneficial interest itself. The change in the beneficial interest in perpetual trust is attributed solely to the change in the underlying market value of the Association's interest in the funds. The contribution receivable from a charitable remainder trust is valued at its fair value at the date of the contribution

The Association's financial instruments consist of cash and cash equivalents, assets limited as to use, investments, trade accounts receivable and payable, pledges and contribution receivable, deferred compensation plan assets and liabilities, the beneficial interest in perpetual trust, estimated third-party payor settlements, interest rate swap, long-term debt and capital lease obligations. The fair values of all financial instruments approximate their carrying values at June 30, 2014.

ADDITIONAL INFORMATION

THE NEW LONDON HOSPITAL ASSOCIATION, INC. AND SUBSIDIARIES

Schedule 1

Consolidating Balance Sheet

June 30, 2014

ASSETS

	New London Hospital Association, Inc.	Kearsarge Community Services, Inc. and New London Medical Center East, Inc.	Eliminations	Consolidated
Current assets				
Cash and cash equivalents	$ 3,867,141	$ 311,378	$ -	$ 4,178,519
Patient accounts receivable, net	6,539,527	-	-	6,539,527
Pledges receivable, net	47,711	-	-	47,711
Due from affiliates	602,313	-	602,313	-
Other accounts receivable, net	566,024	19,977		586,001
Supplies	969,944	-	-	969,944
Prepaid expenses	1,302,965	-	-	1,302,965
Total current assets	13,895,625	331,355	602,313	13,624,667
Assets limited as to use	10,512,932	-	-	10,512,932
Contribution receivable from charitable trust	2,117,600	-	-	2,117,600
Long-term investments	279,474	-	-	279,474
Deferred compensation plan assets	1,395,354	-	-	1,395,354
Beneficial interest in perpetual trust	1,750,125	-	-	1,750,125
Property and equipment, net	38,599,645	501,021	-	39,100,666
Deferred financing costs, net of amortization	401,222	-	-	401,222
Other assets	2,206,066	-	-	2,206,066
Total assets	$ 71,158,043	$ 832,376	$ 602,313	$ 71,388,106

THE NEW LONDON HOSPITAL ASSOCIATION, INC. AND SUBSIDIARIES

Schedule 1 (Concluded)

Consolidating Balance Sheet

June 30, 2014

LIABILITIES AND NET ASSETS

	New London Hospital Association, Inc.	Kearsarge Community Services, Inc. and New London Medical Center East, Inc.	Eliminations	Consolidated
Current liabilities				
Current portion of long-term debt	$ 307,065	$ -	$ -	$ 307,065
Current portion of capital lease obligations	487,361	-	-	487,361
Accounts payable and accrued expenses	2,872,534	9,175	-	2,881,709
Accrued salaries, wages, and related amounts	2,168,034	-	-	2,168,034
Estimated third-party payor settlements	5,573,624	-	-	5,573,624
Due to affiliates	-	602,313	602,313	-
Current portion of charitable gift annuities	4,930	-	-	4,930
Other current liabilities	20,000	-	-	20,000
Total current liabilities	11,433,548	611,488	602,313	11,442,723
Deferred compensation	1,395,354	-	-	1,395,354
Long-term debt, excluding current portion	17,672,398	-	-	17,672,398
Capital lease obligations, excluding current portion	694,220	-	-	694,220
Interest rate swap	3,310,161	-	-	3,310,161
Charitable gift annuities, excluding current portion	16,720	-	-	16,720
Total liabilities	34,522,401	611,488	602,313	34,531,576
Net assets				
Unrestricted	32,075,811	220,888	-	32,296,699
Temporarily restricted	318,239	-	-	318,239
Permanently restricted	4,241,592	-	-	4,241,592
Total net assets	36,635,642	220,888	-	36,856,530
Total liabilities and net assets	$ 71,158,043	$ 832,376	$ 602,313	$ 71,388,106

THE NEW LONDON HOSPITAL ASSOCIATION. INC. AND SUBSIDIARIES

Schedule 2

Consolidating Statement of Operations

Nine Month Period Ended June 30. 2014

	New London Hospital Association, Inc.	Kearsarge Community Services, Inc. and New London Medical Center East, Inc.	Eliminations	Consolidated
Unrestricted revenues, gains, and other support				
Patient service revenue (net of contractual allowances and discounts)	$ 41,348,633	$ -	$ -	$ 41,348,633
Less provision for bad debts	1,866,674	-	-	1,866,674
Net patient service revenue	39,481,959	-	-	39,481,959
Other operating revenue	2,164,594	175,594	179,202	2,160,986
Net assets released from restrictions used for operations	94,424	-	-	94,424
Total revenues, gains, and other support	41,740,977	175,594	179,202	41,737,369
Expenses				
Salaries and benefits	25,853,432	-	-	25,853,432
Supplies and other	7,577,625	113,216	179,202	7,511,639
Purchased services	5,990,657	-	-	5,990,657
Depreciation and amortization	2,702,759	8,118	-	2,710,877
Medicaid enhancement tax	1,852,497	-	-	1,852,497
Interest	659,333	40,565	40,565	659,333
Total expenses	44,636,303	161,899	219,767	44,578,435
Operating income (loss)	(2,895,326)	13,695	(40,565)	(2,841,066)
Nonoperating gains (losses)				
Contribution of net assets	6,641,577	55,423	-	6,697,000
Investment income	272,059	-	40,565	231,494
Contributions and program support	501,380	-	-	501,380
Unrealized loss on interest rate swap	(214,439)	-	-	(214,439)
Realized and unrealized gains on investments	912,191	-	-	912,191
Nonoperating gains, net	8,112,768	55,423	40,565	8,127,626
Excess of revenues, gains, and other support over expenses and nonoperating gains	5,217,442	69,118	-	5,286,560
Net assets released from restrictions for purchase of property and equipment	15,350	-	-	15,350
Increase in unrestricted net assets	$ 5,232,792	$ 69,118	$ -	$ 5,301,910

[redacted]

[redacted]

THE NEW LONDON HOSPITAL ASSOCIATION, INC.
BOARD OF TRUSTEES
Effective October 23, 2014

OFFICERS:	Chair	Anne Holmes
	Vice Chair	Susan Reeves
	Secretary	Chris Cundey
	Treasurer	David Marshall
	President & CEO	Bruce P. King

TRUSTEES:

John R. Butterly, MD

Celeste C. Cook

Stanley I. Cundey, Jr

Karen E. Ebel

Donald Eberly, MD

John C. Ferries

Peter E. Hager

Anne B. Holmes

Daniel Jantzen

Carolyn Kerrigan, MD

Bruce P. King

John (Jack) Kirk, MD

Stephen J. LeBlanc

Douglas W. Lyon

David E. Marshall

Jane Rastallis

Susan A. Reeves

Robert M. Rex (Bob)

Lawrence A. Schissel, MD

Curriculum Vitae

Education:

September 1972 to May 1976	Bachelors	University of Massachusetts
August 1981 to May 1985	Medical School	Boston University School of Medicine Boston, Massachusetts
July 1985 to June 1988	Residency Family Medicine	Eastern Maine Medical Center Bangor, Maine

Employment:

July 1988 to August 1989	Private Practice	
August 1989 to August 1990	Staff Physician	Newport Hospital, Newport, NH
August 1990 to Present	Staff Physician	New London Hospital, New London, NH

License/Certifications:

State of New Hampshire Board of Medicine
American Board of Family Practice, Diplomat
Member of New Hampshire Medical Society

NANCY SMITH

OBJECTIVE: To apply my knowledge and experience in the field of nursing and education.

EDUCATION:

Associates Degree in Nursing — May 1998
- New Hampshire Community Technical College Claremont, NH

Diploma in Practical Nursing — July 1982
- New Hampshire Community Technical College, Claremont, NH

High School Diploma — June 1975
- Newport High School, Newport, NH

QUALIFICATIONS SUMMARY: Registered nurse practicing for 30+ years. Experienced in many aspects of nursing care, including; staff nursing, office nursing and developmental disabilities.

RELATED EXPERIENCE:

Newport Health Center, Newport, NH (September 1999-Present)

Registered Nurse – Office Nurse

- Triage incoming phone calls, providing assistance and education to individuals with health concerns.
- Triage and assessment of walk-in patients, ensuring that they receive care needed which may be urgent or routine.
- Mentor multiple medical assistants, providing them guidance and education in their daily workflow.
- Assistant to Gynecologist-Direct Client Assessment, triage, intervention education and counseling in all aspects of gynecological care.
- Maintain infection control practices throughout the clinic.
- Diabetic Educator; including nutrition, blood sugar monitoring, foot care and insulin instruction.

Additional Experience:

- Phlebotomy, IV therapy, electronic medical records, assist with procedures.

Valley Regional Hospital, Claremont, NH (1998-1999)

Registered Nurse-Medical Surgical Floor

- Direct patient care, medication administration, data collection and analytics, reviewed labs, x-x-rays and additional patient reports.
- Assessment of patients, identifying their medical needs aiming to get them back into their normal environment.
- Educating patients on a plan of care and discharge processes.

Community Alliance of Human Services, Claremont, NH (1992-1998)

Licensed Practical Nurse

- Overseeing staff and developmentally disabled population in all aspects of medical care including medication administration and medical wellness.

CERTIFICATION/LICENSURE:

- New Hampshire Registered Nurse License: #045473-21
- Basic Life Support, American Heart Association
- Advanced Cardiovascular Life Support, American Heart Association

COMMUNITY SERVICE/VOLUNTEER WORK:

- Member of St. Patrick's Church, Newport, NH
- Member of the Jake Maxfield Connection
- Breast and Cervical Cancer Program

Susan Clement

Objective To further my career as a Medical Assistant

Professional Highlights

Certified Medical Assistant

- Assist medical provider with patient care

Skills

- Phlebotomy
- Certified in Drug Screening
- CMA Advisory Board
- Preceptor Trainer
-

Employment History

Certified Medical Assistant	New London Hospital	2007 – Current
Office Manager Assistant	New London Hospital Physical Therapy	1996-2007
Activities Assistant	New London Hospital Clough Center	1995-1996
Licensed Nursing Assistant	New London Hospital	1992-1995

Education

Certified Medical Assistant	River Valley College	2007

References References are available on request.

Leslie Hutchins

Experience

June 2005- present **New London Pediatric Care Center** New London, NH

Newport Health Center Newport

Practice Manager

- Oversee the overall flow of office activities for New London Hospital's Pediatric practice. June 2005 – current.
- Practice Manager- Newport Health Center, March 2010-current.
- Over seeing multiple small departments with in the Newport health Center, to include Women's Health Care, Tiger Treatment Center, West Central Behavioral Health.
- Planning and implementation of current on going grants, Sullivan County Grant-Maternal Child Health Grant, Fit for Life, BCCP.
- . Budgeting and Responsibility reports. For all above-mentioned departments.
- Originated internal marketing survey to develop a "teen" waiting area, this will include an individualized space with graphic photos and pertinent reading materials along with current handouts for adolescent issues.
- Various quality projects-Lab QI, HEDIS, PA audits, Pedi QI, DMQI.
- Member of transitioning team for the EMR- developing new workflow and training manuals to assist in the conversion in the practices of Medisense to Practice Partner.
- Manage and support special physician projects. Medical Home and Reach Out and Read. RHC
- Set up and re-location twice of the Pediatric practice, originally New London Pediatrics.

May 2001- June 2005 **Stella Maris Pediatric Care Center** Georges Mills, NH

Physician owned-private practice.

Dr. Douglas B. O'Mara

Practice Business Manager

- Business Manager and accounts receivable/payable for private pediatric office
- Facilities management
- Credentialing, scheduling
- Purchasing
- Payroll and benefits manager
- Work bad debt, collections and financial assistance program.
- Research coding to optimize reimbursement.
- Manage Radiology program; developed and monitored and licensed by the State of NH.

March 1999-April 2001 **New London Pediatrics** New London, NH

4/19/04 Room T ✓

DONALD J. GRIFFIN, CPA

Work: 603-628-7706, x4102

SUMMARY

Senior accounting manager with over 20 years of business experience. Strengths in working with management throughout the company to help ensure that operating systems are operating efficiently and that sound financial analyses are part of all of the major business decisions of the company.

FUNCTIONAL RESPONSIBILITIES

Have been responsible for and an active participant in the following activities:

Financial and Data Processing Controls	Strategic Planning and Forecasting
System Analysis and Improvement	Policy and Procedure Development and Monitoring
Financial Advisor to the Info. Systems Dept.	Financial Advisor to the Marketing Dept.
Cash Management, General Ledger, Investments	Fin. Reporting for 15 Branches and 20 Lines of Bus.
Payroll, Pension, and Disability Management	A/R and A/P Processing, Reporting, and Monitoring
FASB and GASB Implementation	MIS Management
Corporate Budget Prep. and Variance Analysis	Payroll and Fixed Asset Accounting
SEC Reporting: 10K, 10Q, and Mgmt Disc & Anal.	Consolidated Financial Statement Preparation
Directed the Mgmnt. of Medicare Audit & Reimb.	Income Tax Provision and Return Preparation

SELECTED ACCOMPLISHMENTS

- As a leader in The Mental Health Center's Accountable Care Project, created operational process changes that led to over a $1million improvement in profitability within a year.
- Instituted billing and collection process improvements at The Mental Health Center of Greater Manchester that reduced receivables over 180 days by over $1mil, reduced days in receivables by over 15 days, and reduced bad debt expense by $600k.
- Selected by the NH Division of Behavioral Health to serve as the CFO representative for the State's ten Mental Health Centers on the State's Contract Advisory Committee.
- Finance Department member of the Corporate Strategic Planning Committee, the Technology Advisory Committee, the Corporate Quality Committee, and the Corporate Operations Committee at both the Mental Health Center of Greater Manchester and at Blue Cross..
- At Blue Cross, analyzed actual and taped customer service calls and categorized those calls by type of question, problem, or complaint. Assisted Customer Service management to train Service Representatives regarding what to say and do to respond appropriately to customers' problems. Worked with relevant departments to eliminate the sources of the problem calls, such as changing the Summary of Benefits literature to make it easier to understand, creating clearer benefit contract language, creating simpler benefit designs, and initiating specific changes to claims processing programming.
- At Blue Cross, conducted Business Process Improvement analyses of the Billing Department, leading to the planning and implementation of a new billing system. Met with representatives of our clients to determine what was needed to make their invoices easier to understand and process, thereby increasing their ability to pay the invoice more timely and with fewer questions, adjustments, or complaints.
- Performed and directed internal audits throughout the company to verify that processes were controlled and efficient. Presented written and oral reports to managers, the CEO, and the Board of Directors.
- Prepared monthly financial analyses and narratives for presentation to the Board of Directors.
- Managed the annual corporate budget process. Assisted senior management and cost center managers to help prepare their annual budgets. Worked with members of my staff to automate and standardize the process, developing an Excel-based system that would automatically roll up costs by span of control by manager, director, Vice President, and division.

SELECTED ACCOMPLISHMENTS (continued)

- At Blue Cross, assisted in the development of an Activity Based Cost Accounting model that would help each manager to estimate labor, materials, and administrative costs based upon variable projections of sales and costs by product and process.
- At Blue Cross, directed a cost accounting system that has been repeatedly audited without material findings by examiners representing HCFA, Medicare, and the Federal Employee Program.
- Responsible for timely and accurate filing of reports to HCFA, as well as Medicare-approved balance sheets, income statements, and cash control reports for over $300 million of Medicare claims annually.
- Financial management project leader for the selection and implementation of a new mainframe general ledger, budget variance, and cost accounting system, converting from a Walker mainframe system to a Clarus SQL mainframe system.
- Financial management project leader in the selection and implementation of new PC-based fixed asset system (BESTS FAS 2000), investment accounting system (SunLife), and A/P (Great Plains/Dynamics) system within a LAN environment.
- Developed databases and internal financial statements based on managed care medical categories with members of the Actuarial, Provider Reimbursement, and Managed Care Departments.
- Participated in a finance advisory capacity in the development and negotiation of provider contracts, including various withhold, profit sharing, cash flow, and tiered discount arrangements.
- Finance Dept. representative on the committee to qualify BCBSNH for NCQA and HEDIS accreditation.
- Conducted a bank RFP with New England banks to help control banking costs and to maximize service. Set up a lock box arrangement, automated reconciliation, sweep accounts, and Third Party Administrator arrangements for our TPA clients.
- Responsible for the preparation of the health and life insurance statutory annual and quarterly statements.
- Personally prepared the Cash Flow and Reconciliation of Ledger Assets exhibits of the Stat. Statements.
- Prepared the reconciliations of GAAP to statutory bases of accounting.
- Met with the company's actuaries each month to check for the reasonableness and verify the calculation of the incurred-but-not-reported claims estimates.
- Project leader for the development of an automated claims reporting and control system for the disability claims line of business at Chubb Life America.
- Analyzed projected capital asset acquisitions and lease versus purchase decisions, taking into consideration useful economic life, production capacity, labor and maintenance costs, salvage value, and calculating payback, IRR, and NPV.
- Financial requirements consultant for the Cost Plus billing and receivable system developed at BCBSNH.
- Financial requirements consultant for the latest health insurance claims processing and billing system purchased, refined, and implemented at BCBSNH in 1998/1999.
- Proficient in Excel and Microsoft Word. Experienced with Access and PowerPoint.

POSITION HISTORY

THE MENTAL HEALTH CENTER OF GREATER MANCHESTER, NH April, 2002 to Present
Vice President, Chief Financial Officer for New Hampshire's largest mental health center, annually serving over 8,000 clients and generating over $20 million in revenue. Responsible for all financial matters, including billing, and strategic planning.

NORTRAX EQUIPMENT COMPANY, Concord, NH 2000 to 2002

Regional Controller for this retailer of construction equipment with 11 branches throughout the northeast and $140 million in sales. This was a hands-on position, managing an accounting team of nine. The headquarters for this company relocated to NY in 2002.

POSITON HISTORY (continued)

BLUE CROSS/BLUE SHIELD OF NEW HAMPSHIRE, Manchester, NH 1990-1999
Vice President, Controller for New Hampshire's largest health insurer with over $300 million in annual revenue. Upon merger with Anthem, position eliminated due to duplication with the parent company in Indiana.

NUMERICA FINANCIAL CORP., Manchester, NH 1988-1989
Vice President, Controller for this bank holding company with over $1billion in assets.

CHUBB LIFE AMERICA, Concord, NH 1986-1988
Assistant Vice President of Financial Reporting for this consolidated group of five life insurance companies with over $1.75 billion in assets and over $500 million in annual revenue

NORTHEAST CONSOLIDATED SERVICES, Concord, NH 1983-1986
Director of Internal Auditing for this subsidiary of Blue Cross and Blue Shield of NH and VT.

SULLIVAN, BILLE & CO., CPAs, Tewksbury, MA 1979-1983
Audit Supervisor of manufacturing, construction, banking, wholesalers, retailers, and not-for-profits.

EDUCATION

Bentley College
Certificate of Accounting. Graduated with highest honors, cum. 3.91.
Bentley College
Completed 50% of the MBA program prior to relocating to Bow, NH.
University of Massachusetts
Bachelor of Science, Member of Dean's list.
Continuing Professional Education
Courses and seminars qualifying for the NHCPA annual CPE requirement (a minimum of 40hrs/yr), including:

- Annual auditing and GAAP updates sponsored and/or approved by the NH Society of CPA's.
- Annual accounting and tax conferences sponsored by BCBC Association.
- Graduate level Financial Management courses.
- Specialized courses, such as Preparing the Medicare Cost Report, Long-Term Care Alternatives, Measurement and Statistics for Making Improvements, NAIC Model Investment Laws and Holding Company Act, Health Organization Risk Based Capital, Facilitating Process Improvement Teams, Process Flowcharting, Legal Toolkit for Business Owners, Derivative Investments, Personal Financial Planning, FAS 109 Accounting for Income Taxes, various management seminars, and various software system and application seminars and training sessions.

CERTIFICATIONS AND AFFILIATIONS

- Member of the American Institute of Certified Public Accountants and NH Society of CPAs.
- Passed all four parts of the three-day Uniform CPA Exam in the first attempt.
- Former Treasurer of the NH Association for the Blind. Consulted on the selection and implementation of a MAS 90 general ledger and financial reporting system during my tenure.

Robert Half®
Finance & Accounting

LISA COHEN, CPA, CHFP

Summary

- Certified Public Accountant with seven years of experience preparing financial statements in compliance with GAAP standards.
- Accomplished professional with proficiency in accounting, payroll, internal controls and regulatory compliance.
- Team oriented professional with superior communication skills across all levels of the organization.

Highlights

- Certified Public Accountant, NH and Vermont
- Certified Healthcare Finance Professional
- Public accounting experience with audit expertise
- Exceptional analytical and problem solving skills
- Proficient in Microsoft Excel, QuickBooks, Meditech and McKesson

Experience

The New London Hospital Association, Inc.
Vice President, Controller
June, 2014 to present

Visiting Nurse and Hospice of VT and NH, Inc.
Controller, West Lebanon NH
2013 to June, 2014

- Directed and supervised assigned personnel including accounting, accounts payable, payroll, and billing departments with an overall staff of nine in multiple locations.
- Reviewed existing procedures and implemented new processes to streamline closing and provide accurate and timely results of operations.
- Analyzed and interpreted data between various reporting systems to correct long standing reporting discrepancies.
- Researched emerging regulatory issues and worked with directors to coordinate implementation between departments.

Key achievements:

- Coordinated year end audit with no adjustments. Revised audit preparation to electronic format improving the quality of the data provided and minimizing on site time required by audit team.
- Developed procedures which allowed accounting monthly close to be condensed into two days while enhancing the accuracy of data reported.
- Identified and corrected discrepancies between billing and accounting processing of customer overpayments. Revised refund process in billing and accounting to address core issues and prevent further problems.
- Implemented new process to comply with CMS CR8358 by collaborating with clinical, hospice and information services and training staff on key aspects of the change.

Robert Half®
Finance & Accounting

Alice Peck Day Memorial Hospital
Senior Accountant/Financial Analyst, Lebanon NH
2009 to 2013

- Provided training, support and guidance to staff accountants for processing of accounts payable, payroll, fixed assets and general ledger transactions in compliance with GAAP standards.
- Ensured monthly closings were completed efficiently and accurately to produce timely financial statements in accordance with applicable reporting standards.
- Designed and implemented procedures for monthly closing to improve processes and ensure all transactions were classified appropriately

Key achievements:

- Provided audit planning, preparation and assistance to ensure audits were completed with no audit adjustments for all four years with the company
- Prepared and filed annual not for profit tax returns for Hospital and related entities in compliance with all IRS guidelines
- Worked with patient accounting to implement new processes and procedures enabling improved reporting of transactions in compliance with revenue recognition requirements.
- Reviewed payroll filings and administration for compliance with state and federal requirements.
- Designed templates to verify compliance with complex transactions.

Tyler, Simms and St. Sauveur
Staff Accountant, Lebanon NH
2006 to 2009

- Performed attestation services, audits, reviews, compilations, agreed upon procedures and tax services for a diverse client base.
- Planned and performed audits for not-for-profit and for profit organizations, employee benefit plans, and internal controls (SAS 70).
- Ensured that audits were performed in compliance with GAAS standards

Key achievements:

- Certified public accountant designation NH 2009 and Vermont 2010
- Prepared financial statements in compliance with GAAP requirements for a diverse client base including for profit and not-for-profit entities
- Supervised staff and provided training and support to ensure work was completely accurately and within the required timeframe
- Prepared tax returns for corporations, partnerships, sole proprietorships and individuals

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Finance & Accounting

Eric Pollari Construction
Office Manager, Newport NH
1998 to 2006

- Coordinated and performed all administrative functions, and increased company efficiency and profitability
- Managed accounts payable, accounts receivable, payroll and employee benefits, compliance, cost analysis, tax compilation and deposits

Key achievements:

- Developed a more organized company culture through instituting policies and guidelines for employees to follow, and providing incentives to reward employees
- Designed and implemented an expedited billing system
- Monitored and analyzed financial performance, including the creation of a cost analysis program; communicated results in a timely manner to allow for correction

Education

Master of Science in Business Administration, Accounting
New England College, Henniker NH
Anticipated Graduation, Oct 2013, 4.0 GPA

Bachelor of Arts in Business Administration, Accounting Concentration
New England College, Henniker NH 2005
Summa Cum Laude, 4.10 GPA on a 4.0 scale (honors)

Richard DiLalla

PROFILE:

Dynamic Professional offering successful leadership in Healthcare / Performance Management, blending innovation, and evidence based best practices, with a disciplined approach to achieving immediate and long term objectives.

Thoughtful leader who improves performances through collaboration with cross functional teams, senior managers, and consultants.

EXPERIENCE:

Vice President **Current:**
New London Medical Group
New London Hospital

Directs all administrative and management activities for New London Hospital Medical Group with the Medical Director and Chief Medical Officer. Leads the Administrative Team in carrying out day to day operations. Leads planning for the development of professional services.

Performance Manager **May 2009- December 2014**
Department of Orthopaedics
Dartmouth-Hitchcock Medical Center

Collaborate with Department Chair, Section Chiefs, and Director of Orthopaedics to directly influence the optimization of departmental processes, and overall performance against departmental goals.

Work collaboratively with Physicians, Medical Directors, Residents, and Administrators at all levels in the institution as Ambulatory Operations sponsor for institutional initiatives spanning the DH System, including eD-H Ambulatory Prioritization Liaison, Operations Leader of the MyQuest Steering Committee, Co-Leader of the Ambulatory Downtime Project, Ambulatory Operations Sponsor for Lebanon Advanced Care Pathways, and Ambulatory Leader for the ESI Implementation.

Scope of Practice:
115 people when fully Staffed, including 60 Providers, and 55 Administrative staff.

Director of Finance and Administration **January 2009-May 2009**
Center for Orthotics and Prosthetic Care
Durham, NC

Responsible for all systems and personnel required for financial integrity and operational efficiencies, including Recruiting and Training of Staff, Insurance Contracting, Purchasing, Inventory Management, Payroll, Human Resources, Business Reporting and Analysis, IT and Software Systems, Government Regulations, Joint Commission Compliance, New Facility Design and Development

Improve Administration and Operational Efficiencies
- Provide systems, training, and measurement of Revenue cycle, and workflow process
- Develop reports to allow managers to track results, and employees to see progress
- Refine use of Digital Document Management System to provide "paperless" office

- Develop best practices to allow for addition of new services, business models, and additional offices.
- Develop a "relationship" based marketing Company that markets to specific Physician groups.
- Improve quality of Patient Care for Physician Groups
- Provide Patient education and training

Avalon Medical Group **April 2004 - January 2009**
Practice Administrator / Operations Manager
Chapel Hill, NC

- Daily functions and Supervision related to Internal Medicine/Family Practice for 6 Providers and 10 Support Staff
- Maintained Annual Budget & Financial Projections, Reporting guidelines, and Analysis of Data
- Designed and Managed Renovation and Practice Relocation in June 2007
- Planed Advertising/Marketing for Practice
- Maintained, IT systems within office
- Developed and Maintained Practice Website
- Managed Conversion of Practice Management System
- Established Training Schedules & Response Forums for Staff
- Converted Lab to Moderate Complexity to facilitate faster results for patients in 2007
- Monitor oversight of Lab and Clinical Compliance Standards in office
- Monitor Patient Satisfaction & Increase Staff Availability to Patients

Gayle Ackerman Dilalla, M.D. **July 1994 - March 2003**
Practice Manager General Surgery Practice
Punta Gorda, FL

Responsible for Practice Startup, Implementation of Medical Software and Electronic Claim Processing, Computer Networking and Systems Integration, Negotiated Insurance Contracts, Staff Management, Implemented Training Programs for Staff, Pension Management, Equipment Procurement, Medical Compliance with Government Regulations, Insurance Billings and Collections, Accounts Payables & Account Receivables, Payroll, Tax issues and General Financial Planning, Medical Coding of Surgical procedures, Advertising and Marketing of Practice

Allstate Insurance Company **1986-1992**

Commercial Field Underwriter 1990-1992
Atlanta, GA

Responsible for Training, Marketing, and Underwriting Profitable Business Insurance for 210 Agents in Florida
Identified profitable growth markets
Analyzed and evaluated competitive environment
Formulated regional strategies into pricing matrix
Evaluated results of programs and initiated changes as necessary.

Implemented programs, policies, procedures, or strategies
Communicated information and coordinated dialogue between agents, Underwriting, Sales, and National Home Office
Developed and implemented interactive multimedia training program for new and Senior Agents

Sales Management Division 1989-1990
Assistant Market Sales Management Trainee
St Petersburg, FL

Obtained #1 ranking at National Sales Training Center
2 Time winner of Life Insurance Promotion (1 as agent, 1 as manager)
Recruited, and Hired Prospective Agent Candidates
Responsible for Startup on New Agent Offices
Positively affected issue ratio of life insurance written in territory
Honor Ring Award (Top Producer) winner during sales rotation
Managed sales district of 24 agents while assisting in their training and development

Corporate Accounting Unit Manager 1989

Responsible for 12 Senior Associates handling Accounts Payable, Accounts Receivable, Delinquent Accounts, Collections, Claim Draft Processing, and Automated Payroll System
Introduced new ideas and training programs to unit
Developed people to promote within company
Maximized productivity through development of personnel
Maintained effective upward communication programs
Achieved all controllable expense goals
Achieved affirmative action results
Achieved 2 perfect departmental audits while managing unit

Cash Remittance Unit Supervisor 1986-1988
St Petersburg, FL

Responsible for 16 associates and Twenty-Million dollars in weekly deposits
Developed and implemented quality training programs
Analyzed and revised unit workflow
Managed master computer systems conversion and retraining of personnel in unit
Hired and fired personnel
Tracked and implemented pay for performance policies in unit for unit

PROFESSIONAL COACHING EXPERIENCE:

Head Age Group Coach Venice Y / USS Flying Fish 2002-2003
Head Coach Charlotte County High School Swim Team 1995-1996
Head Coach Infinity Aquatics 1995-1996
Head Coach Roanoke Masters Aquatic Club 1992-1994
Assistant Aquatics Director - North Cross School 1992-1994
Assistant Coach Carter Center Aquatics 1992-1994
Head Coach Team Tuna Masters Swim Team 1991-1992
- Three national Champions at 1992 Masters Nationals
- Fifteen national Top Ten Finishers at 1992 Masters Nationals

Assistant Coach Episcopal High School Swim Team 1992
Assistant Coach University of Tennessee Men's Swim Team 1985-1986
Academic Advisor University of Tennessee Men's Swim Team 1985-1986
Head Coach Gibbs High School Swim Team 1986

HONORS:

U.S. Masters Swimming National Champion	1992
USMS All-American (1989-1992)	
Captain University of Tennessee Men's Swim Team	1984-1985
3-Time NCAA All-American (1981-1985)	
University of Tennessee Scholarship Athlete	1981-1985
4-year Letterman University of Tennessee	
National Prep Swimming Champion	1981
12 Time Prep All-American	1979-1981

MEMBERSHIPS:

MGMA	
ASCA Level 3 Certification	1993
Certified Insurance Counselor	1992
Graduate Crosby Quality Process	1989
Phi Eta Sigma National Honor Society	1982

EDUCATION:

University of Tennessee, Degree: B.A., 1986
Major: Economics Minor: Business

Leslie Hutchins

Aprox dates

- Practice Manager 1999-2001
- Physician credentialing with Insurances enrollment with Carriers
- Clerical and clinical staffing – all aspects of scheduling and training.
- Referral coordinator 1997-2001
- Medical Assistant 9/1995-2001
- Front desk clerical duties as needed.
- Practice coordinator 1997-1999

Education

Aug 2006- June 2007 Antioch University Keene, NH

Certificate in Community Health Care

Student in the Leap Frog Program, through interview, to the Certificate program.

Additionally:

1976-1978- UMASS Stockbridge-Horticulture and Design.
1978-1979- U.S. Army
1972-1976- Springfield High School, Springfield VT

Skills and Other Accomplishments

Medical Assistant – New London Pediatrics 8/1995-1997 (grandfathered)
Current CPR/BLS
Confidentiality of Medical Records/NH Law- Release of Medical Records Lorman Seminars 1999, 2000,2001,2003,2006,2010
Employee Recordkeeping 2001
HIPAA and NH Release of Records State Law/ Lorman 2003 and 2005
Foundation for Healthy Communities/seminars 2008
NEAH seminars 2008 and 2009-2010

Memberships and Affiliations

NHMGMA –1999- 2012
American Academy of Pediatrics- Appointed Administration and Practice Management Section
2009-2012

Special Interests

1991-1995 Corydon Co-op Kindergarten- started and incorporated
1995-2002 Croydon School Board
1995-2002 SAU dist. 43 Board member

References :
Douglas B. O'Mara MD Traverse City, Michigan
Janet Larsen, Director of Surical services, Frisbee Mem Hospital, Rochester, NH
Rebecca Lozman CPNP Newport Health Center

BRUCE P. KING, FHFMA, MPH

• 603-526-5241 (Work)

SENIOR EXECUTIVE

35 years of successful experience providing fiscal, strategic and operations leadership in uniquely challenging situations.

Results oriented leader with strong track record of performance in turnaround and healthcare organizations. Utilize analysis, insights and team approach to drive organizational improvements and implementation of best practices with focus on quality patient care. Capable of resolving multiple and complex issues.

PROFESSIONAL EXPERIENCE

NEW LONDON HOSPITAL ❖ NEW LONDON, NH
PRESIDENT AND CEO 2003-PRESENT

Under management contract with Dartmouth-Hitchcock Medical Center, President and CEO of a 25 bed Critical Access Hospital with embedded 58 bed nursing home and 4 lines of business (Hospital, Physician Practices, Nursing Home, Ambulance) serving 15 towns and a population of 31K. Provide fiscal, strategic and operational leadership to improve quality patient care, satisfaction while also improving operating results.

- Established new and expanded clinical programs in the areas of cardiology, oncology, orthopedics, neurology, neurosurgery, pre/post natal care, sleep lab, pediatrics, 24/7 acute care hospitalist, nursing home hospitalist, chaplaincy and dermatology.
- Achievement of a 225% increase of net revenue from FY '03 – FY '11.
- Successfully reversed years of operating losses resulting in operating gains for 6 out of past 9 years.
- Planned, developed, financed and completed a $21M, 48,000 square foot addition, 20,000 square foot renovation "on-time and on-budget".
- Successfully fund-raised more than one-third of the total project financing exceeding targeted goals by raising $7.7M.
- Acquired and implemented an electronic medical record (EMR) from McKesson, utilizing a USDA loan-grant program; achieved Meaningful Use, Phase I. Recently named "Most Wired" from AHA/Health Forum.
- NLH and personal awards for outstanding performance from the Institute of Healthcare Improvement (IHI), Harvard Pilgrim Health Care (HPHC), NH Economic Development, State of New Hampshire Immunization Program, New Hampshire Hospital Association (NHHA) for Trustee and Physician leadership, and Center for Medicare/Medicaid (CMS) 5-star rating, named NH Grass Roots Champion for 2011.
- Coordinated the establishment of a picture archiving and communication system (PACS) for four different hospitals and related radiologist group.

DARTMOUTH-HITCHCOCK MEDICAL CENTER ❖ LEBANON, NH
VICE PRESIDENT, CONTRACTING AND NETWORK DEVELOPMENT 1994-2003

- Instrumental in the establishment of the Dartmouth-Hitchcock Alliance network organization.
- Responsible for the negotiation of major payer contracts for MHMH, DH Clinic, and DHA Organizations

DARTMOUTH-HITCHCOCK MEDICAL CENTER ❖ LEBANON, NH
VICE PRESIDENT, FISCAL SERVICES 1987-1994

- Oversight for the budget, reimbursement, and patient accounting functions of MHMH.
- Involved in the planning, financing, and move of DHMC to a new campus.

KPMG PEAT, MARWICK ❖ BOSTON, MA
SENIOR CONSULTANT 1983-1987

ST. ELIZABETH'S HOSPITAL OF BOSTON ❖ BRIGHTON, MA 1981-1983
ASSISTANT CONTROLLER

MASSACHUSETTS DEPT. OF MENTAL HEALTH ❖ MEDFIELD, MA
TREASURER 1977-1981

EDUCATION

Boston University, 1991 ❖ Master of Science
University of Massachusetts, 1977 ❖ Bachelor of Science

BOARDS AND MEMBERSHIPS (partial listing)

Board of Trustees ❖ New England Life Care (NELC)
Board of Trustees, Vice-Chair ❖ Crotched Mountain Rehabilitation Center
Board of Directors ❖ American Thrombosis & Hemostasis Network
Treasurer ❖ State of New Hampshire Health Plan
Delegate ❖ AHA Regional Policy Board
Board of Directors ❖ Ledyard National Bank
Appointee for Region 1 ❖ MCHB-HTC
Member and past Chair ❖ Rural Health Coalition
Instructor in Community and Family Medicine ❖ Dartmouth Medical School
Past President ❖ NH/VT Chapter of Healthcare Financing Management Association (HFMA)
Past Member of National Advisory Council ❖ HFMA
Past Member of Board of Trustees ❖ Foundation for Healthy Communities
Past Member ❖ Quality and Patient Safety of Combined Subcommittee of NHHA and FHC
Past member and Chair, Board of Directors ❖ New Hampshire Hospital Association

Revised: 10/7/14

R E S U M E

Name: Lynn M. Oakes

Address:

Telephone Number:

Work Experience:
1973 - 1974 : Accounting Clerk at Northampton Community College in Bethlehem, PA. Worked in the College Bookstore doing purchasing and accounts payable.

1974 - 1976: Medical Records Specialist with the United States Army stationed at the Second General Hospital, Landstuhl, Germany. My duty assignment was working in Hospital Administration for which I received several accommodations.

1982 - 1995: I began employment at the Great Brook Valley Health Center (Non-Profit) as a third-party billing clerk for two years. I was then promoted to bookkeeper for three years. My responsibilities included payroll, employee benefits, accounts payable, accounts receivable, and purchasing. After three years as bookkeeper I was then promoted to Associate Director of Finance. I was in that position from 1988 - 1995. I was supervisor of the Billing, MIS, Support and Bookkeeping Departments. My duties included staffing and training o f those departments. I was responsible for all aspects of accounts receivable, accounts payable, investments, contract billing, payroll, budget preparation, and various other financial duties. I was also responsible for all monthly financial statements, inclusive of all General Ledger postings, aging reports for follow-up on all accounts receivable(insurance reimbursements) and preparation of schedules for the auditing process which was done on a yearly basis. During my years of employment at the Great Brook Valley Health Center I was awarded Employee of the Year.

1996 - Present: Business Assistant/Accountant for School Administrative Unit #43. I am responsible for maintaining all bank accounts for Sunapee, Newport, Croydon, and SAU 43, doing monthly bank reconciliations, making deposits for all three districts and the SAU, posting all revenue, reconciling all accounts, preparing for audit, billing districts for tuition, E-Rate, doing federal grant reports, yearly attendance reports and other projects as needed. From July 2001 - October 2001, I was Acting Business Manager for SAU 43.

Education:

1972: Graduated with honors from Holy Cross High School, Cinnaminson, New Jersey.

1973: Attended Penn State University majoring in Allied Health.

1974: Attended Medical Records Courses at Fort Samhouston, Texas. Received credits from Baylor University.

1977 - 1979: Graduated with highest honors from Quinsigamond Community College with an Associate Degree in Liberal Arts.

1979 - 1983: Graduated from Worcester State College with a Bachelor Degree in Management. I returned to Worcester State College to earn a Bachelor Degree in Mathematics with a minor in Computer Science. I am currently a few credits shy of that degree.

New London Hospital
Newport Health Center

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
To be determined	Grant Coordinator			54,114
Lawrence Schissel	Medical Director	$185,000	1.6%	2,960
Nancy Smith	Care Coordinator	82,500	39%	50,000
To be Determined	Data Analyst			15,000
Susan Clement	Medical Assistant	40,200	29.8%	12,000
To be Determined	Social Services/Clinical Asst/Health Coach			23,000
Bruce P. King	CEO	0	0	0
Donald Griffin	CFO	0	0	0
Lisa Cohen	Controller	0	0	0
Richard R. DiLalla	VP New London Medical Group	0	0	0
Leslie Hutchins	Practice Manager	0	0	0
Lynn Oakes	Sr Accountant	0	0	0

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	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 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
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: BPK
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

4/28/14
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: BPK
Date: 3/25/14

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 150 users annually with 450 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 70 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

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: The New London Hospital, Inc.

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	$ 1,245.20	$ -	$ 1,245.20	
2. Employee Benefits	$ 302.07	$ -	$ 302.07	
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):	$ -	$ -	$ -	
Healthcare services for grant eligible	$ 38,018.73	$ -	$ 38,018.73	
patients	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 39,566.00	$ -	$ 39,566.00	

Indirect As A Percent of Direct 0.0%

Contractor Initials: BAK

Date: 3/25/14

Exhibit B-1 (2015) -Amendment 1

Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: The New London Hospital, Inc.

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	$ 67,641.60	$ -	$ 67,641.60	0
2. Employee Benefits	$ 20,067.78	$ -	$ 20,067.78	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	$ 3,346.60	$ -	$ 3,346.60	0
12. Subcontracts/Agreements	$ -	$ -	$ -	0
13. Other (specific details mandatory):	$ -	$ -	$ -	0
Healthcare services for grant eligible	$ 110,691.62	$ -	$ 110,691.62	0
patients	$ -	$ -	$ -	0
Clinical Services	$ 13,145.40	$ -	$ 13,145.40	0
Case Management	$ 10,200.00	$ -	$ 10,200.00	0
0	$ -	$ -	$ -	0
TOTAL	**$ 225,093.00**	**$ -**	**$ 225,093.00**	0
Indirect As A Percent of Direct		0.0%		

Contractor Initials: BPK

Date: 3/25/15

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
Improving health, preventing disease, reducing costs for all

Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 15, 2012

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

APPROVED BY _____
DATE 6/20/12
PAGE 16
ITEM # 125

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

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.

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	Lisse 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 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	

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, 2015
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:

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

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 hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.
5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials: BPIC
Date: 4/5/12

8. EVENT OF DEFAULT/REMEDIES.
8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):
8.1.1 failure to perform the Services satisfactorily or on schedule;
8.1.2 failure to submit any report required hereunder; and/or
8.1.3 failure to perform any other covenant, term or condition of this Agreement.
8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:
8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;
8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;
8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or
8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.
9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.
9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.
9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.
14.1 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, the following insurance:
14.1.1 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 occurrence; and
14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.
14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.
14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

Contractor Initials: BPK
Date: 4/5/12

certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.
15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").
15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

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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: **The New London Hospital Association, Inc.**

ADDRESS: **273 County Road**
New London, New Hampshire 03257
President and Chief Executive Officer: **Bruce King**
TELEPHONE: **603-526-5512**

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 250 users annually with 500 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 125 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

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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. 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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Date: 4/5/11

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: **The New London Hospital Association, Inc.**

ADDRESS: **273 County Road**
New London, New Hampshire 03257
President and Chief Executive Officer: **Bruce King**
TELEPHONE: **603-526-5512**

Vendor #177167-R005 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:

   $264,914 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.

   $58,350 for Breast and Cervical Cancer Screening, funded from 100% federal funds from the Center for Disease Control (CFDA #93.283).

TOTAL: $323,264

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: BPK

Date: 4/5/12

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: BPK

Date: 4/5/12

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: BPK

Date: 4/5/12

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: BPK

Date: 4/5/12

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: BPK

Date: 4/5/12

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: BSK

Date: 4/5/12

(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.

The New London Hospital Association, 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**

Bruce P. King President & CEO

Name and Title of Authorized Contractor Representative

Bruce P. King 4/5/12

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.

Bruce S. King — Pres. Pres & CEO

Contractor Signature — **Contractor's Representative Title**

The New London Hospital Association, Inc. — 4/5/12

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: BPK

Date: 4/5/12

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**
The New London Hospital Association, Inc.	4/5/12
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.

Bruce P. King — President & CEO

Contractor Signature — **Contractor's Representative Title**

The New London Hospital Association, Inc. — 4/5/12

Contractor Name — **Date**

Budget Form

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

Bidder/Program Name: New London Hospital Association, Inc.

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

Budget Period: July 1, 2012 - June 30, 2013

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 62,590.00	$ -	$ 62,590.00	
2. Employee Benefits	$ 21,800.00	$ -	$ 21,800.00	
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				
Healthcare services for grant eligible pat	$ 48,067.00		$ 48,067.00	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 132,457.00	$ -	$ 132,457.00	

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: The New London Hospital Association, Inc.

Budget Request for: Primary Care Services-BCCP
(Name of RFP)

Budget Period: July 1, 2012 - June 30, 2013

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ -	$ -	$ -	
2. Employee Benefits	$ -	$ -	$ -	
3. Consultants	$ -	$ -	$ -	
4. Equipment:	$ -	$ -	$ -	
Rental	$ -	$ -	$ -	
Repair and Maintenance	$ -	$ -	$ -	
Purchase/Depreciation	$ -	$ -	$ -	
5. Supplies:	$ -	$ -	$ -	
Educational	$ -	$ -	$ -	
Lab	$ -	$ -	$ -	
Pharmacy	$ -	$ -	$ -	
Medical	$ -	$ -	$ -	
Office	$ -	$ -	$ -	
6. Travel	$ -	$ -	$ -	
7. Occupancy	$ -	$ -	$ -	
8. Current Expenses	$ -	$ -	$ -	
Telephone	$ -	$ -	$ -	
Postage	$ -	$ -	$ -	
Subscriptions	$ -	$ -	$ -	
Audit and Legal	$ -	$ -	$ -	
Insurance	$ -	$ -	$ -	
Board Expenses	$ -	$ -	$ -	
9. Software	$ -	$ -	$ -	
10. Marketing/Communications	$ -	$ -	$ -	
11. Staff Education and Training	$ 5,200.00	$ -	$ 5,200.00	
12. Subcontracts/Agreements	$ -	$ -	$ -	
13. Other (specific details mandatory):	$ -	$ -	$ -	
Cost of providing mammograms	$ 23,975.00	$ -	$ 23,975.00	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 29,175.00	$ -	$ 29,175.00	

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: New London Hospital Association, Inc.

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

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 62,590.00	$ -	$ 62,590.00	
2. Employee Benefits	$ 21,800.00	$ -	$ 21,800.00	
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	$ -	$ -	$ -	
Healthcare services for grant eligible pat	$ 48,067.00		$ 48,067.00	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 132,457.00	$ -	$ 132,457.00	
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: The New London Hospital Association, Inc.

Budget Request for: Primary Care Services-BCCP
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ -	$ -	$ -	
2. Employee Benefits	$ -	$ -	$ -	
3. Consultants	$ -	$ -	$ -	
4. Equipment:	$ -	$ -	$ -	
Rental	$ -	$ -	$ -	
Repair and Maintenance	$ -	$ -	$ -	
Purchase/Depreciation	$ -	$ -	$ -	
5. Supplies:	$ -	$ -	$ -	
Educational	$ -	$ -	$ -	
Lab	$ -	$ -	$ -	
Pharmacy.	$ -	$ -	$ -	
Medical	$ -	$ -	$ -	
Office	$ -	$ -	$ -	
6. Travel	$ -	$ -	$ -	
7. Occupancy	$ -	$ -	$ -	
8. Current Expenses	$ -	$ -	$ -	
Telephone	$ -	$ -	$ -	
Postage	$ -	$ -	$ -	
Subscriptions	$ -	$ -	$ -	
Audit and Legal	$ -	$ -	$ -	
Insurance	$ -	$ -	$ -	
Board Expenses	$ -	$ -	$ -	
9. Software	$ -	$ -	$ -	
10. Marketing/Communications	$ -	$ -	$ -	
11. Staff Education and Training	$ 5,200.00	$ -	$ 5,200.00	
12. Subcontracts/Agreements	$ -	$ -	$ -	
13. Other (specific details mandatory):	$ -	$ -	$ -	
Cost of providing mammograms/services	$ 23,975.00	$ -	$ 23,975.00	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	**$ 29,175.00**	**$ -**	**$ 29,175.00**	

Indirect As A Percent of Direct 0.0%

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,

State of New Hampshire
Department of Health and Human Services

6/12/15
Date

NAME: Brook Dupee
TITLE: Bureau Chief

Weeks Medical Center

5/13/15
Date

NAME Scott Howe
TITLE CEO

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: Megan A. Yip
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: _____

Date 5/18/15

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: [signature]

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:

Contractor's Initials: K

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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: _____

Date 5/13/15

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.

Contractor's Initials:

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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.

Contractor's Initials: _____

Date 5/13/15

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: _____

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: _____

Date 5/13/15

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: _____

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.

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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,

Contractor Initials: _____

Date: 5/13/15

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: _____
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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 (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: _____
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-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: Weeks Medical Center

Budget Request for: Primary Care MCH-RHPC

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

1. Total Salary/Wages	$ 244,920.26	$ -	$ 244,920.26	$ 138,247.26	$ -	$ 138,247.26	$ 106,673.00	$ -	$ 106,673.00
2. Employee Benefits	$ 61,230.06	$ -	$ 61,230.06	$ 61,230.06	$ -	$ 61,230.06	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ 73,476.08	$ -	$ 73,476.08	$ 73,476.08	$ -	$ 73,476.08	$ -	$ -	$ -
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	$ 379,626.40	$ -	$ 379,626.40	$ 272,953.40	$ -	$ 272,953.40	$ 106,673.00	$ -	$ 106,673.00

Indirect As A Percent of Direct 0.0%

Date: 5/13/15

Contractor's Initials:

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: Weeks Medical Center

Budget Request for: Primary Care - BCCP

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

1. Total Salary/Wages	$ 7,922.46	$ -	$ 7,922.46	$ 4,862.46	$ -	$ 4,862.46	$ 3,060.00	$ -	$ 3,060.00
2. Employee Benefits	$ 1,980.62	$ -	$ 1,980.62	$ 1,980.62	$ -	$ 1,980.62	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ 2,376.74	$ -	$ 2,376.74	$ 2,376.74	$ -	$ 2,376.74	$ -	$ -	$ -
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):	$ 7,200.00	$ -	$ 7,200.00	$ 3,142.00	$ -	$ 3,142.00	$ 4,058.00	$ -	$ 4,058.00
BCCP Fee for Service Reimbursement	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 19,479.82**	**$ -**	**$ 19,479.82**	**$ 12,361.82**	**$ -**	**$ 12,361.82**	**$ 7,118.00**	**$ -**	**$ 7,118.00**

Indirect As A Percent of Direct 0.0%

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	$ 4,062.50	$ -	$ 4,062.50	$ -	$ -	$ -	$ 4,062.50	$ -	$ 4,062.50
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 191,536.92	$ -	$ 191,536.92	$ 116,474.42	$ -	$ 116,474.42	$ 75,062.50	$ -	$ 75,062.50
Indirect As A Percent of Direct		0.0%							

Contractor Initials: _____

Date: 5/13/15

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: Weeks Medical Center

Budget Request for: Primary Care MCH-RHPC

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

Line Item										
1. Total Salary/Wages	$ 249,485.24	$ -	$ 249,485.24	$ 142,812.24	$ -	$ 142,812.24	$ 106,673.00	$ -	$ 106,673.00
2. Employee Benefits	$ 62,371.31	$ -	$ 62,371.31	$ 62,371.31	$ -	$ 62,371.31	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ 74,845.57	$ -	$ 74,845.57	$ 74,845.57	$ -	$ 74,845.57	$ -	$ -	$ -
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	$ 386,702.12	$ -	$ 386,702.12	$ 280,029.12	$ -	$ 280,029.12	$ 106,673.00	$ -	$ 106,673.00
Indirect As A Percent of Direct		0.0%							

Date: 5/13/15

Contractor's Initials:

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: Weeks Medical Center

Budget Request for: Primary Care - BCCP

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

1. Total Salary/Wages	$ 8,080.91	$ -	$ 8,080.91	$ 5,020.91	$ -	$ 5,020.91	$ 3,060.00	$ -	$ 3,060.00
2. Employee Benefits	$ 2,020.23	$ -	$ 2,020.23	$ 2,020.23	$ -	$ 2,020.23	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ 2,424.27	$ -	$ 2,424.27	$ 2,424.27	$ -	$ 2,424.27	$ -	$ -	$ -
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):	$ 7,200.00	$ -	$ 7,200.00	$ 3,142.00	$ -	$ 3,142.00	$ 4,058.00	$ -	$ 4,058.00
BCCP Fee for Service Reimbursement	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 19,725.41**	$ -	**$ 19,725.41**	**$ 12,607.41**	$ -	**$ 12,607.41**	**$ 7,118.00**	$ -	**$ 7,118.00**

Indirect As A Percent of Direct 0.0%

Date: 5/13/15

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: Weeks Medical Center

Budget Request for: Primary Care - SBIRT

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

1. Total Salary/Wages	$ 87,507.61	$ -	$ 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
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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

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:

5/13/15
Date

Name: Scott Howe
Title: CEO

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 formed December 22, 1919. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.

In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 10th day of April A.D. 2015

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, _____David Atkinson_____, do hereby certify that:
(Name of Elected Officer of the Agency; cannot be Contract Signatory)

1. I am a duly elected Officer 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 ___March 7, 2014_____:
(Date)

RESOLVED: That the _____Scott Howe_____
(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 __13th___ day of ___May____, 2015___.
(Date Contract Signed)

4. _____Scott Howe_____ is the duly elected _____Chief Executive Officer_____
(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 ____13th_____ day of ___May_____, 2015____,

By ____David Atkinson_____.
(Name of Elected Officer of the Agency)

_____
(Notary Public/Justice of the Peace)

KATHY ST. ONGE, Notary Public
My Commission Expires June 22, 2016

Commission Expires: _____

ACORD® CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/17/2015

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:
Integro USA Inc. dba Integro Insurance Brokers Two Financial Center 60 South Street, Suite 800 Boston, MA 02111 1-617-531-6000	PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: LEXINGTON INS CO	19437
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Weeks Medical Center

173 Middle Street

Lancaster, NH 03584

COVERAGES **CERTIFICATE NUMBER:** 43274645 **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			6795757	10/01/14	10/01/15	EACH OCCURRENCE	$ 1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 1,000,000
	[X] 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 $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (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	$
A	HEALTHCARE PROFESSIONAL LIABILITY (Claims Made)			6795757	10/01/14	10/01/15	Each Medical Incid	1,000,000
							Aggregate	3,000,000

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

Evidence of Insurance only
RE: Family Planning Grant SFY 2016 and SFY 2017

CERTIFICATE HOLDER

DHHS
Division of Public Health Services
Joannie Foss
29 Hazen Drive

Concord, NH 03301
USA

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

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/17/2015

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 1-617-723-7775 Hays Companies of New England 133 Federal Street 2nd Floor Boston, MA 02110	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED Weeks Medical Center 173 Middle Street Lancaster , NH 03584	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : NEW HAMPSHIRE EMPLOYERS INS CO — 13083 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 43274589 **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			ECC60040001732015A	01/01/15	01/01/16	X PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (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 Div of Public Health Services
NHDHHS

29 Hazen Drive

Concord, NH 03301
USA

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

Weeks Medical Center
Board of Trustees and Officers – 2015

Name	Office	Term	Term Expires
David Atkinson	President	2 years	December 2016
Scott Burns		2 years	December 2016
George Cook		2 years	December 2017
Dennis Couture		2 years	December 2015
Donald Crane	Treasurer	2 years	December 2017
Sarah Desrochers	Secretary	2 years	December 2016
William Everleth		2 years	December 2017
Charlie Fitch		2 years	December 2015
Stanley Holz	Vice President	2 years	December 2016
Patrick Kelly		2 years	December 2016
Dana Muzzey		2 years	December 2017
Patsy Pilgrim		2 years	December 2015
Lisa Tetreault	Member at Large	2 years	December 2016
Keith Young		2 years	January 2015

Scott Howe	CEO
Celeste Pitts	CFO
Lars Nielson	Chief Medical Officer
Donna Walker	CNE
Mederic LeBlanc, MD	Medical Staff President

Honorary Members

Rebecca More	Honorary Trustee

Kathy.St.Onge@weeksmedical.org Administrative Assistant 788-5026 – W

Revised: 1/1/2015

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]

[redacted]

Weeks Medical Center

FINANCIAL STATEMENTS

September 30, 2014 and 2013

With Independent Auditor's Report

[redacted]

WEEKS MEDICAL CENTER

September 30, 2014 and 2013

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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, 2014 and 2013, 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, 2014 and 2013, 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

Portland, Maine
December 18, 2014

WEEKS MEDICAL CENTER

Balance Sheets

September 30, 2014 and 2013

ASSETS

	2014	2013
Current assets		
Cash and cash equivalents	**$ 7,316,720**	$ 4,275,053
Patient accounts receivable, net of allowances of $4,803,422 and $5,325,897 in 2014 and 2013, respectively	**4,230,585**	5,218,935
Other accounts receivable	**1,532,973**	2,075,767
Supplies	**747,048**	785,686
Prepaid expenses	**663,358**	500,860
Total current assets	**14,490,684**	12,856,301
Investments	**16,437,438**	15,152,714
Property and equipment, net	**15,353,690**	16,025,201
Deferred financing costs, net	**113,024**	120,125
Total assets	**$ 46,394,836**	$ 44,154,341

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

LIABILITIES AND NET ASSETS

	2014	2013
Current liabilities		
Current portion of long-term debt and capital leases	**$ 349,689**	$ 348,973
Accounts payable and accrued expenses	**1,038,020**	1,062,684
Accrued salaries, wages and related accounts	**2,120,894**	2,392,582
Deferred revenue	**819,076**	1,669,231
Estimated third-party payor settlements	**5,722,678**	3,327,556
Total current liabilities	**10,050,357**	8,801,026
Long-term debt and capital leases, less current portion	**8,411,242**	8,760,072
Interest rate swap	**442,706**	582,782
Total liabilities	**18,904,305**	18,143,880
Net assets		
Unrestricted	**25,872,017**	24,416,246
Temporarily restricted	**628,215**	606,201
Permanently restricted	**990,299**	988,014
Total net assets	**27,490,531**	26,010,461
Total liabilities and net assets	**$ 46,394,836**	$ 44,154,341

WEEKS MEDICAL CENTER

Statements of Operations

Years Ended September 30, 2014 and 2013

	2014	2013
Unrestricted revenues, gains, and other support		
Patient service revenue (net of contractual allowances and discounts)	$ 39,000,305	$ 38,559,674
Provision for bad debts	1,934,949	2,113,281
Net patient service revenue	37,065,356	36,446,393
Net assets released from restrictions used for operations	81,757	94,605
Other operating revenue	3,172,984	3,033,003
Total unrestricted revenues, gains and other support	40,320,097	39,574,001
Expenses		
Salaries and wages	13,973,409	14,050,568
Employee benefits	4,109,410	4,118,083
Physician salaries and fees	7,753,453	8,092,709
Medicaid enhancement tax	1,349,260	1,330,368
Contract labor	482,187	553,845
Medical supplies	3,998,944	4,295,686
Other supplies and services	4,605,524	4,322,719
Utilities	712,935	743,548
Insurance	329,186	328,563
Depreciation and amortization	2,565,620	2,536,594
Interest	446,836	458,132
Total expenses	40,326,764	40,830,815
Operating loss	(6,667)	(1,256,814)
Nonoperating gains		
Contributions	1,470	6,457
Investment income, net	1,290,296	1,315,687
Unrealized gain on interest rate swap	140,076	280,276
Total nonoperating gains	1,431,842	1,602,420
Excess of revenues, gains, and other support over expenses and nonoperating gains and before discontinued operations	1,425,175	345,606
Discontinued operations	(8,806)	(88,126)
Excess of revenues, gains, and other support over expenses and nonoperating gains	1,416,369	257,480
Net assets released from restrictions for capital acquisitions	39,402	27,002
Increase in unrestricted net assets	1,455,771	284,482
Unrestricted net assets, beginning of year	24,416,246	24,131,764
Unrestricted net assets, end of year	$ 25,872,017	$ 24,416,246

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

WEEKS MEDICAL CENTER

Statements of Changes in Net Assets

Years Ended September 30, 2014 and 2013

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balances, October 1, 2012	$ 24,131,764	$ 561,889	$ 988,014	$ 25,681,667
Excess of revenues, gains and other support over expenses and losses	257,480	-	-	257,480
Change in net unrealized gains on investments		14,686	-	14,686
Restricted investment income	-	21,059	-	21,059
Restricted contributions	-	130,174	-	130,174
Net assets released from restrictions used for operations		(94,605)	-	(94,605)
Net assets released from restrictions for capital acquisitions	27,002	(27,002)	-	-
Change in net assets	284,482	44,312	-	328,794
Balances, September 30, 2013	24,416,246	606,201	988,014	26,010,461
Excess of revenues, gains and other support over expenses and losses	**1,416,369**	-	-	**1,416,369**
Change in net unrealized gains on investments	-	**34,158**	-	**34,158**
Restricted investment income	-	**12,095**	-	**12,095**
Restricted contributions	-	**96,920**	**2,285**	**99,205**
Net assets released from restrictions used for operations	-	**(81,757)**	-	**(81,757)**
Net assets released from restrictions for capital acquisitions	**39,402**	**(39,402)**	-	-
Change in net assets	**1,455,771**	**22,014**	**2,285**	**1,480,070**
Balances, September 30, 2014	**$ 25,872,017**	**$ 628,215**	**$ 990,299**	**$ 27,490,531**

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

WEEKS MEDICAL CENTER

Statements of Cash Flows

Years Ended September 30, 2014 and 2013

	2014	2013
Cash flows from operating activities		
Change in net assets	**$ 1,480,070**	$ 328,794
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	**2,565,620**	2,536,594
Loss (gain) on sale of equipment	**19,212**	(7,954)
Provision for bad debts	**1,934,949**	2,113,281
Realized and unrealized gains on investments	**(969,739)**	(993,171)
Unrealized gain on interest rate swap	**(140,076)**	(280,276)
(Increase) decrease in		
Patient accounts receivable	**(946,599)**	(2,373,910)
Other accounts receivable	**542,794**	(917,171)
Supplies	**38,638**	(1,963)
Prepaid expenses	**(162,498)**	(264,911)
Increase (decrease) in		
Accounts payable and accrued expenses	**(24,664)**	(1,198,847)
Accrued salaries, wages and related accounts	**(271,688)**	173,676
Deferred revenue	**(850,155)**	1,238,635
Estimated third-party settlements	**2,395,122**	3,091,681
Net cash provided by operating activities	**5,610,986**	3,444,458
Cash flows from investing activities		
Proceeds from sale of equipment	**1,500**	26,482
Purchases of property and equipment	**(1,907,720)**	(1,103,485)
Proceeds from sales of investments	**2,831,782**	3,951,091
Purchase of investments	**(3,146,767)**	(4,251,767)
Net cash used by investing activities	**(2,221,205)**	(1,377,679)
Cash flows from financing activities		
Repayments of long-term debt	**(348,114)**	(338,103)
Net cash used by financing activities	**(348,114)**	(338,103)
Net increase in cash	**3,041,667**	1,728,676
Cash and cash equivalents, beginning of year	**4,275,053**	2,546,377
Cash and cash equivalents, end of year	**$ 7,316,720**	$ 4,275,053
Supplemental disclosure of cash flow information		
Cash paid for interest	**$ 446,836**	$ 458,132

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.

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, a statement of operations 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 operations.

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 three 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 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.

Deferred Financing Costs

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. Deferred financing costs are recorded net of accumulated amortization of $46,525 and $39,424 as of September 30, 2014 and 2013, respectively.

Interest Rate Swap

The Hospital uses an interest rate swap contract to eliminate the cash flow exposure of interest rate movements on variable-rate debt. The Hospital has 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 gains.

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

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, and unrealized gain 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

The statements of operations include excess of revenues, gains, and other support over expenses and nonoperating gains. 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 as 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 18, 2014, 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.

Reclassifications

Certain reclassifications have been made to the 2013 financial statements to conform to the 2014 presentation.

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:

	2014	2013
Gross patient service revenue	**$ 70,636,539**	$ 69,990,543
Less contractual allowances	**(29,340,162)**	(28,803,565)
Less charity care	**(2,296,072)**	(2,627,304)
Patient service revenue (net of contractual allowances and discounts)	**39,000,305**	38,559,674
Less provision for bad debts	**1,934,949**	2,113,281
Net patient service revenue	**$ 37,065,356**	$ 36,446,393

Patient Accounts Receivable

Patient accounts receivable is stated net of estimated contractual allowances and allowances for doubtful accounts as of September 30:

	2014	2013
Gross patient accounts receivable	**$ 9,034,007**	$ 10,544,832
Less: Estimated contractual allowances	**2,922,700**	3,033,279
Estimated allowance for doubtful accounts and charity care	**1,880,722**	2,292,618
Net patient accounts receivable	**$ 4,230,585**	$ 5,218,935

Estimated allowance for doubtful accounts at September 30:

	2014	2013
Self-pay patients	$ 770,813	$ 752,954
All other payors	365,670	316,155
	$ 1,136,483	$ 1,069,109

During 2014, self-pay write-offs increased from $2,289,613 to $2,850,708 and decreased from $2,573,920 to $2,289,613 during 2013. 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 and radiology 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 56% and 10%, respectively, of the Hospital's net patient service revenue for the year ended 2014, and 55% and 9%, respectively, of the Hospital's net patient service revenue for the year ended 2013. 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 decreased approximately $43,000 and $1,300,000 in 2014 and 2013, 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 2014 totaled $39,000,305, of which $35,179,060 was revenue from third-party payors and $3,821,245 was revenue from self-pay patients. Patient service revenue, net of contractual allowances and discounts, but before the provision for bad debts, recognized during 2013 totaled $38,559,674, of which $33,331,832 was revenue from third-party payors and $5,227,842 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 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 $1,318,000 and $1,559,000 for the years ended September 30, 2014 and 2013, respectively. The total cost estimate is based on an overall cost to charge ratio applied against gross charity care charges. In 2014 and 2013, 3.3% and 3.8%, respectively, of all services as defined by percentage of gross revenue was provided on a charity care basis.

In 2014, of a total of 864 inpatients, 61 received their entire episode of service on a charity care basis. In 2013, of a total of 919 inpatients, 76 received their entire episode of service on a charity care basis.

In 2014, of a total of 79,641 outpatients, 3,208 received their entire episode of service on a charity care basis. In 2013, of a total of 80,898 outpatients, 5,146 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:

	2014	2013
Land and improvements	$ 1,018,880	$ 975,177
Buildings	13,411,357	13,154,848
Fixed equipment - buildings and improvements	13,025,426	12,275,541
Fixed equipment - departmental	460,926	461,418
Major movable equipment	12,233,029	11,136,225
Construction in progress	113,685	707,805
	40,263,303	38,711,014
Less: accumulated depreciation	24,909,613	22,685,813
	$ 15,353,690	$ 16,025,201

5. Investment and Investment Income

Investments consisted of the following as of September 30:

	2014	2013
Internally designated investments		
Cash and cash equivalents	$ 1,451,920	$ 1,092,419
Marketable equity securities	8,288,866	7,664,644
Corporate bonds	3,101,230	3,636,190
U.S. Treasury obligations and government securities	2,093,874	1,287,637
	14,935,890	13,680,890
Restricted investments		
Cash and cash equivalents	177,913	225,839
Certificate of deposit	327,280	327,280
Marketable equity securities	325,800	288,747
Corporate bonds	416,039	522,357
U.S. Treasury obligations and government securities	254,516	107,601
	1,501,548	1,471,824
	$ 16,437,438	$ 15,152,714

Total investment return is comprised of the following for the years ended September 30:

	2014	2013
Interest and dividend income		
Unrestricted	**$ 354,715**	$ 337,202
Temporarily restricted	**12,095**	21,059
Unrealized gains		
Unrestricted	**566,264**	981,098
Temporarily restricted	**34,158**	14,686
Realized gains (losses)		
Unrestricted	**369,317**	(2,613)
	$ 1,336,549	$ 1,351,432

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 I, 2008, the State of New Hampshire adopted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) 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 expended.

Endowment (donor-restricted) net asset composition by type of fund as of September 30:

	Temporarily Restricted	Permanently Restricted	Total
Balances, October 1, 2012	$ 143,598	$ 988,014	$1,131,612
Investment return			
Investment income, net	3,935	-	3,935
Net appreciation (realized and unrealized)	8,973	-	8,973
Total investment return	12,908	-	12,908
Balances, September 30, 2013	156,506	988,014	1,144,520
Investment return			
Investment income, net	**1,711**	-	**1,711**
Net appreciation (realized and unrealized)	**25,752**	-	**25,752**
Total investment return	**27,463**	-	**27,463**
Contributions	-	**2,285**	**2,285**
Balances, September 30, 2014	**$ 183,969**	**$ 990,299**	**$1,174,268**

6. Borrowings

Long-term debt consisted of the following as of September 30:

	2014	2013
Business Finance Authority of the State of New Hampshire (Authority) variable rate (2.59% at September 30, 2014) Hospital Revenue Series 2010 Bonds due September 2030. Principal payments are due in annual installments, ranging from $339,000 in 2015 to $760,000 in 2030; collateralized by substantially all of the property and equipment of the Hospital.	**$ 8,741,500**	$ 9,080,500
Capital lease obligation, at 7.58%, due in 2016; collateralized by leased equipment.	**19,431**	28,545
	8,760,931	9,109,045
Less current maturities	**349,689**	348,973
	$ 8,411,242	$ 8,760,072

The bond agreements require that the Hospital meet certain covenants. As of September 30, 2014 and 2013, the Hospital was in compliance with these covenants.

Estimated maturities for long-term debt in subsequent fiscal years from September 30, 2014 are as follows:

	Long-Term Debt (Excluding Capital Lease Obligations)	Capital Lease Obligations
2015	$ 339,000	$ 11,856
2016	390,000	8,949
2017	390,000	-
2018	417,000	-
2019	444,000	-
Thereafter	6,761,500	-
	$ 8,741,500	20,805
Less amounts representing interest		1,374
		$ 19,431

Interest Rate Swap

In connection with the issuance of the 2005 bonds, the Hospital entered into three interest rate swap agreements to hedge the interest rate risk associated with the 2005 bonds. The swaps were retained subsequent to the refinancing in 2010. Under these agreements, the Hospital makes and receives payments based on the difference between the fixed-rate interest payments and the variable market-indexed payments. The notional amounts of the interest rate swaps outstanding totaled $5,255,050 and $5,397,100 at September 30, 2014 and 2013, respectively. The two interest rate swap agreements expiring on June 30, 2015 require the Hospital pay a fixed interest rate of 4.64% and 3.67% in exchange for a variable rate of USD-LIBOR-BBA and USD-BMA Municipal Swap Index, respectively. The interest rate swap agreement expiring on June 30, 2020 requires the Hospital pay a fixed interest rate of 3.84% in exchange for a variable rate of USD-BMA Municipal Swap Index.

The Hospital is required to include the fair value of the swap in the balance sheet, and annual changes, if any, in the fair value of the swap in the statement of operations. For example, during the Bonds' 20-year holding period, the annually calculated value of the swap will be reported as an asset if the interest rates increase above those in effect on the date the swap was entered into (and as an unrealized gain in the statements of operations), which will generally be indicative that the net fixed rate the Hospital is paying is below market expectations of rates during the remaining term of the swap. The swap will be reported as a liability (and as an unrealized loss in the statements of operations) if interest rates decrease below those in effect on the date the swap was entered into, which will generally be indicative that the net fixed rate the Hospital is paying on the

swap is above market expectations of rates during the remaining term of the swap. These annual accounting adjustments of value changes in the swap transaction are non-cash recognition requirements, the net effect of which will be zero at the end of the swaps' terms. The Hospital retains the sole right to terminate the swap agreements should the need arise. The Hospital recorded the swaps at their liability position of $442,706 and $582,782 at September 30, 2014 and 2013, respectively.

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, 2014. 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 determined that no such accrual is necessary for the year ended September 30, 2014.

Health Insurance

In January 2008, the Hospital established an HMO medical plan and a high deductible health savings account (HSA) plan for their 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 $3,750 and a two person or family plan total deductible of $10,000, of which the Hospital would reimburse up to the last $7,500.

As of September 30, 2014 and 2013, a reserve was established in the amount of $14,112 and $97,026, respectively, to fund potential claims by employees who are eligible for reimbursement for their incurred deductible expenses through the HRA.

Disproportionate Share Payments

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 and Medicaid Services. Amounts recorded by the Hospital are therefore subject to change.

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, 2014 and 2013 was $467,277 and $505,276, respectively.

9. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes or periods at September 30:

	2014	2013
Indigent care	$ 255,725	$ 265,029
Health education	188,521	184,666
Endowment accumulated earnings	183,969	156,506
	$ 628,215	$ 606,201

Permanently restricted net assets are restricted to the following at September 30:

	2014	2013
Investments to be held in perpetuity, the income from which is expendable to support health care services (reported as non-operating income)	$ 990,299	$ 988,014

During 2014 and 2013, net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes of capital acquisitions, indigent care and health care education in the amounts of $121,159 and $121,607, 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, 2014.

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, 2014 and 2013 was as follows:

	2014	2013
Medicare	**41 %**	39 %
Medicaid	**11**	12
Blue Cross/HMO	**9**	6
Other third-party payors	**13**	14
Patients	**26**	29
	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:

	2014	2013
Health care services	**$34,199,431**	$35,974,324
General and administrative	**7,264,489**	7,896,803
	$41,463,920	$43,871,127

12. Fair Value of Financial Instruments

Fair Value Measurements

FASB ASC 820 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, 2014		
	Total	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Assets			
Cash and cash equivalents	$ 1,629,833	$ 1,629,833	$ -
Certificates of deposit	327,280	327,280	-
Marketable equity securities			
Materials	836,454	836,454	-
Industrials	1,363,656	1,363,656	-
Telecommunications	255,690	255,690	-
Consumer	2,228,609	2,228,609	-
Energy	682,775	682,775	-
Financial services	925,958	925,958	-
Health care	886,091	886,091	-
Information technology	1,110,521	1,110,521	-
Equity funds	219,316	219,316	-
Other	105,596	105,596	-
Total marketable equity securities	8,614,666	8,614,666	-
Corporate bonds	3,517,269	-	3,517,269
U.S. Treasury obligations and government securities	2,348,390	2,348,390	-
Total assets at fair value	$ 16,437,438	$ 12,920,169	$ 3,517,269
Liabilities			
Interest rate swap	$ 442,706	$ -	$ 442,706

	Fair Value Measurements at September 30, 2013		
	Total	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Assets			
Cash and cash equivalents	$ 1,318,258	$ 1,318,258	$ -
Certificates of deposit	327,280	327,280	-
Marketable equity securities			
Materials	638,374	638,374	-
Industrials	1,452,472	1,452,472	-
Telecommunications	241,485	241,485	-
Consumer	2,046,063	2,046,063	-
Energy	745,207	745,207	-
Financial services	772,961	772,961	-
Health care	758,677	758,677	-
Information technology	982,725	982,725	-
Equity funds	216,726	216,726	-
Other	98,701	98,701	-
Total marketable equity securities	7,953,391	7,953,391	-
Corporate bonds	4,158,547	-	4,158,547
U.S. Treasury obligations and government securities	1,395,238	1,395,238	-
Total assets at fair value	$ 15,152,714	$ 10,994,167	$ 4,158,547
Liabilities			
Interest rate swap	$ 582,782	$ -	$ 582,782

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.

The Hospital's financial instruments consist of cash and cash equivalents, investments, estimated third-party payor settlements, long-term debt and leases, and interest rate swaps. The carrying amount of cash and cash equivalents, estimated third-party payor settlements, and long-term debt and leases approximate fair value using Level 1 inputs. The fair value of investments and interest rate swaps was determined using methods and inputs described in the first section of this note.

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 CMS 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 2014 and 2013, 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 2014, the Hospital recorded meaningful use revenues of $860,295 related to Medicare and $216,299 related to Medicaid. During 2013, the Hospital recorded meaningful use revenues of $1,047,928 related to Medicare and $83,354 related to Medicaid.

As of September 30, 2014 and 2013, the Hospital has recorded approximately $605,000 and $1,165,000, respectively, in deferred revenue as the Hospital will recognize the Medicare incentive income over the useful lives of the assets. As of September 30, 2014 and 2013, the Hospital had not received approximately $40,000 and $1,172,000, respectively, of EHR incentive payments, which is included in other accounts receivable. These amounts were received subsequent to the end of the year.

14. Related Party

As of July 1, 2012, the Hospital formed an LLC, Northern New Hampshire Healthcare Management (NNHHM), with Upper Connecticut Valley Hospital (UCVH), and Androscoggin Valley Hospital (AVH), to provide a vehicle for shared saving arrangements within Coos County. NNHHM currently provides management services for UCVH which consist of the Chief Administrative Officer (CAO) and Chief Financial Officer (CFO). The CAO position is paid through NNHHM effective January 1, 2013. The CFO position is shared with the Hospital, and is being compensated for these services based on the allocated salary and benefits of the personnel performing these services.

As of April 10, 2013, the Hospital has formed a corporation, Northern New Hampshire Healthcare Collaborative, Inc. (NNHHC), with UCVH and AVH to provide a vehicle for shared ownership arrangements between three organizations. An application for tax-exempt status was filed with the IRS on July 9, 2013. Non-profit status was granted effective March 26, 2013.

Effective July 19, 2013, AVH Home Health has joined 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.

On July 21, 2014, the Hospital, along with three other hospitals in the North Country, Androscoggin Valley Hospital, Littleton Regional Healthcare, and Upper Connecticut Valley Hospital, have signed a non-binding letter of intent to create a common parent organization that would serve all communities in the North Country. The letter of intent provides a way forward for each of the organizations working together with the others to seek both regulatory approvals needed for this business affiliation. Under this arrangement, the four hospitals would each exchange some autonomy, given to the parent organization, to enable the hospitals to develop a highly-coordinated health care network that will improve quality, increase efficiencies and lower cost of health care delivery in the region.

15. Discontinued Operations

In January 2014, the Hospital's home health division formally ceased operations under the Hospital and joined NNHHC. All home health services were treated as discontinued operations for fiscal years 2014 and 2013. Net patient service revenue of $1,128,350 and $2,952,186 is reported net of related expenses of $1,137,156 and $3,040,312 for the fiscal years ending September 30, 2014 and 2013, respectively.

[redacted]

[redacted]

Scott W. Howe

[redacted]

Experience

6/98 - Present Weeks Medical Center Lancaster, NH

Chief Executive Officer

- Responsible for overall management of hospital, physician office, home health and hospice services.
- Report to the Weeks Medical Center Board of Trustees

12/94 – 5/98 Weeks Medical Center Lancaster, NH

Chief Financial Officer

- Responsible for managing and reporting the financial affairs to the Weeks Medical Center Board of Trustees
- Worked with Department Heads to prepare and submit the annual budget to the Board of Trustees
- Managed the following departments: Data Processing, Accounting, Collections, Purchasing, Admitting, Switchboard, Dietary and Home Health

2/84 – 11/94 Gifford Memorial Hospital Randolph, VT

Vice President of Finance

- Responsible for managing and reporting the financial affairs to the hospital's Board of Directors
- Worked with Department Heads to prepare and submit the Hospital's annual budget to the Board of Directors
- Submitted the Hospital's budget to the State's Review Board including responding to questions at a public hearing
- Involved in developing the Hospital's diversification into Physician Offices, Home Care as a means to protect market share and respond to regulatory pressure
- Negotiated Managed Care contracts
- Managed the following departments: Data Processing, Accounting, Collections, Purchasing, Admitting, Switchboard and Physician Offices

8/80 – 2/84 Springfield Hospital Springfield, VT

Accounting Manager

- Managed all the accounting and financial statement preparation for this multi-corporate organization
- Responsible for completing Medicare and Medicaid cost reports
- Worked with departments in preparation of budgets
- Established the pricing structure for the for-profit commercial laboratory operated by the Hospital
- Managed the Hospital's Accounts Payables and Payrolls
- Created the accounting systems when the Hospital was reorganized into a multi-corporate structure

7/79 – 8/80 Kors, Inc. Rutland, VT

Accounting Manager

- Performed all the accounting functions for this High Density Polyethylene manufacturer
- Secured a current asset financing program with First National Bank of Boston
- Directed purchasing, billing, credit and collections

4/78 – 6/79 Southern Vermont College Bennington, VT

Accountant

- Performed all the purchasing, payroll and cash disbursements for the college

11/77 – 8/78 Southern Vermont College Bennington, VT

Bookstore Manager

- Responsible to insure the profitable operation of the Bookstore
- Supervised employees, ordered textbooks and supplies

Education

Southern Vermont College Bennington, VT

- May 1979 – Bachelor of Science
- Major: Accounting

Professional Memberships

American College of Healthcare Executives
Healthcare Financial Management Association

Civic Organizations

Northern Gateway Chamber of Commerce
Lancaster Rotary Club

Celeste K. Pitts
Weeks Medical Center
[redacted]

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
Scott Howe	Chief Executive Officer	$234,500.00	0%	$0.00
Celeste Pitts	Chief Financial Officer	$138,000.00	0%	$0.00
Rona Glines	Director of Physicians Services	$155,750.00	0%	$0.00
Lars Nielson	MD, Chief Medical Officer	$322,575.00	0%	$0.00
Glenn Adams	Medical Director/Clinical Coordinator of Physician Services	$185,037.00	0%	$0.00

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

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, 311 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	13.00	15.00	15.00	13.00	15.00	12.00
Format	5	4.00	5.00	5.00	5.00	5.00	4.00	5.00	5.00
Total	100	93.00	93.00	93.00	97.00	97.00	81.00	95.00	90.00
BUDGET REQUEST									
Year 01		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Year 02		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL BUDGET REQUEST		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
BUDGET AWARDED									
Year 01		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Year 02		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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	Lindsey 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 Corliess 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	15.00	9.00	0.00	0.00	0.00
Format	5	4.00	5.00	5.00	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		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			
Year 02		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00			
TOTAL BUDGET REQUEST		$317,950.00	[illegible]	[illegible]	[illegible]	[illegible]			
BUDGET AWARDED									
Year 01		$161,632.00	$79,137.00	[illegible]	[illegible]	[illegible]			
Year 02		$161,632.00	$79,137.00	$158,774.00	$946,218.00	$70,359.00			
Year 03		$0.00	$0.00	$0.00	$0.00	$0.00			
TOTAL BUDGET AWARDED		$323,264.00	$158,274.00	$317,548.00	$972,456.00	$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	Liz Baroody	Program Coordinator	NH DHHS, DPHS, ECCP	
4	Martha Jean Madison	Co-Director	NH DHHS, DPHS	
5	Alice 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	Lindsey 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
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
3/10/2014 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

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 800 users annually with 2000 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.

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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

G&C Approved

Date 5/8/14

Item # 34A

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 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

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 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 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 - 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: Weeks Medical 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	$ 20,652.00	$ -	$ 20,652.00	
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	**$ 20,652.00**	**$ -**	**$ 20,652.00**	

Indirect As A Percent of Direct 0.0%

Contractor Initials: _____

Date: 3/7/14

Exhibit B-1 (2015) -Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Weeks Medical Center

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

Budget Period: SFY 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 113,557.00	$ -	$ 113,557.00	
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):	$ -	$ -	$ -	
0	$ -	$ -	$ -	
0	$ -	$ -	$ -	
0	$ -	$ -	$ -	
0	$ -	$ -	$ -	
0	$ -	$ -	$ -	
0	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	**$ 113,557.00**	**$ -**	**$ 113,557.00**	

Indirect As A Percent of Direct 0.0%

Contractor Initials: _____

Date: 3/7/14

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

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

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.

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 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	

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:

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

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 hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.
5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials: _____
Date: 3/28/12

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. TERMINATION. In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. CONTRACTOR'S RELATION TO THE STATE. In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS. The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the N.H. Department of Administrative Services. None of the Services shall be subcontracted by the Contractor without the prior written consent of the State.

13. INDEMNIFICATION. The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 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, the following insurance:

14.1.1 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 occurrence; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

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certificate(s) of insurance shall contain a clause requiring the insurer to endeavor to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than ten (10) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.
15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").
15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire.

19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

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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: Weeks Medical Center

ADDRESS: 170 Middle Street
Lancaster, New Hampshire 03584
Grant Administrator: Patricia Cotter
TELEPHONE: 603-788-2521

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. 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.

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B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of _800_ users annually with _2000_ 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:

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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. 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.*

n) Breast and cervical cancer screening directly or by referral to an agency or provider with a sliding fee scale using screening guidelines from a nationally accepted organization.

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:

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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.***

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.*

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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 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.*

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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.

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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.

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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.

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

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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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Date: 06/15/12

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: **Weeks Medical Center**

ADDRESS: **170 Middle Street**
Lancaster, New Hampshire 03584
Grant Administrator: **Patricia Cotter**
TELEPHONE: **603-788-2521**

Vendor #177171-R001 | Job #90080000 #90073001 | Appropriation #010-090-51900000-102-500731 #010-090-51490000-102-500731

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:

   $138,274 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.

   $20,000 for Primary Care Services, funded from 100% general funds.

TOTAL: $158,274

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

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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: _____

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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;

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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.

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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

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: 3/28/12

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

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(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)

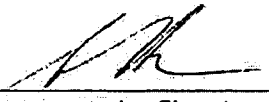
Check ☐ if there are workplaces on file that are not identified here.

Weeks Medical 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**

Scott Howe, Chief Executive Officer

Name and Title of Authorized Contractor Representative



Contractor Representative Signature **Date** 3/28/2012

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.

	Chief Executive Officer
Contractor Signature	**Contractor's Representative Title**
Weeks Medical Center	3/28/2012
Contractor Name	**Date**

NH Department of Health and Human Services

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).

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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.

Contractor Signature — Chief Executive Officer — Contractor's Representative Title

Weeks Medical Center — Contractor Name

3/28/12 — 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.

	Chief Executive Officer
Contractor Signature	**Contractor's Representative Title**
Weeks Medical Center	3/28/2012
Contractor Name	**Date**

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

6/9/15
Date

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: [signature]

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.

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%

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: 5-15-15

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: Sm

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: White Mountain Community Health Center

Budget Request for: Primary Care MCH-RHPC

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	$ 333,434.00	$ -	$ 333,434.00	$ 201,088.00	$ -	$ 201,088.00	$ 132,346.00	$ -	$ 132,346.00
2. Employee Benefits	$ 54,988.00	$ -	$ 54,988.00	$ 34,988.00	$ -	$ 34,988.00	$ 20,000.00	$ -	$ 20,000.00
3. Consultants	$ 7,934.00	$ -	$ 7,934.00	$ 4,934.00	$ -	$ 4,934.00	$ 3,000.00	$ -	$ 3,000.00
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ 228.00		$ 228.00	$ 228.00	$ -	$ 228.00	$ -	$ -	$ -
Pharmacy	$ 5,906.00	$ -	$ 5,906.00	$ 4,106.00	$ -	$ 4,106.00	$ 1,800.00	$ -	$ 1,800.00
Medical	$ -	$ 13,800.00	$ 13,800.00	$ -	$ 13,800.00	$ 13,800.00	$ -	$ -	$ -
Office	$ -	$ 3,332.00	$ 3,332.00	$ -	$ 3,332.00	$ 3,332.00	$ -	$ -	$ -
6. Travel	$ -	$ 1,425.00	$ 1,425.00	$ -	$ 1,425.00	$ 1,425.00	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ 101.00	$ 101.00	$ -	$ 101.00	$ 101.00	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ 1,609.00	$ 1,609.00	$ -	$ 1,609.00	$ 1,609.00	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 4,551.00	$ -	$ 4,551.00	$ 3,051.00	$ -	$ 3,051.00	$ 1,500.00	$ -	$ 1,500.00
12. Subcontracts/Agreements	$ 101,600.00	$ -	$ 101,600.00	$ 61,600.00	$ -	$ 61,600.00	$ 40,000.00	$ -	$ 40,000.00
13. Other (specific details mandatory):		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	**$ 508,641.00**	**$ 20,267.00**	**$ 528,908.00**	**$ 309,995.00**	**$ 20,267.00**	**$ 330,262.00**	**$ 198,646.00**	**$ - **	**$ 198,646.00**
Indirect As A Percent of Direct		4.0%							

Date: 5-15-15

Contractor's Initials: RM

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: White Mountain Community Health Center

Budget Request for: Primary Care - BCCP

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	$ 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 Servic	$ 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: PM

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-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: White Mountain 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		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 333,434.00	$ -	$ 333,434.00	$ 201,088.00	$ -	$ 201,088.00	$ 132,346.00	$ -	$ 132,346.00
2. Employee Benefits	$ 54,988.00	$ -	$ 54,988.00	$ 34,988.00	$ -	$ 34,988.00	$ 20,000.00	$ -	$ 20,000.00
3. Consultants	$ 7,934.00	$ -	$ 7,934.00	$ 4,934.00	$ -	$ 4,934.00	$ 3,000.00	$ -	$ 3,000.00
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ 228.00		$ 228.00	$ 228.00	$ -	$ 228.00	$ -	$ -	$ -
Pharmacy	$ 5,906.00	$ -	$ 5,906.00	$ 4,106.00	$ -	$ 4,106.00	$ 1,800.00	$ -	$ 1,800.00
Medical	$ -	$ 13,800.00	$ 13,800.00	$ -	$ 13,800.00	$ 13,800.00	$ -	$ -	$ -
Office	$ -	$ 3,332.00	$ 3,332.00	$ -	$ 3,332.00	$ 3,332.00	$ -	$ -	$ -
6. Travel	$ -	$ 1,425.00	$ 1,425.00	$ -	$ 1,425.00	$ 1,425.00	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ 101.00	$ 101.00	$ -	$ 101.00	$ 101.00	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ 1,609.00	$ 1,609.00	$ -	$ 1,609.00	$ 1,609.00	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ 4,551.00	$ -	$ 4,551.00	$ 3,051.00	$ -	$ 3,051.00	$ 1,500.00	$ -	$ 1,500.00
12. Subcontracts/Agreements	$ 101,600.00	$ -	$ 101,600.00	$ 61,600.00	$ -	$ 61,600.00	$ 40,000.00	$ -	$ 40,000.00
13. Other (specific details mandatory):		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 508,641.00	$ 20,267.00	$ 528,908.00	$ 309,995.00	$ 20,267.00	$ 330,262.00	$ 198,646.00	$ -	$ 198,646.00
Indirect As A Percent of Direct		4.0%							

Date: 5-15-15

Contractor's Initials: SM

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 Servic	$ 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: PMC

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

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

Patricia McMurry
Name: Patricia McMurry
Title: Executive Director

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 formed June 1, 1981. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.

In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 1st day of April A.D. 2015

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Eric Hirschfeld, 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 23th, 2015:

RESOLVED: That the Executive Director: Patricia McMurry

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 15th day of May, 2015.

4. Patricia McMurry is the duly elected Executive Director of the Agency.

(Name of Contract Signatory) (Title of Contract Signatory)

Secretary

STATE OF NEW HAMPSHIRE

County of Carroll

The forgoing instrument was acknowledged before me this 15th day of May, 2015.

By Eric Hirschfeld.
(Name of Elected Officer of the Agency)

(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: DIANE BROTHERS, Notary Public My Commission Expires August 5, 2019

WHITE-4 OP ID: JS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/13/2015

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:
INSURED White Mountain Community Health Center 298 White Mountain Highway North Conway, NH 03818	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Medical Mutual Insurance Co. INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC			NH HCP 004254	01/01/2015	01/01/2016	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	01/01/2015	01/01/2016	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	01/01/2015	01/01/2016	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: DHHS-Contract Unit
Primary Care

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/8/2015

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: Andrea Nicklin, AAI
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: anicklin@chalmersinsurancegroup.com
	INSURER(S) AFFORDING COVERAGE / NAIC #
	INSURER A: Wesco Insurance Company 25011
INSURED	INSURER B :
White Mountain Community Health Center PO Box 2800 Conway NH 03818	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: 15/16 WC 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? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WWC3116768	1/1/2015	1/1/2016	X WC STATU-TORY LIMITS ☐ 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER

NH Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301-3857

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

A Nicklin, AAI/ANDREA Andrea Nicklin

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 of the Mount Washington Valley community regardless of ability to pay.

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

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
TELEFAX 603/224-2397

Independent Auditor's Report

Board of Directors
White Mountain Community Health Center
Conway, New Hampshire

We have audited the accompanying balance sheets of White Mountain Community Health Center, as of June 30, 2014 and 2013, 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 accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

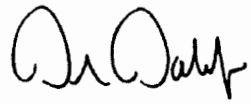
Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the 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 White Mountain Community Health Center 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.



Concord, New Hampshire
October 24, 2014

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

BALANCE SHEETS

JUNE 30, 2014 AND 2013

ASSETS

	2014	2013
Current Assets		
Cash and cash equivalents	$ 273,358	$ 456,578
Patient accounts receivable, net of allowances for uncollectible accounts of $25,366 and $35,000 at June 30, 2014 and 2013, respectively	71,728	95,634
Other receivables	83,525	53,887
Prepaid expenses	21,744	22,111
Total Current Assets	450,355	628,210
Long-Term Investments	234,449	6,441
Assets Limited As To Use	19,139	19,677
Property And Equipment, Net	198,433	82,898
TOTAL ASSETS	$ 902,376	$ 737,226

LIABILITIES AND NET ASSETS

Current Liabilities		
Accounts payable and accrued expenses	$ 54,997	$ 33,418
Accrued payroll and related expenses	87,664	78,289
Deferred revenue	42,295	57,430
Total Current Liabilities	184,956	169,137
Net Assets		
Unrestricted	698,281	548,412
Temporarily restricted net assets	19,139	19,677
Total Net Assets	717,420	568,089
TOTAL LIABILITIES AND NET ASSETS	$ 902,376	$ 737,226

(See accompanying notes to these financial statements)

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

STATEMENTS OF OPERATIONS

FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014	2013
Operating Revenue		
Patient service revenue	$ 928,056	$ 760,053
Provision for bad debt	(17,769)	(24,660)
Net Patient Service Revenue	910,287	735,393
Government and private grants	498,641	478,346
In-kind contributions	69,756	80,508
Other operating revenue	17,104	17,876
Net assets released from restrictions	1,908	18,443
Total Operating Revenue	1,497,696	1,330,566
Operating Expenses		
Salaries and benefits	952,050	931,278
Professional fees and contract services	192,695	164,883
Other operating expenses	175,799	164,071
Program supplies	84,557	84,365
Depreciation	23,045	13,325
In-kind contributed expenses	69,756	80,508
Total Operating Expenses	1,497,902	1,438,430
OPERATING LOSS	(206)	(107,864)
Other Revenue and Gains		
Contributions	72,496	77,096
Investment income	1,079	942
Change in fair value of investments	624	882
Total Other Revenue and Gains	74,199	78,920
EXCESS (DEFICIT) OF REVENUE OVER EXPENSES	73,993	(28,944)
Net assets released from restriction for capital acquisition	75,876	28,811
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$ 149,869	$ (133)

(See accompanying notes to these financial statements)

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

STATEMENTS OF CHANGES IN NET ASSETS

FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	Unrestricted	Temporarily Restricted	Total
Balance, June 30, 2012	$ 548,545	$ 38,025	$ 586,570
Deficit of revenue over expense	(28,944)	-	(28,944)
Contributions	-	41,562	41,562
Temp restricted interest income	-	22	22
Net assets released to The Memorial Hospital	-	(12,678)	(12,678)
Net assets released for capital acquisition	28,811	(28,811)	-
Net assets released for operations	-	(18,443)	(18,443)
Change in Net Assets	(133)	(18,348)	(18,481)
Balance, June 30, 2013	548,412	19,677	568,089
Excess of revenue over expense	73,993	-	73,993
Contributions	-	77,246	77,246
Net assets released for capital acquisition	75,876	(75,876)	-
Net assets released for operations	-	(1,908)	(1,908)
Change in Net Assets	149,869	(538)	149,331
Balance, June 30, 2014	$ 698,281	$ 19,139	$ 717,420

(See accompanying notes to these financial statements)

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014	2013
Cash Flows From Operating Activities		
Change in net assets	$ 149,331	$ (18,481)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	23,045	13,325
Bad debt expense	17,769	24,660
Restricted contributions	(77,246)	(41,562)
Transfer to The Memorial Hospital	-	12,678
Change in fair value of investments	(624)	(882)
(Increase) decrease in the following assets:		
Patient accounts receivable	6,137	(68,033)
Other receivables	(29,638)	7,820
Prepaid expenses	367	(1,214)
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	(20,171)	(39,088)
Accrued payroll and related expenses	9,375	(9,884)
Deferred revenue	(15,135)	6,740
Net Cash Provided (Used) by Operating Activities	63,210	(113,921)
Cash Flows From Investing Activities		
(Increase) Decrease in assets limited as to use	(1,846)	83,797
Purchase of investments	(225,000)	-
Capital expenditures	(96,830)	(35,219)
Net Cash (Used) Provided by Investing Activities	(323,676)	48,578
Cash Flows From Financing Activities		
Transfer to The Memorial Hospital	-	(12,678)
Restricted contributions	77,246	41,562
Net Cash Provided by Financing Activities	77,246	28,884
Net Decrease in Cash and Cash Equivalents	(183,220)	(36,459)
Cash and Cash Equivalents, Beginning of Year	456,578	493,037
CASH AND CASH EQUIVALENTS, END OF YEAR	$ 273,358	$ 456,578

(See accompanying notes to these financial statements)

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2014 AND 2013

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization and Nature of Business

White Mountain Community Health Center (the Center) is a non-stock, non-profit corporation organized in New Hampshire. The Center's primary purpose is to provide comprehensive primary and preventative health care services to the residents in the town of Conway and the surrounding community.

Related Party

The Memorial Development Foundation, Inc. changed its name to Mt. Washington Valley Development Foundation and acts as the sole member of the Center. Mt. Washington Valley Development Foundation acts as a holding company for a network of health care providers, whose primary purpose is to provide integrated health care services, as necessary, to improve the health care status of populations in the town of Conway, NH and the surrounding communities.

Income Taxes

The Center is a public charity under 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 their tax exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Center's tax position and concluded that there is no unrelated business income or uncertain tax positions that require adjustment to the financial statements. Management believes the Center is no longer subject to income tax examinations for years prior to 2011.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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. Short-term highly liquid investments with an original maturity of more than three months are classified as temporary investments.

Accounts Receivable

Accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of accounts receivable, the Center analyzes its past history and identifies trends for all funding sources in the aggregate. In addition, balances in excess of 1 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. The Center has not changed its methodology for estimating the allowance for uncollectible accounts during the years ended June 30, 2014 and 2013.

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

	2014	2013
Balance, beginning of year	$ 35,000	$ 33,638
Provision for bad debts	17,769	24,660
Write-offs	(27,403)	(23,298)
Balance, end of year	$ 25,366	$ 35,000

Investments

Investments in equity and debt securities are reported at fair value. Investment income and the recognized 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. 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, statements of operations, and changes in net assets.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Assets Limited As to Use

Assets limited as to use is comprised of donor-restricted cash contributions.

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 has been limited by donors to a specific time-period or purpose. Temporarily restricted net assets were specifically restricted for specific patient services. Temporarily restricted net assets amounted to $19,139 and $19,677 for the years ended June 30, 2014 and 2013, respectively.

Permanently restricted net assets have been restricted by donors to be maintained by the Center in perpetuity. For the years ended at June 30, 2014 and 2013 there were no permanently restricted net assets.

Donor Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise 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 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 within the same year as received are reflected as unrestricted contributions in the accompanying financial statements.

Patient Service Revenue

Standard charges for services to all 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.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Gifts of Long-lived 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, expiration 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 the long-lived assets.

Excess (Deficit) of Revenue Over Expenses

The statement of operations includes 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 INVESTMENTS

Investments are stated at fair value and consisted of the following at June 30, 2014 and 2013:

	2014	2013
Cash & Cash Equivalents	$ 6,677	$ -
Equity Securities		
Consumer Goods	1,624	-
Industrial Goods	7,668	6,441
Utilities	158	-
Mutual Funds		
Fixed Income	42,599	-
Equity	175,723	-
Total Investments	$ 234,449	$ 6,441

Cash and cash equivalents included as part of investments are not included in cash and cash equivalents for reporting on the statement of cash flows.

Financial accounting standards established a valuation hierarchy for disclosure of the valuation 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.

The fair value of all of the Center's investments are measured on a recurring basis using level 1 inputs.

NOTE 3 ASSETS LIMITED AS TO USE

The composition of assets limited to use at June 30, 2014 and 2013 is set forth in the following table:

	2014	2013
Cash and equivalents	$ 19,139	$ 19,677
Restricted as to use for specific patient services and supplies by donor	$ 19,139	$ 19,677

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

NOTE 4 PROPERTY AND EQUIPMENT

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

	2014	2013
Furniture	$ 44,855	$ 44,855
Building improvements	19,379	-
Equipment	389,757	270,556
Total Cost	453,991	315,411
Less, accumulated depreciation	255,558	232,513
Property and Equipment, Net	$ 198,433	$ 82,898

NOTE 5 LINE OF CREDIT

The Center has a $50,000 line of credit with a local bank through January 23, 2017. The line of credit is unsecured with interest at the prime rate plus 2.00%. There was no outstanding balance on the line at June 30, 2014 and 2013.

NOTE 6 PATIENT SERVICES REVENUE

A summary of patient service revenue by payer follows:

	2014	2013
Medicaid	$ 568,570	$ 395,503
Medicare	56,263	53,981
Third party insurance	197,543	198,885
Patient pay	105,680	111,684
Total	$ 928,056	$ 760,053

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 $92,855 for the year ended June 30, 2014.

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 Centers charity care policy amounted to $239,796 and $275,031 for the years ended June 30, 2014 and 2013, respectively.

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

NOTE 7 RETIREMENT PLAN

The Center has adopted a 403(b) retirement plan covering substantially all employees. Contributions by the Center to the plan amounted to $15,478 and $11,827 for the years ended June 30, 2014 and 2013, respectively

NOTE 8 FUNCTIONAL EXPENSES

The Center 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	$ 1,236,238	$ 1,183,919
Administrative and general	261,664	254,511
Total	$ 1,497,902	$ 1,438,430

NOTE 9 CONCENTRATION OF RISK

The Center has cash deposits in a major financial institution 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 Center grants credit without collateral to its patients, most of whom are local residents in the towns served by the Center and are insured under third-party payer agreements. At June 30, 2014, Medicaid represented 67% of gross accounts receivable. No other individual payer source exceeded 10% of the gross accounts receivable balance.

NOTE 10 MALPRACTICE INSURANCE

The Center insures its medical malpractice risks on a claims-made basis. There were no known malpractice claims outstanding at June 30, 2014, 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.

NOTE 11 DONATIONS IN-KIND

The Memorial Hospital (TMH) provides the Center with office and clinic space located in Conway, New Hampshire at no cost. In addition, TMH provides various information technology support services to the Center at no cost. For the years ended June 30, 2014 and 2013, in-kind contributions from TMH to the Center were as follows:

	2014	2013
Conway office and clinic space	$ 59,004	$ 59,004
Computer support	10,752	21,504
Total	$ 69,756	$ 80,508

TMH also provided monies for the Center to purchase physician services and to support the dental clinic in the amount of $70,400 and $60,800 for the years ending June 30, 2014 and 2013, respectively.

NOTE 12 PRIOR YEAR COMPARATIVE AMOUNTS

Certain prior year amounts have been reclassified to be consistent with current year presentation.

NOTE 13 SUBSEQUENT EVENTS

On October 24, 2014, the Center's bylaws were modified changing the sole member of the Center from the Foundation to the Center's board of directors. The change eliminates the legal affiliation with the Foundation. The Center will continue to maintain strong functional relationships with TMH and other health care providers in the area, providing an integrated network of patient services.

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

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Board of Directors 2015

Trish Murray, D.O., President

Brenda Leavitt, Vice President

Eric Hirschfeld, DDS, Secretary

Angela Zakon, Treasurer

Carol Hastings

Susan Logan

Meg Phillips

Scott McKinnon

Michelle O'Donnell

Ben Wilcox

Patricia M. McMurry

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 for achieving increasing responsibilities and accomplishing significant business goals

EXPERIENCE

Executive Director **White Mountain Community Health Center** **2002-Present**

Responsible for all aspects of operations of a non-profit community health center. This Center serves the uninsured and underinsured of Northern Carroll County in New Hampshire. Prenatal, children, adults and teens are seen by health care providers including physician, mid-wives, nurse practitioners, RN's, aides, social workers, hygienist, dentist 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

- 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 a 100-bed acute rehabilitation hospital, and eight contracted rehabilitation units in four states

- Promoted in one year from Assistant Vice President to Director of Operations
- Managed the physical relocation of the 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 rehabilitation hospital

- Promoted in two years from CEO of a 40-bed hospital to CEO of an 88-bed rehabilitation hospital and was made Company Assistant Vice President
- Managed all aspects of the 88-bed hospital, resulting in three prestigious awards for the highest quality and business goals performance from N.M.E.
- Developed and opened three outpatient rehab clinics
- Maintained the financial turnaround of a 40-bed hospital and sustained "above plan" financial performance during my tenure as CEO
- 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 Medical Corporation** **1987-1988**

Responsible for marketing, planning, business development, and program management for a newly-opened psychiatric hospital

- Supervised all Clinical Program Directors and the Intake Coordinator
- Became the physician-liaison to the CEO
- Was consultant to an affiliated psychiatric hospital, training staff to use human relations techniques with disruptive teens
- Implemented the utilization review, risk management, and quality assurance activities to achieve J.C.A.H.O accreditation

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
- Established a strategic partnership with the Virginia Supreme Court, Community Mental Health Directors, and area psychiatric facilities
- Organized and promoted the first judicial conference at the hospital
- Negotiated crisis intervention inpatient stays for children in their home communities with private sector hospitals

EDUCATION

M.S.W. – Norfolk State University
B.A. – College of William and Mary

TRAINING

UVA 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. My interests include mental health and asthma education with an emphasis on viewing the family as a whole when providing care.

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
- LEAN Systems Training for Quality Improvement: NH DHHS, 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: Charter member June 2014-present

Seacoast Dock Dogs Member: June 2014-present

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services
Division of Public Health Services

Agency Name: White Mountain Community Health Center

Name of Bureau/Section: Community Health Servies / MCH - Primary Care

BUDGET PERIOD:	SFY 2016	July 1, 2015 - June 30, 2016	
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	Total Salary Amount Paid By Contract
Patricia McMurry, Executive Director	$88,597	0.00%	$0.00
Julie E. Hill, Director of Clinical Services	$46,956	15.00%	$7,043.40
	$0	0.00%	$0.00
	$0	0.00%	$0.00
	$0	0.00%	$0.00
	$0	0.00%	$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			**$7,043.40**

BUDGET PERIOD:	SFY 2017	July 1, 2016 - June 30, 2017	
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	Total Salary Amount Paid By Contract
Patricia McMurry, Executive Director	$88,597	0.00%	$0.00
Julie E. Hill, Director of Clinical Services	$46,956	15.00%	$7,043.40
	$0	0.00%	$0.00
	$0	0.00%	$0.00
	$0	0.00%	$0.00
	$0	0.00%	$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			**$7,043.40**

Key Administrative Personnel are top-level agency leadership (President, Executive Director, CEO, CFO, etc), and individuals directly involved in operating and managing the program (project director, program manager, etc.). These personnel MUST be listed, **even if no salary is paid from the contract**. Provide their name, title, annual salary and percentage of annual salary paid from agreement.

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 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
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: PMC
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:
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

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

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: White Mountain 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	$ -	$ -	$ -	
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	$ 40,300.00	$ -	$ 40,300.00	
13. Other (specific details mandatory):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
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	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 40,300.00	$ -	$ 40,300.00	

Indirect As A Percent of Direct 0.0%

Contractor Initials: _____

Date: 3-14-14

Exhibit B-1 (2015) -Amendment 1
Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: White Mountain Community Health Center

Budget Request for: MCH Primary Care, BCCP & RHPC
(Name of RFP)

Budget Period: SFY 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 143,668.00	$ -	$ 143,668.00	0
2. Employee Benefits	$ 20,602.00	$ -	$ 20,602.00	0
3. Consultants	$ 3,000.00	$ -	$ 3,000.00	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	$ -	$ 50.00	$ 50.00	Prog Coor..travel to Concord, NH - administering / MCH Grant -Approx 137 Mi @$.365/Mi
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	$ 50,600.00	$ -	$ 50,600.00	0
13. Other (specific details mandatory):	$ 5,725.00	$ -	$ 5,725.00	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
0	$ -	$ -	$ -	0
TOTAL	**$ 223,595.00**	**$ 50.00**	**$ 223,645.00**	0
Indirect As A Percent of Direct		0.0%		

Contractor Initials: _____

Date: 3-14-14

ERD

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 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

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	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.

Contractor Initials: PM

Date: 4-4-12

B) Numbers Served

1. The contract funds shall be expended to provide the above services to a minimum of 3665 users annually with 6785 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.

Contractor Initials: RM

Date: 4-4-12

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 PM

Date 4-4-12

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 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: PMC

Date 4-4-12

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.*

Contractor Initials: RMC

Date: 4-4-12

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. 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.

Contractor Initials: BM

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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.

Contractor Initials: PM

Date: 4-4-12

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.

The remainder of this page is intentionally left blank.

Contractor Initials: [signature]

Date: 4-4-12

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: [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: JM

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: PMC

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: [signature]

Date 2-4-12

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: RMC

Date: 4-4-12

(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.

White Mountain 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**

Patricia McMurry, Executive Director
Name and Title of Authorized Contractor Representative

Patricia McMurry April 4, 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.

Patricia McMurry, Executive Director

Contractor Signature **Contractor's Representative Title**

White Mountain Community Health Center April 4, 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: [signature]

Date: 4-4-12

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.

Patricia McMurry, Executive Director

Contractor Signature **Contractor's Representative Title**

White Mountain Community Health Center — April 4, 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.

Patricia McMurry — Executive Director

Contractor Signature — **Contractor's Representative Title**

White Mountain Community Health Center — April 4, 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: White Mountain Community Health Center

Budget Request for: Primary Care Services - PC
(Name of RFP)

Budget Period: July 1, 2012 - June 30, 2013

Line Item	Direct Incremental	Indirect Fixed	Total	Allowable (Indirect-Fixed)
1. Total Salary/Wages	$ 101,512.00	$ -	$ 101,512.00	
2. Employee Benefits	$ 15,227.00	$ -	$ 15,227.00	
3. Consultants	$ 3,600.00	$ -	$ 3,600.00	
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	$ 24,574.00	$ -	$ 24,574.00	
13. Other (specific details mandatory):	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	$ 144,913.00	$ -	$ 144,913.00	

Indirect As A Percent of Direct 0.0%

PMT

Budget Form

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 Services-BCCP
(Name of RFP)

Budget Period: July 1, 2012 - June 30, 2013

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	$ 5,906.00	$ -	$ 5,906.00	
2. Employee Benefits	$ 360.00	$ -	$ 360.00	
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):	$ -	$ -	$ -	
Clinical Services	$ 6,605.00	$ -	$ 6,605.00	
	$ -	$ -	$ -	
	$ -	$ -	$ -	
TOTAL	**$ 12,871.00**	**$ -**	**$ 12,871.00**	

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: White Mountain Community Health Center

Budget Request for: Primary Care Services - PC
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

1. Total Salary/Wages	$ 101,512.00	$ -	$ 101,512.00
2. Employee Benefits	$ 15,227.00	$ -	$ 15,227.00
3. Consultants	$ 3,600.00	$ -	$ 3,600.00
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	$ 24,574.00	$ -	$ 24,574.00
13. Other (specific details mandatory):	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
	$ -	$ -	$ -
TOTAL	$ 144,913.00	$ -	$ 144,913.00

Indirect As A Percent of Direct 0.0%

PMT

Budget Form

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 Services - BCCP
(Name of RFP)

Budget Period: July 1, 2013 - June 30, 2014

1. Total Salary/Wages	$ 5,906.00	$ -	$ 5,906.00
2. Employee Benefits	$ 360.00	$ -	$ 360.00
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):	$ -	$ -	$ -
Clinical Services	$ 6,605.00	$ -	$ 6,605.00
	$ -	$ -	$ -
	$ -	$ -	$ -
TOTAL	$ 12,871.00	$ -	$ 12,871.00

Indirect As A Percent of Direct 0.0%