



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

April 1, 2013

SOLE SOURCE

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, Bureau of Population Health and Community Services, Maternal and Child Health Section to exercise a **sole source** amendment to an agreement with Child Health Services Purchase Order #1024237 (Vendor #177266-B002), 1245 Elm Street, Manchester, New Hampshire 03101, by increasing the Price Limitation by \$50,000.00 from \$374,616.00 to \$424,616.00 to provide adolescent health services, effective July 1, 2013 or the date of Governor and Executive Council approval, whichever is later. This agreement was originally approved by Governor and Executive Council on June 20, 2012 item #115. Funds are anticipated to be available in the following accounts for SFY 2014 upon the availability and continued appropriation of funds in the future operating budgets, 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.

10% FWD 90% GEN

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	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Prog Svc	90080000	\$112,308	\$0	\$112,308
SFY 2014	102-500731	Contracts for Prog Svc	90080000	\$112,308	\$50,000	\$162,308
			Sub-Total	\$224,616	\$50,000	\$274,616

05-95-90-902010-5194 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES,
CHILD HEALTH SERVICES

Fiscal Year	Class/Object	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2013	102-500731	Contracts for Prog Svc	90004014	\$75,000	\$0	\$75,000
SFY 2014	102-500731	Contracts for Prog Svc	90004014	\$75,000	\$0	\$75,000
			Sub-Total	\$150,000	\$0	\$150,000
			Total	\$374,616	\$50,000	\$424,616

EXPLANATION

Funds in this agreement will be used to amend the current Pediatric Primary Care contract with Child Health Services. Pediatric Primary Care provides comprehensive clinical and preventive health services for low-income children in the greater Manchester area. Additional funds are added to this scope of services through a one-year, sole source agreement for adolescent health services to provide enhanced, specific, comprehensive Adolescent Health Services. Special emphasis for both Pediatric Primary Care and Adolescent Health Services is placed on those from low-income families and on racial and ethnic minorities. This request has a sole source component because the funds for Adolescent Health Services were not bid competitively for SFY14, as they have been in the past. However, these funds are now included as part of an amendment to this agreement to provide Pediatric Primary Care in an effort to consolidate services, which will allow the Division to efficiently align these services under one contract. Child Health Services has bid successfully to provide both Pediatric Primary Care and the Adolescent Health since the inception of these programs in the 1990's

Community health agencies like Child Health Services 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 at-risk children 18 -30 months served were screened for blood lead.
- 74% of adolescents received annual health maintenance visits in the past 12 months.
- 100% of adolescents identified as tobacco users who received counseling and referral for tobacco use cessation.
- 97% of adolescents screened for suicide risk using a validated tool.
- 81% of adolescents aged 11-21 with documented second Measles Mumps Rubella (MMR), three Hepatitis B immunizations, documented Tdap, and documented meningococcal conjugate vaccine (MCV).
- 79% of adolescents identified as overweight that received anticipatory guidance from the health care provider in order to develop a comprehensive healthy lifestyle plan.

Should Governor and Executive Council not authorize this Request, a minimum of 4,000 low-income children from the Greater Manchester area including the towns of Auburn, Bedford, Candia, Goffstown, Hooksett, Manchester, and New Boston 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.

Adolescent Health Services were contracted previously with this agency in SFY 2013 in the amount of \$50,000. . That contract expires on June 30, 2013. This agreement represents an increase of \$50,000. The increase is due to the sole source addition of the Adolescent Health services funding into the current Pediatric Primary Care services grant. In SFY 2015 and SFY 2016, Pediatric Primary Care Services and Adolescent Health Services will be competitively bid under one Request for Proposals.

Child Health Services met the pediatric and adolescent performance targets in SFY 12, and are on track to meet the targets in SFY 13. The following performance measures will be used to measure the effectiveness of this agreement in SFY 14:

- 93% of eligible children and adolescents will be enrolled in Medicaid
- 82% of at-risk children will be screened for blood lead between 18 and 30 months of age

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and the Honorable Council

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- 67% of children and adolescents age two through 21 years receiving primary care preventive health services with a Body Mass Index (BMI) percentile greater than or equal to the 85th percentile will have a 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.
- 64% of eligible infants and children will have client record documentation of enrollment in WIC
- 26% of infants will be exclusively breastfed for the first three months, at their four month well baby visit
- 65% of adolescents age 11 through 21 will have an annual health maintenance visit in the past 12 months.
- 96% of adolescents age 11 through 21 identified as tobacco users will receive counseling and referral for tobacco use cessation.
- 90% of adolescents age 11 through 21 will be screened for suicide risk using a validated tool.

Area served: Greater Manchester area including the towns of Auburn, Bedford, Candia, Goffstown, Hooksett, Manchester and New Boston.

Source of Funds: 10% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 90% General Funds.

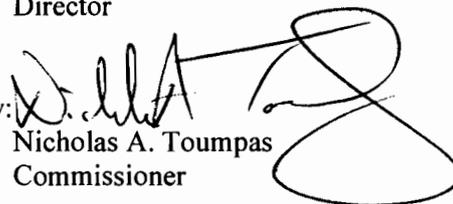
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD
Director

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/AK/PT/sc

Program Name Maternal and Child Health
 Contract Purpose Pediatric Primary Care
 RFP Score Summary

REF/RFP CRITERIA	Max Pts	Child Health Services, 1245 Elm St., Manchester, NH 03101					
Age Capacity	30	25.00					
Program Structure	50	39.00					
Budget & Justification	15	12.00					
Format	5	4.00					
Total	100	80.00					

BUDGET REQUEST							
Year 01		\$187,308.00					
Year 02		\$187,308.00					
Year 03		\$0.00					
TOTAL BUDGET REQUEST		\$374,616.00					
BUDGET AWARDED							
Year 01		\$187,308.00					
Year 02		\$187,308.00					
Year 03		\$0.00					
TOTAL BUDGET AWARDED		\$374,616.00					

RFP Reviewers			Name	Job Title	Dept/Agency	Qualifications
1	Patti Baum	Program Officer for Children's Health	Healthy NH Foundation			The reviewers represent a pediatric health-focused public health manager, and a pediatric nurse consultant from the Division of Public Health, and a program officer from an external not-for-profit organization with a mission to improve health and health care delivery in New Hampshire. All reviewers have experience in contract and vendor management, and expertise in diverse aspects of pediatric primary care clinical management, including preventive health screenings and access to acute care, oral and behavioral health services and referrals, age-appropriate anticipatory guidance and nutrition and psychosocial support.
2	Laura Vincent Ford	Program Manager	NHDHHS Healthy Homes/Environments			
3	Audrey Knight	Child Health Nurse Consultant	NHDHHS, Maternal & Child Health Section			

AMENDMENT ONE

This agreement (hereinafter called the "Amendment One") dated this 6th day of February, 2013 is by and between the State of New Hampshire acting by and through its Division of Public Health Services of the Department of Health and Human Services, (hereinafter referred to as the "Division") and the Child Health Services, Purchase Order Number 1024237, a corporation organized under the laws of the State of New Hampshire, with a place of business at 1245 Elm Street, Manchester, New Hampshire 03101 (hereinafter referred to as the "Contractor").

WHEREAS, pursuant to an agreement (hereinafter called the "Agreement") dated June 20, 2012, Item #115, the Contractor agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Division of certain sums as specified therein;

WHEREAS, pursuant to the provision of Section 18 of the Agreement, the Agreement may be modified or amended only by a written instrument executed by the parties thereto and only after approval of such modification or amendment by the Governor and Executive Council;

WHEREAS, the Contractor and the Division have agreed to amend the Agreement in certain respects;

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

1. **Amendment and Modification of Agreement:**

The Agreement is hereby amended as follows:

Amend Section 1.8 of the General Provisions by increasing the Price Limitation by \$50,000 from \$374,616 to \$424,616.

Exhibit A – Scope of Services

The attached Exhibit A-1 revokes and replaces the original Exhibit A.

Exhibit B – Contract Price

Exhibit B of the Agreement, including any amendments thereto, is hereby amended as follows:

The contract price shall increase by \$50,000 for SFY 2014. The contract shall total \$424,616 for the contract term.

Funding in the amount of \$50,000 is available from 010-090-5190-102-0731, 10% Federal Funds from the United States Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau CFDA #93.994, and 90% General Funds.

2. Effective Date of Amendment:

This Amendment shall take effect on July 1, 2013 or the date of Governor and Council approval, whichever is later.

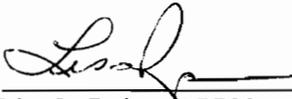
3. Continuance of Agreement:

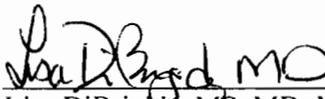
Except as specifically amended and modified by the terms and conditions of this Amendment, the Agreement and the obligations of the parties hereunder, shall remain in full force and effect in accordance with the terms and conditions set forth therein.

The remainder of this page is intentionally left blank.

IN WITNESS WHEREOF, the parties have hereunto set their hands as of the day and year first above written.

STATE OF NEW HAMPSHIRE
Division of Public Health Services

By:  3/15/13
Lisa L. Bujno, APRN Date
Bureau Chief

By:  MO 2/6/13
Lisa DiBrigida, MS, MD, Medical Director Date

Child Health Services
Legal Name of Agency

STATE OF NEW HAMPSHIRE

COUNTY OF Hillsborough

On this the 6 day of February 2013, before me, Catheryn Burchett
(name of notary)
 the undersigned officer, Lisa DiBrigida personally appeared who acknowledged him/herself
(contract signatory)
 to be the Medical Director of the Child Health Services,
(signatory's title) (legal name of agency)
 a corporation, and that he/she, as such Medical Director, being authorized so to do,
(signatory's title)
 executed the foregoing instrument for the purposes therein contained, by signing the name of the
 corporation by him/herself as Medical Director of the Child Health Services
(signatory's title) (legal name of agency)
 In witness whereof I hereunto set my hand and official seal.

Catheryn Burchett
 Notary Public/Justice of the Peace

My Commission expires:

CATHERYN BURCHETT, Notary Public
My Commission Expires August 19, 2014

Approved as to form, execution and substance:

OFFICE OF THE ATTORNEY GENERAL

By: John T. Herick
 Assistant Attorney General
John T. Herick
 Date: 25 Mar. 2013

I hereby certify that the foregoing contract was approved by the Governor and Council of the State of
 New Hampshire at the Meeting on: _____.

OFFICE OF THE SECRETARY OF STATE

By: _____
 Title: _____

NH Department of Health and Human Services

Exhibit A-1
Scope of Services

Pediatric Primary Care Services – Greater Manchester Area

CONTRACT PERIOD: July 1, 2013 or date of G&C approval, whichever is later, through June 30, 2014

CONTRACTOR NAME: Child Health Services

ADDRESS: 1245 Elm Street
Manchester, New Hampshire 03101
Medical Director: Lisa DiBrigida, MS, MD
TELEPHONE: 603-668-6629

The Contractor shall:

I. General Provisions

A) Eligibility and Income Determination

1. Office-based primary care services will be provided to children *and adolescents, ages birth through 21 years*, of low income families, (defined as $\leq 185\%$ 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. For children *and adolescents* on Medicaid, this grant may be used to pay for services not billable as described in Section II. A. of this Exhibit.
3. The Contractor shall notify the Maternal and Child Health Section (MCHS) in writing if, at any time, the practice is closed to new clients, or maintains a wait list for new clients, or any other mechanism is used that limits access for new clients 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 *DFA 800 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 clients. 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.

*Wording in *italics* indicates changes from previous Pediatric Primary Care Services Exhibit A Service requirements

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, and Medicaid, for all reimbursable services rendered. For children *and adolescents* covered under Medicaid, this includes Health Care Support and Care Coordination Services.

B) Numbers Served

1. Not applicable

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, effective 01/05.
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 there under.

*Wording in *italics* indicates changes from previous Pediatric Primary Care Services Exhibit A Service requirements

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. Pediatric *and Adolescent* 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;
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), or Community Health Accreditation Program (CHAP).
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 Maternal and Child Health Section (MCHS), and the Rural Health and Primary Care Section (RHPCS).

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.

*Wording in *italics* indicates changes from previous Pediatric Primary Care Services Exhibit A Service requirements

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

2. Pediatric *and Adolescent* Primary Care Services

The Contractor shall provide office-based pediatric *and adolescent* primary care services to populations in need who reside in the contractor's service area and shall include:

- a) *At a minimum, comprehensive and age-appropriate health care, screenings, and health education according to the American Academy of Pediatrics' "Recommendations for Preventive Pediatric Health Care" and "Bright Futures - Guidelines for Health Supervision of Infants, Children, and Adolescents", Third Edition or most recent; Recommendations of the U.S. Preventive Services Task Force; the Society for Adolescent Health and Medicine; and/or other nationally recognized standards. Services shall include prevention and early treatment, psychosocial support services, and health promotion programs.*
- b) 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.
- c) Referral to the WIC Nutrition Program for all eligible infants and children.
- d) Blood lead testing 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.
- e) All children enrolled in either *Medicaid* 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.
- f) 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)".

*Wording in *italics* indicates changes from previous Pediatric Primary Care Services Exhibit A Service requirements

- g) 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 and adolescents receive an oral health assessment at every well child visit.*
- h) *An adolescent-focused health risk assessment shall be completed annually on all adolescent clients as soon after entry into care as possible. This assessment shall include, at a minimum, the following topics: psychosocial and emotional development; physical development and fitness; relationships and sexuality; family functioning; physical, sexual and emotional abuse; school performance; dietary habits, including eating disorder and obesity; intentional and unintentional injury; alcohol and substance use screening; tobacco use; and community involvement.*
- i) Supplemental fluoride shall be prescribed as needed based upon the fluoride levels in the child *and adolescent'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.
- j) 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.
- k) In-hospital care for conditions within the scope of pediatric/*adolescent*/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.
- l) Access to a healthcare provider, directly or by referral or subcontract, by telephone twenty-four hours per day, seven days per week.
- m) Assessment of psychosocial risk for all clients at least annually and for children *and adolescents* 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 *and adolescents*, transportation needs, and provision of necessary social services to address the priority needs and safety issues of clients and families.
- n) Behavioral health care directly or by referral to an agency or provider with a sliding fee scale.
- o) 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.
- p) Formal arrangements with a local hospital for emergency care must be in place and reviewed annually.

***Wording in *italics* indicates changes from previous Pediatric Primary Care Services Exhibit A Service requirements**

- q) Home health care directly or by referral to an agency or provider with a sliding fee scale if indicated.
 - r) Home visits in lieu of office visits. Home visits may be conducted in lieu of an office visit or based on need.
 - s) Diagnosis and management of pediatric *and adolescent* clients 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
- a) 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.
 - b) A referral to a Title X Family Planning Clinic or other reproductive health care provider shall be made as appropriate.
4. Sexually Transmitted Infections
- Pediatric *and Adolescent* 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, as appropriate, 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 client found to screen positive.
 - d) Appropriate risk reduction counseling shall be provided based on client needs.
5. 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.

*Wording in *italics* indicates changes from previous Pediatric Primary Care Services Exhibit A Service requirements

- 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).

6. Immunizations

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", the "Recommended Immunization Schedule for Persons Aged 7 Through 18 Years – United States", and the "Recommended Adult Immunization Schedule – United States" (for persons aged 19 and older), 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 (for clients through eighteen years of age).

7. 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

*Wording in *italics* indicates changes from previous Pediatric Primary Care Services Exhibit A Service requirements

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

1. 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:

1. 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.
2. 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:

1. 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.
2. 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:

1. A registered nurse (RN), physician, physician assistant, or nurse practitioner with a license to practice in New Hampshire.
2. The coordinator is a clinical position that oversees and takes responsibility for the clinical and administrative functions of each program.

***Wording in *italics* indicates changes from previous Pediatric Primary Care Services Exhibit A Service requirements**

3 The coordinator may be responsible for more than one MCH funded program.

e) Home Visitors:

1. A high school diploma or general equivalency diploma
2. Have 2 years' experience working with families in a health care support capacity
3. Work in coordination with a licensed multidisciplinary team, including but not limited to Registered Nurses, Advance Practice Registered Nurses, licensed clinical social workers (LCSW), licensed marriage and family therapists, and/or other licensed health care professionals.

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.

***Wording in *italics* indicates changes from previous Pediatric Primary Care Services Exhibit A Service requirements**

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. 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 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 MCHS. MCHS will provide the contractor with reasonable notice of such changes.
5. Agencies contracting for Pediatric *and Adolescent* Primary Care Services must submit the workplans for Child Health Services.

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:

*Wording in *italics* indicates changes from previous Pediatric Primary Care Services Exhibit A Service requirements

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. 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.
5. 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

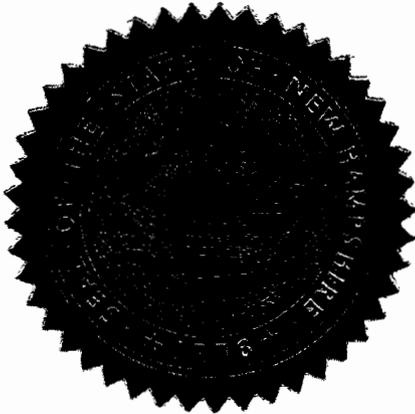
1. The contractor shall allow a team or person authorized by the Division of Public Health Services to periodically review the contractor's systems of governance, administration, data collection and submission, clinical and financial management, and delivery of education services in order to assure systems 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.

*Wording in *italics* indicates changes from previous Pediatric Primary Care Services Exhibit A Service requirements

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 Child Health Services is a New Hampshire nonprofit corporation formed July 23, 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 1st day of April A.D. 2013

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

I, Laurie Glaude, Board Clerk of Child Health Services, do hereby certify that:

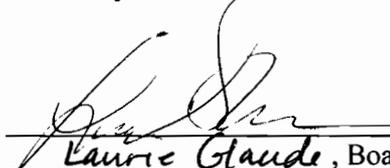
1. I am the duly elected Board Clerk of Child Health Services;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of Child Health Services, duly held on February 6, 2013.

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, for the provision of Pediatric Primary Care.

RESOLVED: That the Medical Director 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. Lisa DiBrigida, MD is the Medical Director of the Corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of February 6, 2013.

IN WITNESS WHEREOF, I have hereunto set my hand as the Board Clerk of Child Health Services this 6th day of February 2013.



Laurie Glaude, Board Clerk

STATE OF NH

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 6th day of February, 2013 by Laurie Glaude in his/her capacity as Board Clerk of Child Health Services, on behalf of said entity.



Notary Public/Justice of the Peace
My Commission Expires: CATHERYN BURCHETT, Notary Public
~~My Commission Expires August 19, 2014~~



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/5/2013

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

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

PRODUCER FIAI/Cross Ins-Manchester 1100 Elm Street Manchester NH 03101	CONTACT NAME: Kari Reeves
	PHONE (A/C No. Ext): (603) 669-3218 FAX (A/C No): (603) 645-4331 E-MAIL ADDRESS: kreeves@crossagency.com
INSURED CHILD HEALTH SERVICES, INC. 1245 EIM ST MANCHESTER NH 03101	INSURER(S) AFFORDING COVERAGE
	INSURER A Maryland Casualty Co NAIC # 19356
	INSURER B Maine Employers Mutual Ins Co.
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: CL1292072344 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			PAS000105207	9/7/2012	9/7/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GENERAL AGGREGATE \$ 2,000,000			PRODUCTS - COM/POP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			3102801035 (3a.) NH All officers included	9/7/2012	9/7/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Refer to policy for exclusionary endorsements and special provisions. 10 Day Cancellation for Non-Payment of Premium

CERTIFICATE HOLDER NH Department of Health & 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 Kari Reeves/KAS <i>Kari A. Reeves</i>

CHILD HEALTH SERVICES

MANCHESTER, NEW HAMPSHIRE

JUNE 30, 2012



INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Child Health Services
Manchester, New Hampshire

We have audited the accompanying statements of financial position of **Child Health Services** (a New Hampshire nonprofit corporation) as of June 30, 2012 and 2011, and the related statements of activities, functional expenses and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

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

In accordance with *Government Auditing Standards*, we have also issued our report dated December 13, 2012 on our consideration of Child Health Services' internal control over financial reporting and 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 should be read in conjunction with this report in assessing the results of our audit.

Our audits were conducted for the purpose of forming an opinion on the financial statements of Child Health Services taken as a whole. The accompanying schedule of expenditures of federal awards as of June 30, 2012 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.

Howe, Riley & Howe, PLLC

December 13, 2012

CHILD HEALTH SERVICES
Statements of Financial Position
June 30, 2012 and 2011

ASSETS

	2012	2011
Cash and cash equivalents	133,439	276,794
Accounts receivable (net of valuation allowance of \$143,441 in 2012 and \$66,360 in 2011)	278,427	184,886
Contributions receivable	122,718	117,453
Contributions receivable restricted for long-term purposes	10,000	21,342
Investments	1,951,639	2,029,584
Prepaid expenses and deposits	24,038	22,953
Cash restricted for the acquisition of property and equipment	71,670	77,063
Property and equipment, net of accumulated depreciation	404,893	447,855
Total assets	\$ 2,996,824	\$ 3,177,930

LIABILITIES AND NET ASSETS

LIABILITIES

Line of credit	117,000	-
Note payable	20,000	30,000
Accounts payable	104,732	82,609
Other accrued expenses	51,285	59,502
Accrued payroll and related expenses	58,926	37,805
Accrued annual leave	94,385	74,029
Refundable advances	7,941	7,941
Total liabilities	454,269	291,886

NET ASSETS (DEFICIT)

Unrestricted:		
Board designated	22,420	22,497
Undesignated	(28,606)	241,703
Total unrestricted	(6,186)	264,200
Temporarily restricted net assets	565,385	642,961
Permanently restricted net assets	1,983,356	1,978,883
Total net assets	2,542,555	2,886,044
Total liabilities and net assets	\$ 2,996,824	\$ 3,177,930

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

CHILD HEALTH SERVICES
Statement of Activities
For the Year Ended June 30, 2012

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
PUBLIC SUPPORT				
Received directly:				
Contributions	327,082	39,597	4,473	371,152
Special events	53,359	-	-	53,359
Received indirectly:				
Allocations by the United Way	33,453	130,000	-	163,453
Total public support	<u>413,894</u>	<u>169,597</u>	<u>4,473</u>	<u>587,964</u>
GRANTS	<u>1,621,047</u>	<u>-</u>	<u>-</u>	<u>1,621,047</u>
OTHER REVENUE				
Program fees	541,678	215,279	-	756,957
In-kind donations	29,310	-	-	29,310
Net investment income (loss)	(253)	(8,655)	-	(8,908)
Miscellaneous revenue	13,459	-	-	13,459
Total other revenue	<u>584,194</u>	<u>206,624</u>	<u>-</u>	<u>790,818</u>
NET ASSETS RELEASED FROM RESTRICTIONS				
Expiration of time restriction - United Way and advocate	164,649	(164,649)	-	-
Restrictions satisfied by payments for specified purposes	284,148	(284,148)	-	-
Total net assets released from restrictions	<u>448,797</u>	<u>(448,797)</u>	<u>-</u>	<u>-</u>
Total public support and revenue	<u>3,067,932</u>	<u>(72,576)</u>	<u>4,473</u>	<u>2,999,829</u>
EXPENSES				
Program services:				
Clinical services	1,279,789	-	-	1,279,789
Special medical services and ISG	1,250,389	-	-	1,250,389
Teen Health Clinic	224,009	-	-	224,009
Special projects, advocacy and other	26,277	-	-	26,277
Total program services	<u>2,780,464</u>	<u>-</u>	<u>-</u>	<u>2,780,464</u>

(Continued)

CHILD HEALTH SERVICES
Statement of Activities
For the Year Ended June 30, 2012

(Continued)

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Supporting services:				
Management and general	413,971	-	-	413,971
Fundraising	148,883	-	-	148,883
Total supporting services	<u>562,854</u>	-	-	<u>562,854</u>
Total expenses	<u>3,343,318</u>	-	-	<u>3,343,318</u>
CHANGES IN NET ASSETS, before net assets released from restrictions for capital expenditures	(275,386)	(72,576)	4,473	(343,489)
Net assets released from restrictions upon satisfaction of restriction for capital expenditures	<u>5,000</u>	<u>(5,000)</u>	-	-
CHANGES IN NET ASSETS	(270,386)	(77,576)	4,473	(343,489)
NET ASSETS - beginning of year	<u>264,200</u>	<u>642,961</u>	<u>1,978,883</u>	<u>2,886,044</u>
NET ASSETS (DEFICIT) - end of year	<u>\$ (6,186)</u>	<u>\$ 565,385</u>	<u>\$ 1,983,356</u>	<u>\$ 2,542,555</u>

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

CHILD HEALTH SERVICES
Statement of Activities
For the Year Ended June 30, 2011

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
PUBLIC SUPPORT				
Received directly:				
Contributions	551,573	14,974	5,679	572,226
Special events	79,311	-	-	79,311
Received indirectly:				
Allocations by the United Way	28,305	125,000	-	153,305
Total public support	<u>659,189</u>	<u>139,974</u>	<u>5,679</u>	<u>804,842</u>
GRANTS	<u>1,727,281</u>	<u>-</u>	<u>-</u>	<u>1,727,281</u>
OTHER REVENUE				
Program fees	538,962	142,598	-	681,560
In-kind donations	31,037	-	-	31,037
Net investment income	151,820	189,519	-	341,339
Miscellaneous revenue	14,463	-	-	14,463
Total other revenue	<u>736,282</u>	<u>332,117</u>	<u>-</u>	<u>1,068,399</u>
NET ASSETS RELEASED FROM RESTRICTIONS				
Expiration of time restriction -				
United Way and advocate	154,974	(154,974)	-	-
Restrictions satisfied by payments				
for specified purposes	276,607	(276,607)	-	-
Total net assets released from restrictions	<u>431,581</u>	<u>(431,581)</u>	<u>-</u>	<u>-</u>
Total public support and revenue	<u>3,554,333</u>	<u>40,510</u>	<u>5,679</u>	<u>3,600,522</u>
EXPENSES				
Program services:				
Clinical services	1,322,246	-	-	1,322,246
Special medical services and ISG	1,185,421	-	-	1,185,421
Teen Health Clinic	236,204	-	-	236,204
Special projects, advocacy and other	19,103	-	-	19,103
Total program services	<u>2,762,974</u>	<u>-</u>	<u>-</u>	<u>2,762,974</u>

(Continued)

CHILD HEALTH SERVICES
Statement of Activities
For the Year Ended June 30, 2011

(Continued)

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Supporting services:				
Management and general	432,959	-	-	432,959
Fundraising	170,074	-	-	170,074
Total supporting services	<u>603,033</u>	<u>-</u>	<u>-</u>	<u>603,033</u>
Total expenses	<u>3,366,007</u>	<u>-</u>	<u>-</u>	<u>3,366,007</u>
CHANGES IN NET ASSETS, before net assets released from restrictions for capital expenditures	188,326	40,510	5,679	234,515
Net assets released from restrictions upon satisfaction of restriction for capital expenditures	<u>41,453</u>	<u>(41,453)</u>	<u>-</u>	<u>-</u>
CHANGES IN NET ASSETS	229,779	(943)	5,679	234,515
NET ASSETS - beginning of year	<u>34,421</u>	<u>643,904</u>	<u>1,973,204</u>	<u>2,651,529</u>
NET ASSETS - end of year	<u>\$ 264,200</u>	<u>\$ 642,961</u>	<u>\$ 1,978,883</u>	<u>\$ 2,886,044</u>

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

CHILD HEALTH SERVICES
Statement of Functional Expenses
For the Year Ended June 30, 2012

	Clinical Services	Special Medical Services and ISG	Teen Health Clinic	Special Projects, Advocacy and Other	Total Program Services	Management and General	Fundraising	Total Supporting Services	Total
Salaries	807,448	471,346	140,002	17,644	1,436,440	132,450	89,649	222,099	1,658,539
Payroll taxes	82,391	52,011	13,978	1,472	149,852	12,904	8,127	21,031	170,883
Employee benefits	153,464	74,830	22,617	1,685	252,596	22,992	14,250	37,242	289,838
Audit fees	-	-	-	-	-	26,600	-	26,600	26,600
Consulting fees:									
Clinical	14,096	556,830	8,894	-	579,820	-	-	-	579,820
Administrative	-	3,523	-	-	3,523	-	1,022	1,022	4,545
Secretarial	-	14,106	-	-	14,106	-	-	-	14,106
Other	2,236	-	-	-	2,236	-	1,141	1,141	3,377
Interpretation services	54,685	5,665	788	-	61,138	-	-	-	61,138
Payroll processing	-	-	-	-	-	9,983	-	9,983	9,983
Financial service fees	-	-	-	-	-	58,100	-	58,100	58,100
Insurance	29,984	3,775	88	-	33,847	7,686	-	7,686	41,533
Development and fund raising costs	-	-	-	-	-	-	22,293	22,293	22,293
Program supplies	9,561	1,742	8,703	-	20,006	-	-	-	20,006
Office supplies	1,632	6,940	809	-	9,381	5,649	1,006	6,655	16,036
Printing	85	-	-	-	85	120	329	449	534
Minor equipment purchases and leases	1,584	6,396	-	-	7,980	11,724	1,624	13,348	21,328
Occupancy costs	21,452	10,682	6,490	2,989	41,613	15,878	1,216	17,094	58,707
Telephone	324	2,065	-	-	2,389	28,642	-	28,642	31,031
Parking costs	450	-	-	-	450	1,350	-	1,350	1,800
Information systems expense	7,034	11,081	-	-	18,115	4,813	1,131	5,944	24,059
Employee related costs:									
Auto mileage	512	15,702	-	-	16,214	258	-	258	16,472
Recruitment fees	4,438	-	-	-	4,438	273	-	273	4,711
Staff development	375	1,393	5,100	-	6,868	8,002	326	8,328	15,196
Vehicle costs	7,757	-	-	-	7,757	-	-	-	7,757
Special assistance to clients	14,046	227	1,685	-	15,958	-	-	-	15,958
Client transportation	36,865	-	-	-	36,865	-	-	-	36,865
Postage	25	27	-	-	52	6,454	310	6,764	6,816
Repairs and maintenance	826	-	-	-	826	9,163	2,671	11,834	12,660
Permits, licenses and fees	616	24	75	-	715	8,074	-	8,074	8,789
Miscellaneous	1,419	484	6,446	-	8,349	9,103	95	9,198	17,547
Interest expense	-	-	-	-	-	131	-	131	131
Total before depreciation and in-kind expenses	1,253,305	1,238,849	215,675	23,790	2,731,619	380,349	145,190	525,539	3,257,158
Loss on fixed asset disposal	15	9	330	-	354	2	2	4	358
Depreciation	21,896	11,209	8,004	2,487	43,596	17,705	1,691	19,396	62,992
In-kind expenses	4,573	322	-	-	4,895	15,915	2,000	17,915	22,810
Total expenses	\$ 1,279,789	\$ 1,250,389	\$ 224,009	\$ 26,277	\$ 2,780,464	\$ 413,971	\$ 148,883	\$ 562,854	\$ 3,343,318

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

CHILD HEALTH SERVICES
Statement of Functional Expenses
For the Year Ended June 30, 2011

	Clinical Services	Special Medical Services and ISG	Teen Health Clinic	Special Projects, Advocacy and Other	Total Program Services	Management and General	Fundraising	Total Supporting Services	Total
Salaries	827,137	462,712	152,741	9,346	1,451,936	151,346	100,912	252,258	1,704,194
Payroll taxes	76,274	42,587	13,692	813	133,366	12,793	9,091	21,884	155,250
Employee benefits	157,926	68,888	27,356	1,198	255,368	26,512	12,256	38,768	294,136
Audit fees	-	-	-	-	-	27,900	-	27,900	27,900
Consulting fees:									
Clinical	23,830	509,071	2,616	-	535,517	-	-	-	535,517
Administrative	-	5,130	-	-	5,130	-	1,225	1,225	6,355
Development	-	-	-	-	-	-	-	-	-
Secretarial	-	17,274	-	-	17,274	-	-	-	17,274
Other	1,544	-	4,342	-	5,886	-	-	-	5,886
Interpretation services	59,520	7,342	1,444	754	69,060	-	-	-	69,060
Payroll processing	-	-	-	-	-	11,427	-	11,427	11,427
Financial service fees	-	-	-	-	-	56,787	-	56,787	56,787
Insurance	31,466	3,602	1,076	-	36,144	7,348	-	7,348	43,492
Development and fund raising costs	-	-	-	-	-	-	37,428	37,428	37,428
Program supplies	8,306	6,878	11,198	-	26,382	-	-	-	26,382
Office supplies	1,451	6,748	1,443	-	9,642	4,473	1,411	5,884	15,526
Printing	-	232	-	-	232	38	133	171	403
Minor equipment purchases and leases	630	5,286	28	-	5,944	9,044	235	9,279	15,223
Occupancy costs	19,264	10,796	6,476	4,511	41,047	16,049	1,229	17,278	58,325
Telephone	-	2,208	-	-	2,208	28,501	-	28,501	30,709
Parking costs	-	-	-	-	-	1,728	-	1,728	1,728
Information systems expense	256	2,994	135	-	3,385	5,714	-	5,714	9,099
Employee related costs:									
Auto mileage	342	14,479	-	-	14,821	93	-	93	14,914
Recruitment fees	1,938	-	161	-	2,099	-	-	-	2,099
Staff development	551	6,900	120	-	7,571	6,900	680	7,580	15,151
Vehicle costs	8,338	-	-	-	8,338	-	-	-	8,338
Special assistance to clients	17,681	689	2,999	-	21,369	-	-	-	21,369
Client transportation	33,774	-	-	-	33,774	-	-	-	33,774
Postage	51	123	-	-	174	6,989	44	7,033	7,207
Repairs and maintenance	200	-	-	-	200	13,123	2,644	15,767	15,967
Permits, licenses and fees	578	86	121	-	785	4,012	-	4,012	4,797
Miscellaneous	2,009	173	1,850	-	4,032	8,736	379	9,115	13,147
Interest expense	-	-	-	-	-	259	-	259	259
Total before depreciation and in-kind expenses	1,273,066	1,174,198	227,798	16,622	2,691,684	399,772	167,667	567,439	3,259,123
Loss on fixed asset disposal	-	-	-	-	-	-	-	-	-
Depreciation	36,137	11,223	8,306	2,481	58,147	15,629	2,071	17,700	75,847
In-kind expenses	13,043	-	100	-	13,143	17,558	336	17,894	31,037
Total expenses	\$ 1,322,246	\$ 1,185,421	\$ 236,204	\$ 19,103	\$ 2,762,974	\$ 432,959	\$ 170,074	\$ 603,033	\$ 3,366,007

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

CHILD HEALTH SERVICES
Statements of Cash Flows
For the Years Ended June 30, 2012 and 2011

	2012	2011
CASH FLOWS FROM OPERATING ACTIVITIES:		
Changes in net assets	(343,489)	234,515
Adjustments to reconcile changes in net assets to net cash from operating activities:		
Depreciation and amortization	62,992	75,847
Contributions of marketable securities	(25,236)	(45,945)
Loss on fixed asset disposal	358	-
In-kind donation of fixed asset	(6,500)	-
Contributions restricted for long-term purposes	(4,473)	(5,679)
Realized and unrealized (gain) loss on investments	42,119	(307,417)
Investment income reinvested	(50,010)	(49,672)
Decrease (increase) in:		
Accounts receivable	(93,541)	(17,452)
Prepaid expenses and deposits	(1,085)	17,620
Contributions receivable	(5,265)	1,129
Increase (decrease) in:		
Accounts payable	17,123	30,246
Accrued expenses	(8,217)	12,332
Accrued payroll and related expenses	21,121	2,733
Accrued annual leave	20,356	16,592
Refundable advances	-	(28,013)
	(373,747)	(63,164)
Net cash used for operating activities		
CASH FLOWS FROM INVESTING ACTIVITIES:		
Proceeds from sale of securities	576,509	462,143
Acquisition of securities	(465,437)	(334,059)
Decrease (increase) in cash restricted for the acquisition of property and equipment, net	5,393	384
Additions to property and equipment	(8,888)	(42,397)
	107,577	86,071
Net cash provided by investing activities		
CASH FLOWS FROM FINANCING ACTIVITIES:		
Borrowings on line of credit, net	117,000	-
Payments received on contributions restricted for long-term purposes	6,342	28,251
Repayments for note payable	(5,000)	(5,000)
Contributions restricted for long-term purposes	4,473	5,679
	122,815	28,930
Net cash provided by financing activities		

(Continued)

CHILD HEALTH SERVICES
Statements of Cash Flows
For the Years Ended June 30, 2012 and 2011

	2012	2011
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(143,355)	51,837
CASH AND CASH EQUIVALENTS - beginning of year	276,794	224,957
CASH AND CASH EQUIVALENTS - end of year	\$ 133,439	\$ 276,794

SUPPLEMENTAL INFORMATION:

Interest paid on short-term borrowings	\$ 131	\$ 259
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NON-CASH INVESTING AND FINANCING ACTIVITIES:

During the 2012 and 2011 fiscal years, the Organization received donations of stock valued at \$25,236 and \$45,945, respectively.

During the 2012 and 2011 fiscal years, the Organization's note payable was reduced by \$5,000 each year for the portion forgiven (Note 14).

During 2012, the Organization received a fixed asset donation valued at \$6,500.

At June 30, 2012, \$5,000 of fixed asset additions were payable to vendors.

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

CHILD HEALTH SERVICES
Supplemental Information
Schedule of Expenditures of Federal Awards
June 30, 2012

<u>Federal Grantor/Pass-through Grantor/Program Title</u>	<u>Federal CFDA Number</u>	<u>Pass-Through Entity Identifying Number</u>	<u>Federal Expenditures</u>
<u>U.S. Department of Health and Human Services</u>			
<u>Pass-through programs from:</u>			
State of New Hampshire, Department of Health & Human Services, Division of Public Health Services			
Maternal and Child Services (Primary care)	93.994	010-090-5190-102-500734	11,878
Maternal and Child Services (Teen Health Care)	93.994	010-090-5190-102-500731	24,000
State of New Hampshire, Department of Health & Human Services, Division of Community Based Care Services			
Comprehensive Nutrition Network	93.994	1005026	85,732
Community Based Care Services	93.994	1000523	52,838
Neuromotor Disabilities Program	93.994	1000531	104,409
Child Development Program Network	93.994	1000522	<u>207,186</u>
Total MCH Block Grant			486,043
State of New Hampshire, Department of Health & Human Services, Division of Public Health Services			
Family Planning Services	93.217	010-090-5530-102-500734	26,975
Personal Responsibility Education Program	93.092	010-090-1844-102-500731	30,172
Family Planning – TANF	93.558	010-045-6146-502-500891	4,981
State of New Hampshire, Department of Health & Human Services, Division of Community Based Care Services			
ARRA -Regional Child Development Clinic	84.393	ARRA 3.6	4,084
<u>Catholic Medical Center</u>			
Poisson Dental Facility	93.991		726
<u>Bureau of Developmental Services</u>			
Facets of Epilepsy Care in NH	93.110	010-093-5949-102-0731	34,112

(Continued)

CHILD HEALTH SERVICES
Supplemental Information
Schedule of Expenditures of Federal Awards
June 30, 2012

(Continued)

<u>Federal Grantor/Pass-through Grantor/Program Title</u>	<u>Federal CFDA Number</u>	<u>Pass-Through Entity Identifying Number</u>	<u>Federal Expenditures</u>
State of New Hampshire, Department of Health & Human Services, Office of Minority Health and Refugee Affairs			
OMHRA Mini-Grant Mental Health	93.296	010-095-5010-95097003	2,000
Total Health and Human Services			589,093
<u>U.S. Department of Housing and Urban Development</u>			
<u>Pass-through programs from:</u>			
City of Manchester, NH			
Community Development Block Grant	14.218	211409	70,000
Community Development Block Grant	14.218	211308	20,000
Total Housing and Urban Development			90,000
<u>U.S. Environmental Protection Agency</u>			
<u>Pass-through programs from:</u>			
City of Manchester, NH			
Manchester's Multi-lingual Asthma Education and Outreach Program	66.110	213908	294
Total expenditures of federal awards			<u>\$ 679,387</u>

Note 1 - The Schedule of Expenditures of Federal Awards is prepared on the cash basis of accounting. The information in this Schedule is presented in accordance with the requirement of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Therefore some amounts presented in this Schedule may differ from amounts presented in or used in the preparation of the basic financial statements.

Note 2 - The City of Manchester Community Development block grant in the amount of \$20,000 is a loan.

Child Health Services

Mission Statement

Established in 1980, Child Health Services is dedicated to improving the health and well being of at risk children and adolescents in the Greater Manchester area. A fully integrated system of bio-psychosocial health care, social services, nutrition services and behavioral and mental health services, CHS is a medical home designed to help children and families function to their full capacity.

CHILD HEALTH SERVICES

Board Of Directors

2013-2014

Andrea G. Chatfield, Esq.
11/2013**
Committee(s): Human Resources

Kathleen A. Davidson, Esq.
11/2013
Committee(s): Development

CHS - Secretary
Laurie Glaude, PHR
11/2013**
*Committee(s): Human Resources,
Executive*

CHS - Treasurer
Ted Krantz
11/2013**
Committee(s): Finance, Executive

Gary Lindner, DMD
11/2015**
Committee(s): Development, Executive

Robert MacPherson
11/2013
Committee(s): Human Resources

Christine Madden
11/2013**
Committee(s): Finance

CHS - Vice-President
Denise McDonough
11/2013
Committee(s): Development, Executive

Brian McLaughlin
11/2015**
Committee(s): Development

John M. Mercier
11/2013
Committee(s): Development

CHS President
Steven Paris, MD
1/2016
*Committee(s): Professional Advisory,
Executive*

Timothy Riley
11/2014**
Committee(s): Development, Executive

Norm Turcotte
11/2013**
Committee(s): Development, Executive

KEY ADMINISTRATIVE PERSONNEL

NH Department of Health and Human Services
Division of Public Health Services

Agency Name: Child Health Services

Name of Bureau/Section: BPHCS, Maternal and Child Health-Ped. PC

BUDGET PERIOD:		SFY 2014	July 1, 2013 - June 30, 2014
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	Total Salary Amount Paid By Contract
Lisa DiBrigida, MD, Medical Director	\$96,459	0.00%	\$0.00
Carole Kohen-Diniak, Pediatrician & Clinic Manager of the Pediatric and Adolescent Clinics	\$71,590	0.00%	\$0.00
Stephanie Kogut, MSW, Program Coordinator/Social Worker	\$40,950	50.00%	\$20,475.00
	\$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)			\$20,475.00

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.

LISA ALLARD DIBRIGIDA, MS, MD

1245 Elm St.
Manchester, NH 03101
603 668-6629

EMPLOYMENT EXPERIENCE

MEDICAL

Medical Director, Manchester, NH April 2008 to Present
Child Health Services

Pediatrician, Manchester, NH April 2003 to Present
Child Health Services
Serve as a member of a primary health care team of professionals who provide a medical home for children and adolescents who have special needs: including those with developmental disabilities, those from low income homes and frequently those who are in families who have recently immigrated to the US.

Assistant Professor, Manchester, NH October 2000 to 2004
Massachusetts School of Pharmacy
Teacher in the Physician's Assistant Program

- Newborn and Two Week Exam Class
- Adolescents I and II
- Physical Exam Skills Assessment

Pediatric Supervisor and Preceptor April 2003 to Present

Pediatrician, Manchester, NH September 1993 to February 1999
The Dartmouth Hitchcock Clinic

- Managed and provided care for children from infancy to adolescence
- Emphasized and specialized in, care for children with special needs, chronic healthcare conditions, and adolescent care
- Advocated for holistic family centered care for all children.

Hospital Staff, Manchester, NH September 1993 to September 1999
Elliot Hospital/Optima Healthcare, Catholic Medical Center, and Optima Healthcare.

CONSULTANT

Community Advocate, NH

Early Learning NH 2006-2007

Lead Poisoning Prevention Advisory Group 2007-2009

Asthma Advisory Group 2005-2008

Child Care Consultant, Manchester, NH August 2001-2003

- Medical consultant on Comprehensive team that includes educator and mental health providers
- Consultant to three Child Care facilities in the city of Manchester

- Observation of children within their child care environment
- Recommend improvements
- Aide in the implementation of plans to help children with optimal growth and development

Child Care Consultant Trainer, Concord, NH November 1999 to 2001

- Team member with NH DHHS training participants to become Child Care Consultants
- Providing ongoing support and technical assistance to Day Care Centers in Manchester

EDUCATOR

Kindergarten Teacher, Bedford, NH

September 2000, Dec 2000 to
January 2001

Bedford Village Morning School

Substitute in classroom of 12 children

- Afternoon daily school program
- Classroom of 18-22 children - Fridays

Assistant Kindergarten Teacher, Manchester, NH 1984-1985

Greater Manchester Child Care Center

VOLUNTEER EXPERIENCE

VNA of Manchester, Board Member

2008-Present

YMCA, Board Member

2006-Present

Executive Advisory Board

2007- Present

The Bean Foundation, Trustee

2004-2010

Chairman

2007-2009

Easter Seal Society, Board Member

1995 -2000

Chairman of the Board

2001- 2002

Child & Family Services, Board Member

1993-1996

EDUCATION

Dartmouth Medical School, Hanover, NH

MD June 1990

Wheelock College, Boston, MA

MS in Early Intervention, August 1986

Dartmouth College, Hanover, NH

BA in Psychology, June 1984

Third Honors Group, 1984

Phillips Exeter Academy, Exeter, NH

Graduated with Honors, June 1980

TRAINING

Internship and Residency, Dartmouth/Hitchcock Medical Center, 1990-1993

AFFILIATIONS

Manchester Healthy Leadership Council
Multidisciplinary Advisory Group meeting monthly, coordinated by the Manchester Health Department

New Hampshire Pediatric Society

Treasurer, 1999-2002

Chairman of Child Health Month Committee

Member of Executive Committee, 1994- 2004

PUBLICATIONS

AL Olson and LA DiBrigida

Depressive symptoms and work role satisfaction in mothers of toddlers.

Pediatrics, 1994 94:363-367

Carole Kohen-Diniak, DO, FAAP

1245 Elm Street
Manchester, NH 03101

Office telephone: (603) 668- 6629 Office fax: (603) 622- 7680
E-mail: kohen@childhealthsvc.org

Work History:

**Pediatrician and
Clinic Manager of the Pediatric and Adolescent Clinics
Child Health Services
Manchester, NH**

Aug 1998- Present

I am the clinic manager of the pediatric and adolescent clinics, as well as a practicing pediatrician, in a private, non-profit pediatric agency that provides comprehensive medical, nutritional, and family support services to 3000 medically underserved children and adolescents in the greater Manchester area. I see patients three days a week, and my responsibilities also include the following:

- Supervision of the clinic teams of pediatricians, pediatric nurse practitioners, nutritionists, social workers, nurses, and medical assistants who provide primary pediatric care for children and adolescents in the Pediatric and Adolescent Clinics.
- Supervision of the Child Health Services lead-screening program and the CHS Lead Case Manager, implementation of outpatient treatment of lead-burdened children, and collaboration with the Manchester Health Department and New Hampshire Childhood Lead Poisoning Prevention Program.
- Development of the annual Child Health Direct Services Work Plan Progress Reports and completion of the corresponding Outcome Reports for the State of New Hampshire DHHS Maternal and Child Section, The United Way, and the New Hampshire Charitable Foundation, from which we receive funding.
- Supervision and clinical instruction of physician assistant students from the Massachusetts College of Pharmacy and Health Sciences and pediatric residents from the Children's Hospital at Dartmouth Pediatrics residency program who spend month-long clinical rotations at our site.

Pediatrician

Londonderry Pediatrics
Londonderry, NH
9/96- 8/98

Practiced general pediatrics in a multi-physician private practice.

Pediatrician

Seacoast Health Care
Newburyport, MA
1/95- 8/96

Practiced general pediatrics in a multi-physician private practice.

Assistant Clinical Professor/Pediatrics

Division of Pediatric Hematology-Oncology, Department of Pediatrics,
Brookdale Hospital Medical Center
Brooklyn, NY
11/93- 12/94

Practiced pediatric hematology-oncology in a hospital-based program that included inpatient and outpatient clinical responsibilities; taught pediatric residents and medical students.

Teaching Experience:

Clinical Instructor in Biochemistry

University of New England College of Osteopathic Medicine
Biddeford, ME
9/98- 12/98, 1/00- 5/00, 1/04- 5/04

Taught three segments of the biochemistry curriculum, two hours weekly, for first year medical students.

Clinical Instructor in Pediatrics

Massachusetts College of Pharmacy and Health Sciences
Physician Assistant Program
Manchester, New Hampshire
1/06- 4/08

Provided didactic instruction in Pediatric Asthma to first-year physician assistant students.

Clinical Training:

Fellowship in Pediatric Hematology-Oncology

Memorial Sloan-Kettering Cancer Center and New York Hospital-Cornell Medical Center,
New York, NY
7/90- 10/93

Chief Fellow in Pediatric Oncology, 7/92- 6/93

General Pediatrics Residency

Brookdale Hospital Medical Center, Brooklyn, NY
7/87- 6/90

Chief Resident in Pediatrics, 7/89- 6/90

Rotating Internship

Brooklyn Jewish Hospital and St. John's Episcopal Medical Center,
Brooklyn, NY
7/86- 6/87

Education:

D. O.

University of New England College of Osteopathic Medicine
Biddeford, ME
1986

Elected to Sigma Sigma Phi, the National Osteopathic Medical Honor Society

Carole Kohen-Diniak, DO

Pg. 4

M.S./Biochemistry

University of New Hampshire
Durham, New Hampshire
1982

B.S./Physics
Virginia Commonwealth University
1978

Credentials:

Current New Hampshire medical license # 9839

Current Massachusetts medical license # 80502

Certified by the American Board of Pediatrics, 11/14/90
Most recent board recertification: 9/25/03, valid from 2005- 2011

Certified by the American Board of Pediatrics,
Sub-Board in Pediatric Hematology-Oncology: 2/1/95

Professional Memberships:

Fellow, American Academy of Pediatrics

Medical Consultant, New Hampshire Childhood Lead Poisoning Prevention Program

Medical Consultant, Southern New Hampshire Services Head Start Program

S T E P H A N I E K O G U T

1245 Elm St.
Manchester, NH 03101
603 668-6629

EXPERIENCE

5/08- Present Teen Health Clinic Manchester, NH

Program Coordinator/Social Worker

- Coordinate community based adolescent health and family planning clinic programs including managing staff and schedule; developing health programming; and supporting evaluation and outcome measurement efforts.
- Provide alcohol screening, education, and brief intervention to prevent and reduce the risk of underage and binge drinking among patients.
- Provide case management and crisis intervention services to meet the well-being needs of patients and their families.
- Provide ongoing assessments, information, and referrals to meet patient and families individual needs.
- Develop and implement health education and prevention programming targeting adolescents.

5/07 – 5/08 Teen Health Clinic Manchester, NH

Social Work Intern

- Provided information and referral, case management, and crisis intervention services to patients and families.
- Developed and implemented health education and prevention programming targeting adolescents; facilitated education group for patients.
- Participated in local and statewide policy development and implementation around adolescent health issues.

9/02 - 5/08 University of New Hampshire Dimond Library Durham, NH

Loan Department Student Assistant

- Provided patrons with assistance accessing library resources.
- Circulated materials; shelved and checked the order of books in the stacks.

9/05 – 5/06 HUB Family Resource Center Dover, NH

Social Work Intern

- Provided crisis intervention, case management, and supportive counseling services to families referred by Division of Children, Youth, and Families.
- Facilitated home visits with families focusing on improving parenting skills, practicing limit setting, developing effective discipline, and improving anger management.

6/03 - 8/04, Summers Hebert Nursing Home Smithfield, RI

Certified Nursing Assistant

- Provided patients with assistance with health care needs; provided bedside care and assisted with activities of daily living.

- Trained in CPR; performed basic nursing tasks including taking and recording blood pressure, temperatures, and weights.

8/00 – 8/02 Overlook Nursing Home Pascoag, RI

Certified Nursing Assistant

- Provided patients with assistance with health care needs; provided bedside care and assisted with activities of daily living.
- Trained in CPR; performed basic nursing tasks including taking and recording blood pressure, temperatures, and weights.

EDUCATION

May 2008	University of New Hampshire	Durham, NH
■ M.S.W., Social Work.		
May 2006	University of New Hampshire	Durham, NH
■ B.A., Social Work		

Budget Form

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

Bidder/Program Name: Child Health Services

Budget Request for: Pediatric Primary Care Services - Greater
Manchester Area

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

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
				Standard agency indirect cost based on allocated general legal, management, audit, insurance, human resources, payroll, accounting, etc. = 15.95%. The actual total of \$7266.82 has been discounted to meet the limits of grant funds available – the additional \$2826.82 of Indirect Fixed Cost will be covered by other CHS funds.
1. Total Salary/Wages	\$ 38,396.80	\$ 3,800.00	\$ 42,196.80	
2. Employee Benefits	\$ 7,163.20	\$ 640.00	\$ 7,803.20	
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	\$ 45,560.00	\$ 4,440.00	\$ 50,000.00	

Indirect As A Percent of Direct

9.7%

AGK

For DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available) \$ 50,000.00

Reconciliation - (this line must be equal to or greater than \$0) \$ -



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

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



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

May 15, 2012

APPROVED F/C _____
DATE _____
APPROVED G&C # 115
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 Child Health Services (Vendor #177266-B002), 1245 Elm Street, Manchester, New Hampshire 03101, in an amount not to exceed \$374,616.00, to provide pediatric 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	\$112,308
SFY 2014	102-500731	Contracts for Program Services	90080000	\$112,308
			Sub-Total	\$224,616

05-95-90-902010-5194 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, CHILD HEALTH SERVICES

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2013	102-500731	Contracts for Program Services	90004014	\$75,000
SFY 2014	102-500731	Contracts for Program Services	90004014	\$75,000
			Sub-Total	\$150,000
			Total	\$374,616

EXPLANATION

Funds in this agreement will be used to provide office-based pediatric primary care services for low-income and uninsured children. 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.

Pediatric primary health care services include preventive and episodic health care for acute and chronic health conditions for children birth through eighteen with priority to children birth through ten. Community health agencies that receive support through the Division of Public Health Services deliver primary and preventive health care services to underserved families 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 agencies 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 at-risk children 18 -30 months served were screened for blood lead.

Should Governor and Executive Council not authorize this Request, a minimum of 4,000 low-income children from the Greater Manchester area including the towns of Auburn, Bedford, Candia, Goffstown, Hooksett, Manchester, and New Boston 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.

Child Health Services 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 13, 2012 through February 16, 2012. In addition, a bidder's conference call was held on January 19, 2012 to alert agencies to this bid.

One proposal was received in response to the posting. The proposal was scored by three professionals, who work internal and external to the Department of Health and Human Services. The reviewers have five to twenty years experience managing agreements or contracts with vendors for various public health or community programs. Areas of specific expertise include maternal and child health; preventive health and healthy home screening, and pediatric health care delivery projects. 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 was no competing application. Scores were averaged and the proposal was 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:

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
May 15, 2012
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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 \$626,192. This represents a decrease of \$251,576. 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 including the towns of Auburn, Bedford, Candia, Goffstown, Hooksett, Manchester, and New Boston.

Source of Funds: 11.96% Federal Funds from US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and 88.04% General Funds.

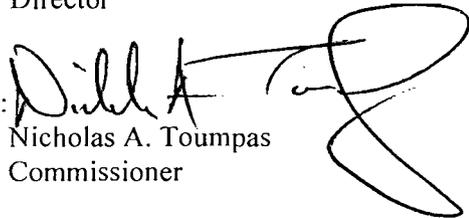
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD
Director

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/PMT/sc