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Lori A. Shibley
Commissioner

Melissa A. Hardy
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LONG TERM SUPPORTS AND SERVICES

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May 19, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Long Term Supports and Services, to enter into a contract with Amoskeag Health, Manchester, NH, in the amount of \$280,000 for care coordination for children with medical complexity and their families in Hillsborough, Strafford, and Rockingham Counties, with the option to renew for up to two (2) additional years, effective July 1, 2022, or upon Governor and Council approval, whichever is later, through June 30, 2023. 25% Federal Funds. 75% General Funds.

Funds are available in the following account for State Fiscal Year 2023, with the authority to adjust budget line items within the price limitation through the Budget Office, if needed and justified.

05-95-93-930010-5191 Health and Social Services, Health and Human Svcs, Dept of, HHS: Developmental Svcs, Special Medical Services

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	561-500911	Specialty Clinics	93001000	\$280,000
			Total	\$280,000

EXPLANATION

The purpose of this request is to enhance the system of care for children with medical complexity and Children with Special Health Care Needs with community-based care coordination services that incorporate the following components:

- Screening, identification, and assessment of a child's needs to provide the foundation for effective, high quality care coordination.
- Shared plan of care to provide a roadmap and an accountability system for integrating care based on family needs and priorities identified in the assessment.
- Team-based communication between members of the team that is timely, efficient, respectful, and culturally sensitive.
- Education, coaching, and training for Children with Special Health Care Needs, families and care teams to empower Children with Special Health Care Needs and their families and advance their well-being.

- Training and supervision of care team members.
- Health care transition planning across the systems of care for Children with Special Health Care Needs and their families.

Approximately 250 individuals will be served during State Fiscal Year 2023.

Children with special healthcare needs are defined under RSA 132:13, II as "children who have or are at risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally." This includes children and youth, from birth to age twenty-one (21).

The Contractor will accept cases assigned by the Department and provide services in accordance with the National Care Coordination Standards for Children and Youth with Special Health Care Needs (CSHCN) (aka The Standards, National Academy for State Health Policy, October 2020). Services will include:

- Conducting a care coordination assessment;
- Developing a family-centered plan of care;
- Coordinating services with the Department;
- Assigning a Care Coordinator to manage each assigned case; and
- Coordinating activities with other State-funded projects providing case management, care coordination, and family support services and systems improvement for Children with Special Health Care Needs.

The Department will monitor Contractor's performance by tracking adherence to the following performance targets:

- 85% of Children with Special Health Care Needs or their family or guardian, responding to an annual Department approved survey, indicate satisfaction with services provided by their care coordinator.
- By June 30, 2023, 75% of Children with Special Health Care Needs enrolled in Health Care Coordination, ages 14 through 20 years old and/or their family caregiver identify at least one (1) goal following Transition Readiness Assessment Questionnaire consultation.
- By June 30, 2023, 70% of Children with Special Health Care Needs enrolled in Health Care Coordination, ages 14 through 20 years old and/or their family caregiver, who identified a transition goal in the previous year, meet at least one (1) of the previous year's goals.

The Department selected the Contractor through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from February 18, 2022 through March 25, 2022. The Department received one (1) response that was reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, Section 1, Revisions to Form P-37, General Provisions, Subsection 1.2 of the attached agreement, the parties have the option to extend the agreement for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Council not authorize this request, children and youth from birth to age twenty-one (21) with special health care needs, and their families, may not receive critical

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 3

services. Families may have to manage the coordination of complex health care, specialty services, and community services independently, potentially delaying needed treatment and services.

Area served: Hillsborough, Rockingham, and Strafford Counties.

Source of Federal Funds: Assistance Listing Number #93.994, FAIN # B0440148.

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Lori A. Shabinette", with a stylized flourish at the end.

Lori A. Shabinette
Commissioner

New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID #

RFP-2023-DLTSS-02-COMMU

Project Title

Community-Based Care Coordination for Children with Medical Complexity

	Maximum Points Available	Amoskeag Health
Technical		
Mission and Goals (Q1)	20	17
Experience and Capability (Q2)	25	22
Health Care Coordinators (Q3)	25	23
Plan of Care & Service Provision (Q4)	25	22
Quality Outcomes (Q5)	15	11
Collaboration/System of Care (Q6)	25	22
Reporting (Q7)	15	12
Subtotal - Technical	150	129
Cost		
Budget (Appendix D)	70	50
Program Staff List (Appendix E)	30	25
Subtotal - Cost	100	75
TOTAL POINTS	250	204

Reviewer Name

1	Deirdre Dunn
2	Susan Moore
3	Nicole Brunei
4	Donna Walker
5	Tracy Gassek
6	Denise Petrycki

Title

Administrator III
Public Health Program Manager
Program Assistant II
Administrator III
Program Specialist III
Public Health Nurse Coordinator

Subject: Community-Based Care Coordination for Children with Medical Complexity (RFP-2023-DLTSS-02-COMMU-01)

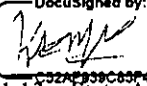
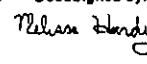
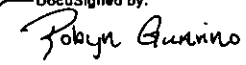
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Amoskeag Health		1.4 Contractor Address 145 Hollis St. Manchester, NH 03101	
1.5 Contractor Phone Number (603) 626-5210	1.6 Account Number 05-95-93-930010-5191-561-500911	1.7 Completion Date June 30, 2023	1.8 Price Limitation \$280,000
1.9 Contracting Officer for State Agency Nathan D. White, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <small>DocuSigned by:</small>  </div> <div> Date: 5/23/2022 </div> </div>		1.12 Name and Title of Contractor Signatory Kris McCracken President/CEO	
1.13 State Agency Signature <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <small>DocuSigned by:</small>  </div> <div> Date: 5/23/2022 </div> </div>		1.14 Name and Title of State Agency Signatory Melissa Hardy Director, DLTSS	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) <div style="display: flex; justify-content: space-between;"> <div>By:</div> <div>Director, On:</div> </div>			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) <div style="display: flex; justify-content: space-between;"> <div> <small>DocuSigned by:</small> By:  </div> <div> On: 5/24/2022 </div> </div>			
1.17 Approval by the Governor and Executive Council (if applicable) <div style="display: flex; justify-content: space-between;"> <div>G&C Item number:</div> <div>G&C Meeting Date:</div> </div>			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete

compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

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

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

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

submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

10.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

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

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

17. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

18. CHOICE OF LAW AND FORUM. This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. CONFLICTING TERMS. In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

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

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

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

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

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

**New Hampshire Department of Health and Human Services
Community-Based Care Coordination for Children with Medical Complexity**

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

- 1.1. Paragraph 3, Subparagraph 3.1, Effective Date/Completion of Services, is amended as follows:

3.1. Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire as indicated in block 1:17, this Agreement, and all obligations of the parties hereunder, shall become effective on upon Governor and Executive Council approval or July 1, 2022 ("Effective Date"), whichever is later.

- 1.2. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

3.3. The parties may extend the Agreement for up two (2) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

- 1.3. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

- 1.4. Paragraph 14, Insurance, Subparagraph 14.1, is modified to read:

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate or excess;

DS
5/23/2022

**New Hampshire Department of Health and Human Services
Community-Based Care Coordination for Children with Medical Complexity**

EXHIBIT A

- 14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property; and
- 14.1.3 automobile liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$100,000 per person and \$300,000 per accident for any vehicle used to transport clients.

**New Hampshire Department of Health and Human Services
Community-Based Care Coordination for Children with Medical Complexity**

EXHIBIT B

Scope of Services

1. Statement of Work

- 1.1. The Contractor shall provide community-based care coordination services in this Agreement for children with medical complexity and Children with Special Health Care Needs (CSHCN)
- 1.2. The Contractor shall ensure services are available in Hillsborough, Rockingham, and Strafford counties.
- 1.3. For the purposes of this Agreement, all references to days shall mean business days, excluding state and federal holidays.
- 1.4. The Contractor shall ensure services are provided in accordance with the National Care Coordination Standards for Children and Youth with Special Health Care Needs (CSHCN) (aka The Standards) (National Academy for State Health Policy (NASHP), October 2020 and as they may be amended).
- 1.5. The Contractor shall accept all cases assigned by the Department.
- 1.6. The Contractor shall enter data, upload documents, and maintain case records in the Department's data system which shall include, but is not limited to:
 - 1.6.1. Discharge information.
 - 1.6.2. Encounters, assessments of client needs and individual goals, referrals, and progress notes.
 - 1.6.3. Uploading of documents that include, but are not limited to:
 - 1.6.3.1. Assessments such as completed TRAQs (Transition Readiness Assessment Questionnaire).
 - 1.6.3.2. Referral forms.
 - 1.6.3.3. Releases.
 - 1.6.4. Waiver requests and approvals, if applicable.
 - 1.6.5. Care plans.
 - 1.6.6. Evaluations.
- 1.7. The Contractor shall ensure a Department-approved care coordination assessment is conducted for each child and family, in accordance with the National Care Coordination Standards for Children and Youth with Special Health Care Needs and at least annually, to inform the development of a shared plan of care.
- 1.8. The Contractor shall ensure each child or youth has a family-centered plan of care, that includes, but is not limited to, the following:
 - 1.8.1. Health summary.

**New Hampshire Department of Health and Human Services
Community-Based Care Coordination for Children with Medical Complexity**

EXHIBIT B

- 1.8.2. Long- and short-term goals that are specific, measurable, achievable, relevant, and time specific (SMART).
- 1.8.3. Upcoming medical and social service transitions.
- 1.8.4. Emergency and disaster plans.
- 1.8.5. Measurable steps and benchmarks, for the following:
 - 1.8.5.1. Follow-up;
 - 1.8.5.2. Monitoring; and
 - 1.8.5.3. Reassessment.
- 1.8.6. References to policies and procedures the Care Coordinator will use to coordinate with any other services received by the child.
- 1.8.7. The frequency and duration of services.
- 1.8.8. The individuals responsible for specific services.
- 1.8.9. The type of services required.
- 1.9. The Contractor shall ensure no less than two and three-quarter (2.75) full-time equivalent (FTE) Care Coordinators are assigned to:
 - 1.9.1. Assume the overall responsibility for assisting the family in accessing services for the child by developing a base of knowledge of appropriate health and social services in the community.
 - 1.9.2. Take primary responsibility for establishing and coordinating the plan and management of community-based health care and medical services for each child assigned by the Department and ensuring continuity of care and follow-up, including, but not limited to:
 - 1.9.2.1. Assessment.
 - 1.9.2.2. Planning.
 - 1.9.2.3. Implementation.
 - 1.9.2.4. Evaluation.
 - 1.9.3. Communicate and collaborate with Medical Homes, local care providers, schools, families, and local service agencies.
 - 1.9.4. Consult with BFCS Registered Nurse Consultants/Specialists, Clinical Program Manager, regional Partners in Health Coordinators, and Area Agency Coordinators regarding planning for resources and coordination of community-based consultations, diagnostics, and care planning for individual cases.
 - 1.9.5. Work collaboratively with other disciplines in identifying and meeting the physical, developmental, psychological, and emotional needs of CSHCN.

**New Hampshire Department of Health and Human Services
Community-Based Care Coordination for Children with Medical Complexity**

EXHIBIT B

- 1.9.6. Collaborate with the Department's Registered Nurse Consultants and Specialists to provide CSHCN and their families with education and information about health conditions.
- 1.9.7. Coordinate with and refer children and families to Partners in Health or an Area Agency for identification and utilization of appropriate community resources to meet the needs of children and their families.
- 1.9.8. Attend meetings and activities, as scheduled or assigned by the Department including, but not limited to:
 - 1.9.8.1. Planning and transition meetings to review and provide feedback on best practices.
 - 1.9.8.2. Joint coordinator meetings,
 - 1.9.8.3. Monthly contract meetings,
 - 1.9.8.4. Required training on topics that may include, but are not limited to:
 - 1.9.8.4.1. Processes.
 - 1.9.8.4.2. Evidence based practices.
 - 1.9.8.4.3. Barriers.
 - 1.9.8.4.4. Problem solving.
 - 1.9.8.5. Other required meetings or activities that include but are not limited to:
 - 1.9.8.5.1. Professional development.
 - 1.9.8.5.2. Data training.
 - 1.9.8.5.3. Collaboration with the Department and other agencies and organizations as determined by the Department.
- 1.10. The Contractor shall participate with the Department in activities which include, but are not limited to:
 - 1.10.1. Coordinating efforts for CSHCN who have community and health care teams.
 - 1.10.2. Planning, development and evaluation of program goals and objectives in conjunction with BFCS staff including how best to respond to emerging issues identified by state agencies.
 - 1.10.3. Developing, implementing, and revising quality assurance activities and standards.
 - 1.10.4. Coordinating activities with other State-funded projects providing case management, care coordination, and family support services

**New Hampshire Department of Health and Human Services
Community-Based Care Coordination for Children with Medical Complexity**

EXHIBIT B

systems improvement for children with special health care needs, including, but not limited to:

- 1.10.4.1. Partners in Health;
 - 1.10.4.2. Division for Behavioral Health's Community Mental Health Centers and Children's Behavioral Health Collaborative;
 - 1.10.4.3. Bureau of Developmental Services' Area Agencies;
 - 1.10.4.4. Family Centered Early Supports and Services Agencies;
 - 1.10.4.5. Family Resource Centers; and
 - 1.10.4.6. New Hampshire Family Voices.
- 1.11. The Contractor shall actively and regularly collaborate with the Department to enhance contract management and improve results.
- 1.12. The Contractor shall establish and maintain program personnel policies and procedures that will be accessible and available to the Department and all Contractor staff. These policies must include, but are not limited to, a description of the procedure for:
- 1.12.1. Selection and dismissal of staff, volunteers and others.
 - 1.12.2. Delivering or coordinating services under the provider's direction.
 - 1.12.3. Supporting students/interns interested in working with CSHCN.
 - 1.12.4. Verifying staff, volunteer, student trainee and intern qualifications.
 - 1.12.5. Maintaining accessibility to the Contractor by Department staff.
- 1.13. The Contractor shall employ Care Coordinators whose qualifications include, but are not limited to:
- 1.13.1. A Bachelor's degree.
 - 1.13.2. Two (2) years of experience in care coordination or within community programs serving CSHCN or four (4) years of experience working with families and young children.
- 1.14. The Contractor shall recruit for the position, in the event of a vacancy in any of the contracted positions.
- 1.15. The Contractor shall notify the Department in writing at least one (1) week prior to each new employee's start date. This notification shall include the new employee's:
- 1.15.1. Resume.
 - 1.15.2. Completed Access to Special Medical Services/Partners in Health (SMS/PIH) User Request Form.

**New Hampshire Department of Health and Human Services
Community-Based Care Coordination for Children with Medical Complexity**

EXHIBIT B

- 1.16. The Contractor shall strive to recruit and maintain a workforce that is culturally, linguistically, racially, and ethnically diverse.
- 1.17. The Contractor shall promote and maintain an awareness of the importance of securing the State's information among the Contractor's employees and agents.
- 1.18. The Contractor must ensure any staff and/or volunteers involved in delivering services through the Agreement sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with federal and state laws and regulations and the Department's Exhibit K, The Contractor must ensure said individuals have a justifiable business need to access confidential data. The Contractor must provide attestations upon Department request.
- 1.19. Prior to making an offer of employment or for volunteer work, the Contractor shall at its own expense, after obtaining signed and notarized authorization from the person or persons for whom information is being sought:
 - 1.19.1. Obtain at least two (2) references for the person;
 - 1.19.2. Submit the person's name for review against the Bureau of Elderly and Adult Services (BEAS) state registry maintained pursuant to Title XII Public Safety and Welfare, Chapter 161-F, Elderly and Adult Services, Section 161-F:49 Registry;
 - 1.19.3. Submit the person's name for review against the Division for Children, Youth and Families (DCYF) state registry maintained pursuant to Title XII Public Safety and Welfare, Chapter 170-G Services for Children, Youth and Families, Section 8-c;
 - 1.19.4. Complete a criminal records check to ensure that the person has no history of:
 - 1.19.4.1. Felony conviction; or
 - 1.19.4.2. Any misdemeanor conviction involving:
 - 1.19.4.3. Physical or sexual assault;
 - 1.19.4.4. Violence;
 - 1.19.4.5. Exploitation;
 - 1.19.4.6. Child pornography;
 - 1.19.4.7. Threatening or reckless conduct;
 - 1.19.4.8. Theft;
 - 1.19.4.9. Driving under the influence of drugs or alcohol; or
 - 1.19.4.10. Any other conduct that represents evidence of behavior that could endanger the well-being of a consumer; and

**New Hampshire Department of Health and Human Services
Community-Based Care Coordination for Children with Medical Complexity**

EXHIBIT B

- 1.19.5. Contractor agrees it will initiate a criminal background check re-investigation of all workforce assigned to this Contract every five years. The five-year period will be based on the date of the last Criminal Background Check conducted by the Contractor or its agent.
- 1.19.6. Contractor shall complete a motor vehicles record check to ensure that the person has a valid driver's license if the person will be transporting clients.
- 1.20. Reporting
 - 1.20.1. The Contractor shall provide an annual report for each year of the Agreement using the Department's template, which includes, but is not limited to:
 - 1.20.1.1. The unduplicated number and demographic characteristics of each client receiving services, and the client's insurance status.
 - 1.20.1.2. Any problems, obstacles, or hindrances experienced during the previous month with a plan to address the problems, obstacles, or hindrances in the following month.
 - 1.20.1.3. Quality assurance activities.
 - 1.20.1.4. For each activity or service funded, progress made and efforts undertaken to meet goals and objectives in quantitative terms to be approved by the Department, including statistical measures for evaluating successful outcomes.
 - 1.20.1.5. Overall progress toward program goals and supporting statistical information.
 - 1.20.1.6. Program effectiveness.
 - 1.20.1.7. Future plans or goals.
 - 1.20.2. The Contractor shall ensure that data, including but not limited to encounter notes and documentation is entered within five (5) business days of receipt and/or encounter. Additional information may be requested by the Department at any time during the contract period.
 - 1.20.3. The Department may collect other key data and metrics from the selected Vendor, including client-level demographic, performance, and service data.
- 1.21. Performance Measures

The Contractor shall ensure the following performance measures are met:

**New Hampshire Department of Health and Human Services
Community-Based Care Coordination for Children with Medical Complexity**

EXHIBIT B

- 1.21.1. 85% of CSHCN or their family or guardian, responding to an annual Department approved survey, indicate satisfaction with services provided by their care coordinator.
- 1.21.2. By June 30, 2023, 75% of CSHCN enrolled in Health Care Coordination, ages 14 through 20 years old and/or their family caregiver identify at least one (1) goal following Transition Readiness Assessment Questionnaire consultation.
- 1.21.3. By June 30, 2023, 70% of CSHCN enrolled in Health Care Coordination, ages 14 through 20 years old and/or their family caregiver, who identified a transition goal in the previous year, meet at least one (1) of the previous year's goals.

2. Exhibits Incorporated

- 2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.
- 2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.
- 2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

3. Additional Terms

- 3.1. Impacts Resulting from Court Orders or Legislative Changes
 - 3.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 3.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services
 - 3.2.1. The Contractor shall submit, within ten (10) days of the Agreement Effective Date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

**New Hampshire Department of Health and Human Services
Community-Based Care Coordination for Children with Medical Complexity**

EXHIBIT B

3.3. Credits and Copyright Ownership

- 3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."
- 3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.
- 3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:
 - 3.3.3.1. Brochures.
 - 3.3.3.2. Resource directories.
 - 3.3.3.3. Protocols or guidelines.
 - 3.3.3.4. Posters.
 - 3.3.3.5. Reports.
- 3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

3.4. Operation of Facilities: Compliance with Laws and Regulations

- 3.4.1. In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

**New Hampshire Department of Health and Human Services
Community-Based Care Coordination for Children with Medical Complexity**

EXHIBIT B

4. Records

- 4.1. The Contractor shall keep records that include, but are not limited to:
- 4.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.
 - 4.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
 - 4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
 - 4.1.4. Medical records on each patient/recipient of services.
- 4.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

**New Hampshire Department of Health and Human Services
Community-Based Care Coordination for Children with Medical Complexity**

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
 - 1.1. 25% Federal funds, MATERNAL AND CHILD HEALTH SERVICES, as awarded on July 21, 2021, by the Health Resources Services Administration, MATERNAL AND CHILD HEALTH SERVICES, CFDA #93.994, FAIN #B0440148.
 - 1.2. 75% General funds.
2. For the purposes of this Agreement the Department has identified:
 - 2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
 - 2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-1.
4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
 - 4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
 - 4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
 - 4.3. Identifies and requests payment for allowable costs incurred in the previous month.
 - 4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
 - 4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
 - 4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to bfcs@dhhs.nh.gov or mailed to:

Bureau for Family Centered Services
Department of Health and Human Services
129 Pleasant Street, Thayer Building
Concord, NH 03301
5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.

**New Hampshire Department of Health and Human Services
Community-Based Care Coordination for Children with Medical Complexity**

EXHIBIT C

6. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the Agreement completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
7. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
8. Audits
 - 8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:
 - 8.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
 - 8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
 - 8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
 - 8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
 - 8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.
 - 8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
 - 8.4. In addition to, and not in any way in limitation of obligations of the Agreement, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Agreement to which exception has been taken, or which have been disallowed because of such an exception.

Exhibit C-1
Budget Sheet SFY 2023

New Hampshire Department of Health and Human Services

Bidder/Program Name: Manchester Community Health Center

Budget Request for: Community-Based Care Coordination for Children with Medical Complexity RFP-2023-DLTSS-02-COMMU

Budget Period: 7/1/22 - 6/30/23

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 205,678.00	\$ -	\$ 205,678.00	\$ -	\$ -	\$ -	\$ 205,678.00	\$ -	\$ 205,678.00
2. Employee Benefits	\$ 39,449.00	\$ -	\$ 39,449.00	\$ -	\$ -	\$ -	\$ 39,449.00	\$ -	\$ 39,449.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 650.00	\$ -	\$ 650.00	\$ -	\$ -	\$ -	\$ 650.00	\$ -	\$ 650.00
6. Travel	\$ 5,458.00	\$ -	\$ 5,458.00	\$ -	\$ -	\$ -	\$ 5,458.00	\$ -	\$ 5,458.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 920.00	\$ -	\$ 920.00	\$ -	\$ -	\$ -	\$ 920.00	\$ -	\$ 920.00
Postage	\$ 690.00	\$ -	\$ 690.00	\$ -	\$ -	\$ -	\$ 690.00	\$ -	\$ 690.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 275.00	\$ -	\$ 275.00	\$ -	\$ -	\$ -	\$ 275.00	\$ -	\$ 275.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Cultural/Linguistic Support	\$ 400.00	\$ -	\$ 400.00	\$ -	\$ -	\$ -	\$ 400.00	\$ -	\$ 400.00
Parent Support and Education	\$ 150.00	\$ -	\$ 150.00	\$ -	\$ -	\$ -	\$ 150.00	\$ -	\$ 150.00
Team Meetings	\$ 125.00	\$ -	\$ 125.00	\$ -	\$ -	\$ -	\$ 125.00	\$ -	\$ 125.00
Information Technology	\$ 750.00	\$ -	\$ 750.00	\$ -	\$ -	\$ -	\$ 750.00	\$ -	\$ 750.00
Space Allocation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administrative Fee	\$ -	\$ 25,455.00	\$ 25,455.00	\$ -	\$ -	\$ -	\$ -	\$ 25,455.00	\$ 25,455.00
TOTAL	\$ 254,545.00	\$ 25,455.00	\$ 280,000.00	\$ -	\$ -	\$ -	\$ 254,545.00	\$ 25,455.00	\$ 280,000.00

Indirect As A Percent of Direct

10.00%

**New Hampshire Department of Health and Human Services
Exhibit D**



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEEES OTHER THAN INDIVIDUALS

**US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS**

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

New Hampshire Department of Health and Human Services
Exhibit D



- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check ☐ if there are workplaces on file that are not identified here.

Vendor Name: Amoskeag Health

5/23/2022

Date

DocuSigned by:

A handwritten signature in black ink, appearing to read "KRTS McCracken", enclosed in a rounded rectangular box.

Name: KRTS McCracken

Title: President/CEO



New Hampshire Department of Health and Human Services
Exhibit E

CERTIFICATION REGARDING LOBBYING

The Vendor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Vendor Name: Amoskeag Health

5/23/2022

Date

DocuSigned by:

Name: KRIS McCracken

Title: President/CEO

Exhibit E – Certification Regarding Lobbying

Vendor Initials

Date 5/23/2022

**New Hampshire Department of Health and Human Services
Exhibit F**



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

DS
[Signature]



**New Hampshire Department of Health and Human Services
Exhibit F**

information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (11)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
- 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: Amoskeag Health

5/23/2022

Date

DocuSigned by:

Name: K. F. McCracken

Title: President/CEO

Contractor Initials

5/23/2022

Date

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

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

Exhibit G

Contractor Initials

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

6/27/14
Rev. 10/21/14

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5/23/2022
Date



**New Hampshire Department of Health and Human Services
Exhibit G**

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

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

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

Contractor Name: Amoskeag Health

5/23/2022

Date

DocuSigned by:

A handwritten signature in black ink, appearing to read "Kris McCracken", written over a horizontal line.

Name: Kris McCracken

Title: President/CEO

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials

A handwritten signature in black ink, appearing to read "Kris McCracken", written over a horizontal line.

Date 5/23/2022



New Hampshire Department of Health and Human Services
Exhibit H

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

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

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name: Amoskeag Health

5/23/2022

Date

DocuSigned by:

Name: KRIS McCracken

Title: President/CEO



New Hampshire Department of Health and Human Services

Exhibit I

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

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Exhibit I
Health Insurance Portability Act
Business Associate Agreement
Page 1 of 6

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New Hampshire Department of Health and Human Services

Exhibit I

- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) Business Associate Use and Disclosure of Protected Health Information.

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business Associate shall not disclose the PHI.



New Hampshire Department of Health and Human Services

Exhibit I

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) **Obligations and Activities of Business Associate.**

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
- o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI



New Hampshire Department of Health and Human Services

Exhibit I

- pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.
- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
 - g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
 - h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
 - i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
 - j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
 - k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
 - l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate possesses

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Contractor Initials _____

5/23/2022
Date _____



New Hampshire Department of Health and Human Services

Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

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Exhibit I
Health Insurance Portability Act
Business Associate Agreement
Page 5 of 6

Contractor Initials

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Date



New Hampshire Department of Health and Human Services

Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services

The State by:

Melissa Hardy

Signature of Authorized Representative

Melissa Hardy

Name of Authorized Representative
Director, DLTSS

Title of Authorized Representative

5/23/2022

Date

Amoskeag Health

Name of the Contractor

Kris McCracken

Signature of Authorized Representative

Kris McCracken

Name of Authorized Representative

President/CEO

Title of Authorized Representative

5/23/2022

Date

**New Hampshire Department of Health and Human Services
Exhibit J**



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY
ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name: Amoskeag Health

5/23/2022

Date

DocuSigned by:

Name: Krys McCracken

Title: President/CEO



**New Hampshire Department of Health and Human Services
Exhibit J**

FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

9286649370000

1. The DUNS number for your entity is: 9288845570000
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

 X NO YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

_____ NO _____ YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____ Amount: _____

Name: _____ Amount: _____

Name: _____ Amount: _____

Name: _____ Amount: _____

Name: _____ Amount: _____

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information. Contractor shall be solely responsible for the administration and secure maintenance of such medical and other records produced and maintained by the Contractor.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or

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consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a

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request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual except when those Confidential Data are a part of normal health care communications permitted by law to be sent via traditional mail.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data, said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

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wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security-monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

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whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:
 1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
 2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

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3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doit/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

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- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

17. Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. State Owned Devices, Systems and Network Usage

If the Contractor's workforce or its subcontractor's workforce is authorized by the Department's Information Security Office to access State or Department network or systems or use a Department issued device or other asset (e.g. computer, iPad, cell phone) in the fulfillment of this Agreement they shall: Sign and abide by applicable Department and NH Department of Information Technology (DOIT) use agreements, policies, standards, procedures and/or guidelines;

- 2. Use the information solely for conducting official Department business;
- 3. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;
- 4. Not copy, share, distribute, sub-license, modify, reverse engineer, rent, or sell software licensed, developed, or being evaluated by the state. At all times the Contractor must use utmost care to protect and keep such software strictly confidential in accordance with the license or any other agreement executed by the state. Only equipment or software owned, licensed, or being evaluated by the State can be used by the contractor. Non-standard software shall not be installed on any equipment unless authorized by the Department's Information Security Office;
- 5. Agree that email and other electronic communication messages created, sent, and received on a state-issued email system are the property of the State of New Hampshire and to be used for business purposes only. Email is defined as "internal email systems"

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or "state-funded email systems." The Contractor understands and agrees that use of email shall follow Department and DOIT standard policies. When utilizing the Department's email system the Contractor shall:

- a. Include in the signature lines information identifying the contractor as a non-state employee; and
- b. Contain the following embedded confidentiality notice:

CONFIDENTIALITY NOTICE: "This message may contain information that is privileged and confidential and is intended only for the use of the individual(s) to whom it is addressed. If you receive this message in error, please notify the sender immediately and delete this electronic message and any attachments from your system. Thank you for your cooperation."

- B. The State internet/Intranet is to be used for access to and distribution of information in direct support of the business of the State of New Hampshire according to policy. At no time should the State's internet be used for personal use or used by the Contractor without written approval by the Department's Information Security Office.
- C. All members of the Contractor's or its subcontractor's workforce, with a workspace in a Department building/facility, shall sign the Department's Business Use and Confidentiality Agreement upon execution of the agreement and annually until contract end.

VI. Contract End-of-Life Transition Services

- A. If applicable, upon termination or expiration of the Contract the Parties agree to cooperate in good faith to effectuate a smooth secure transition of the Services from the Contractor to the Department and, if applicable, the Vendor engaged by the Department to assume the Services previously performed by the Contractor for this section the new vendor shall be known as "Recipient". Contract end of life services shall be provided at no additional cost. Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor shall begin working with the Department and if applicable, the new Recipient to develop a Data Transition Plan (DTP). The Department shall provide the DTP template to the Contractor.
- B. The Contractor shall use reasonable efforts to assist the Recipient, in connection with the transition from the performance of Services by the Contractor and its Affiliates to the performance of such Services. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of any such Service from the hardware, software, network and telecommunications equipment and internet-related information technology infrastructure ("Internal IT Systems") of Contractor to the Internal IT Systems of the Recipient and cooperation with and assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.
- C. If a system, database, hardware, software, and/or software licenses (Tools) was purchased or created to manage, track, and/or store State Data in relationship to this contract said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of State Data is complete.
- D. The internal planning of the Transition Services by the Contractor and its Affiliates shall be provided to the Department and if applicable the Recipient on a timely manner. Any such Transition Services shall be deemed to be Services for purposes of this contract.

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- E. Should the data Transition extend beyond the end of the Contract, the Contractor and its affiliates agree Contract Information Security Requirements, and if applicable, the Department's Business Associates Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.
- F. In the event where the contractor has comingled Department Data and the destruction or Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction.

VII. Privacy Impact Assessment

- A. Upon request, the Contractor shall allow the Department to conduct a Privacy Impact Assessment (PIA) of its system, if Personally Identifiable Information (PII) is collected, used, accessed, shared, or stored. To conduct the PIA the Contractor shall provide the Department access to applicable systems and documentation sufficient to allow the Department to assess, at minimum, the following:
 - 1. How PII is gathered and stored;
 - 2. Who will have access to PII;
 - 3. How PII will be used in the system;
 - 4. How individual consent will be achieved and revoked; and
 - 5. Privacy practices.
- B. The Department may conduct follow-up PIA's in the event there are either significant process changes or new technologies impacting the collection, processing or storage of PII.

VIII. Website and Social Media

- A. The Contractor agrees that if performance of services on behalf of the Department involve using social media or a website for marketing or to solicit information of individuals or to gather Confidential data, the Contractor shall work with the Department's Communications Bureau to ensure that any website designed, created, or managed on behalf of the Department meets all of the Department's and NH Department of Information Technology's website and social media requirements and policies.
- B. The Contractor agrees protected health information (PHI), personal information (PI), personally identifiable information (PII), or other confidential information solicited either by social media or the website maintained, stored or captured shall not be further disclosed unless expressly provided in the contract. The solicitation or disclosure of PHI, PI, PII, or other confidential information shall be subject to the Information Security Requirements Exhibit, the Business Associates Agreement Exhibit and all applicable state rules and state and federal law. Unless specifically required by the contract and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation will not be tracked, disclosed or used for website or social media analytics or marketing.

IX. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving ^{DS}PHI in

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accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and
5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

X. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

State of New Hampshire

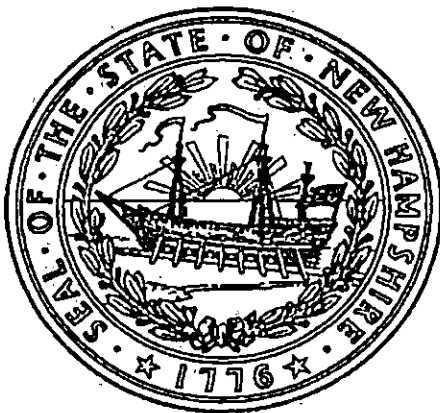
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that AMOSKEAG HEALTH is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 07, 1992. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 175115

Certificate Number: 0005780173



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 19th day of May A.D. 2022.

A handwritten signature in black ink, appearing to read "David M. Scanlan", is written over a circular stamp that partially overlaps the seal.

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

1. David Crespo hereby certify that: I am a duly elected Clerk/Secretary/Officer of Amoskeag Health
2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on 05/03/2022 at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Kris McCracken is duly authorized on behalf of Amoskeag Health to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to affect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated:

5/3/22

Signature of Elected Officer

Name:

Title:

David Crespo
Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/25/2022

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

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

PRODUCER Optisure Risk Partner, LLC d/b/a Aspen Insurance Agency 40 Stark Street Manchester NH 03101	CONTACT NAME: Jen Paquin PHONE (A/C, No, Ext): (603) 647-0800 FAX (A/C, No): (603) 647-0330 E-MAIL ADDRESS: Jen.paquin@optisure.com														
INSURED AMOSKEAG HEALTH 145 HOLLIS STREET MANCHESTER NH 03101	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Selective Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B: Comp-SIGMA Ltd</td> <td></td> </tr> <tr> <td>INSURER C: Hanover Professionals Direct</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Selective Insurance Company		INSURER B: Comp-SIGMA Ltd		INSURER C: Hanover Professionals Direct		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															

COVERAGES

CERTIFICATE NUMBER: CL222116479

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	ADOL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			S 2438257	11/01/2021	11/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPIOP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			S 2438257	11/01/2021	11/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			S 2438257	11/01/2021	11/01/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	HCHS20220000588	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$ 500,000 E.I. DISEASE - EA EMPLOYEE \$ 500,000 E.I. DISEASE - POLICY LIMIT \$ 500,000
C	FTCA Gap Excess Prof Liability FTCA Gap Professional Liab			L3VA515491 & L1V0305375	07/01/2021	07/01/2022	Each Incident \$1,000,000 Aggregate \$3,000,000

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

Re: New Hampshire Dept of Health & Human Services, Bureau of Family Centered Services, Specialty Services for Children with Medical Complexity and Community Based Care Coordination for Children with Medical Complexity

CERTIFICATE HOLDER

CANCELLATION

State of New Hampshire- Dept of Health & Human Serv Dean B. Fancy, 129 Pleasant Street Concord NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	---

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CONTACT INFO

Mailing Address: 145 Hollis Street, Manchester, NH 03101

Office Locations:

145 Hollis Street, Manchester, NH

1245 Elm Street, Manchester, NH

184 Tarrytown Road, Manchester, NH

88 McGregor Street, Manchester, NH

Telephone: 603-626-9500

Website: <https://www.amoskeaghealth.org/>

Twitter: @AmoskeagHealth

Facebook: @amoskeaghealth

LinkedIn: AmoskeagHealth

STAFF COUNT (01/31/2022)

205 Full-Time

16 Part-Time

23 Per Diem

MISSION

To improve the health and well-being of our patients and the communities we serve by providing exceptional care and services that are accessible to all.

VISION

We envision a healthy and vibrant community with strong families and tight social fabric that ensures everyone has the tools they need to thrive and succeed.

CORE VALUES

We believe in:

- Promoting wellness and empowering patients through education
- Fostering an environment of respect, integrity and caring where all people are treated equally with dignity and courtesy
- Providing exceptional, evidence-based and patient-centered care
- Removing barriers so that our patients achieve and maintain their best possible health

Where quality and compassion meet family and community

TWO-SENTENCE OVERVIEW

Amoskeag Health provides primary health care for pediatrics, adolescents, adults, and elders; nutrition counseling; prenatal and birthing care, family support programs; and behavioral and mental health services in a culturally sensitive setting. As a mission-driven non-profit, Amoskeag Health accepts most insurance and serves everyone regardless of ability to pay.

500 Character Mission

Amoskeag Health is a 501c3 nonprofit community healthcare center serving over 15,000 area residents annually. Our mission is to improve the health and well-being of our patients and the communities we serve by providing exceptional physical and mental health care and social services that are accessible to all. We envision a healthy and vibrant community with strong families and tight social fabric that ensures everyone has the tools they need to thrive and succeed. We promote wellness and empower patients through education, respect, and integrity delivered with dignity, cultural sensitivity, and courtesy, using evidence-based patient-centered model of care.

300 Character Mission

Our mission is to improve the health and well-being of our patients and the communities we serve by providing exceptional physical and mental health care and social services that are accessible to all. We envision a healthy and vibrant community with strong families and tight social fabric that ensures everyone has the tools they need to thrive and succeed.

SERVICES

Amoskeag Health (formerly Manchester Community Health Center, Child Health Services and West Side Neighborhood Health Center) is a 501c(3) registered nonprofit located in Manchester, NH. Established in 1993 as a federally qualified health center, Amoskeag Health provides family-oriented primary health care services to over 15,000 people residing in Manchester and surrounding communities. Amoskeag Health promotes wellness, provides exceptional care, and offers outstanding primary and preventive services so that patients achieve and maintain their best possible health.

Amoskeag Health delivers high-quality, comprehensive health care. Our care assists the needs of our low-income and underserved populations experiencing significant barriers to care.

As a community health center, we work across 5 physical locations, in 60+ languages, delivering integrated care for physical, mental and behavioral health, taking an active role to change the outcome for substance misuse, teen health, geriatric chronic conditions, homebound patients, and children exposed to trauma. We achieve our mission by providing quality comprehensive health care in a participatory environment designed to empower our clients, staff and volunteers and by developing partnerships with other organizations to ensure **accessibility, availability, and affordability** for all needs of our clients.

We provide services on a discount fee scale based upon the patient's income and family size in order to meet the patient's medical and social needs. Basic services offered include: primary family medicine, perinatal care, nutrition counseling, language interpretation, health education, preventative screening, medical case management, social services coordination, mental health counseling, and reproductive health referrals.

Amoskeag Health has five physical locations from which it provides primary health care for pediatrics, adolescents, adults, and elders; nutrition counseling; prenatal and birthing care, family support programs; and behavioral health services in a culturally sensitive setting delivered in 62 languages. Amoskeag Health administers NH's state-wide Title V program to children aged birth to 21 years who have special needs

with a chronic medical condition or disability. We also operate a medication-assisted treatment (MAT) program in combination with evidence-based therapy for the treatment of addiction. In collaboration with Manchester Police and Health Departments, YWCA, and Easter Seals, Amoskeag Health provides comprehensive care to children and teens, at home and in schools. In partnership with Manchester School District, Amoskeag Health Behavioral Health Clinicians provide mental health counseling, assessments, and treatment plans for students. Through a community-wide Youth Enrichment Program, Amoskeag Health brings behavioral health counseling to afterschool programs to reach middle and high school students with services for overall physical, emotional, and educational well-being. With a team of interpreters and community partners, Amoskeag Health removes the barriers to health care by addressing the whole patient and their social determinants of health – access to food, clothing, housing, and safety at school, home and workplace. Amoskeag Health received the 2021 Advancing HIT for Quality Award and the 2021 Health Center Quality Leader Award from the Human Resources and Services Administration, an agency of the U.S. Department of Health and Human Services. Amoskeag Health has achieved recognition as a Patient Centered Medical Home organization.

500 Character Services Description

Amoskeag Health operates five offices to provide primary health care for pediatrics, adolescents, adults, and elders; nutrition counseling; prenatal and birthing care, family support programs; and behavioral health services in a culturally sensitive setting. We administer the state's Title V program to children aged 0 - 21 years with special needs and a chronic medical condition or disability. We also operate a medication-assisted treatment (MAT) program and evidence-based therapy for the treatment of addiction. With our interpreters and community partners, we address the whole patient and their social determinants of health.

2,000 Character Organizational Description

Amoskeag Health is a 501c(3) federally qualified community health center with five physical locations from which it provides primary health care for pediatrics, adolescents, adults, and elders; nutrition counseling; prenatal and birthing care, family support programs; and behavioral health services in a culturally sensitive setting. Working within a culturally diverse population, serving over 15,000 people annually of all ages in 60+ languages, Amoskeag Health delivers integrated care for physical, mental, and behavioral health, taking an active role to change the outcome for substance misuse, teen health, geriatric chronic conditions, homebound patients, and children exposed to trauma. Amoskeag Health administers NH's state-wide Title V program to children aged birth to 21 years who have special needs with a chronic medical condition or disability. We also operate a medication-assisted treatment (MAT) program in combination with evidence-based therapy for the treatment of addiction. In collaboration with Manchester Police and Health Departments, YWCA, and Easter Seals, Amoskeag Health provides comprehensive care to children and teens, at home and in schools. With a team of interpreters and community partners, Amoskeag Health strategically removes the barriers to health care by addressing the whole patient and their social determinants of health – access to food, clothing, housing, and safety at school, home and workplace. Amoskeag Health received the 2021 Advancing HIT for Quality Award and the 2021 Health Center Quality Leader Award from the Human Resources and Services Administration, an agency of the U.S. Department of Health and Human Services. Amoskeag Health maintains recognition as a Patient Centered Medical Home organization.

The 18-member volunteer Board of Directors is currently in the strategic planning process, delayed during 2020.

300 word Organizational Overview

Established in 1993 as a federally-qualified non-profit community health center, Amoskeag Health provides family-oriented, high-quality, comprehensive, primary health care services to over 15,000 people residing in Manchester and surrounding communities. Amoskeag Health promotes wellness, provides exceptional care, and offers outstanding primary and preventive services so that patients achieve and maintain their best possible health. Our delivery of care model assists the needs of low-income and underserved populations experiencing significant barriers to care.

Amoskeag Health works across five physical locations to deliver integrated health care for pediatrics, adolescents, adults, and elders in a culturally sensitive setting, with interpretation services in 60+ languages. We achieve our mission by providing quality comprehensive health care in a participatory environment designed to empower our clients, staff and volunteers. We build strong partnerships with other organizations to ensure accessibility, availability, and affordability to the services clients need to remove barriers to health care and to address social determinants of health – access to food, clothing, housing, and safety at school, home and workplace.

We provide services on a discount fee scale based upon the patient's income and family size in order to meet the patient's medical and social needs. Basic services offered include: primary family medicine, prenatal and birthing care, nutrition counseling, language interpretation, health education, preventative screening, medical case management, social services coordination, family support programs, mental health counseling, and reproductive health referrals. Our integrated care for physical, mental, and behavioral health takes an active role to change the outcome for substance misuse, teen health, geriatric chronic conditions, homebound patients, and children exposed to trauma. Additionally, Amoskeag Health administers NH's state-wide Title V program to children aged birth to 21 years who have special needs with a chronic medical condition or disability.

In 2021, Amoskeag Health received the National Quality Leader Award from USDHHS.

2,000 Character Historical Description

Established in 1993, Amoskeag Health is a 501(c)(3) federally qualified community health center with five physical locations from which it provides primary health care for pediatrics, adolescents, adults, and elders; nutrition education, substance use counseling; prenatal and birthing care, family support programs; and behavioral health services in a culturally sensitive setting. Serving over 15,000 people annually in 62 languages, Amoskeag Health delivers integrated care for physical, mental, and behavioral health, taking an active role to change the outcome for substance misuse, teen health, geriatric chronic conditions, homebound patients, and children exposed to trauma. Since 1980, Amoskeag Health's Child Development Clinic administers NH's state-wide Title V program to children aged birth to 21 years who have special needs with a chronic medical condition or disability. We also operate a medication-assisted treatment (MAT) program in combination with evidence-based therapy for the treatment of addiction. In collaboration with Manchester's police, health department, and school district, Amoskeag Health provides comprehensive care to children and teens, at home and in schools.

With a team of interpreters and community partners, Amoskeag Health strategically removes the barriers to health care by addressing the whole patient and their social determinants of health – access to food, clothing, housing, and safety at school, home and workplace. Amoskeag Health received the 2021 Advancing HIT for Quality Award and the 2021 Health Center Quality Leader Award from the Human Resources and Services Administration, an agency of the U.S. Department of Health and Human Services. Amoskeag Health maintains recognition as a Patient Centered Medical Home organization through 2021.

DEMOGRAPHICS

In 2021 during a global pandemic, Amoskeag Health provided direct services to 15,490 people, 85% of whom live in Manchester and neighboring towns and 15% live in various surrounding counties. Approximately 76.5% of Amoskeag Health patients are known to live at 200% of the Federal poverty level or below. Patient insurance status include 22% uninsured, 52% by Medicaid, 5% covered by Medicare, and 21% by private insurance, including Medicaid Expansion products.

Approximately 43.5%, over 6,700, Amoskeag Health patients do not use English as their primary language. The predominant non-English languages are Spanish, Nepali, Arabic, Portuguese, French and Kiswahili.

200 Character Demographics

In 2019, 14,686 patients (6,412 male; 8,274 female) received care; 81.5% live at 200% Federal poverty or below; 44.5% primary language is not English; 40% are under 19 yrs, 49% 19-59, and 11% 65+ yrs.

In 2019, 14,686 patients (6,412 male; 8,274 female) received care; 81.5% live at 200% of the Federal poverty level or below; 44.5% do not use English as their primary language; 40% are aged ↓ 19, 49% between 19-59, and 11% are over 60 years.

These patients' service fees are covered by: 24% uninsured; 6% Medicare; 50% Medicaid; and 20% private insurance including Medicaid Expansion products.

The predominant non-English languages are Spanish, Arabic, Nepali, French, Portuguese and Kiswahili.

Our patients come from diverse ethnicities:

Asian	1341	10 %
Native Hawaiian/Other Pacific Islander	237	2%
Black/African American	2366	16
American Indian/Alaska Native	66	.5
White Hispanic	3713	25
White Non-Hispanic	5730	39
More than one race	722	5
Unreported/Refused to report race	511	3.5

WELCOME FAMILIES NH WEBSITE

Community Health Center

Mailing Address: 145 Hollis Street, Manchester, NH 03101

Office Locations:

145 Hollis Street, Manchester, NH

1245 Elm Street, Manchester, NH

184 Tarrytown Road, Manchester, NH

88 McGregor Street, Manchester, NH

Telephone: 603-626-9500

Website: <https://www.amoskeaghealth.org/>

What is the basic definition of this resource? (Please summarize in 1-2 sentences or bullet points.)*

Amoskeag Health provides primary health care for pediatrics, adolescents, adults, and elders; nutrition counseling; prenatal and birthing care, family support programs; and behavioral and mental health

services in a culturally sensitive setting. As a mission-driven non-profit, Amoskeag Health accepts most insurance and serves everyone regardless of ability to pay.

Provide a description of the services this resource offers. (Please summarize in 1-2 short paragraphs)

Amoskeag Health promotes wellness, provides exceptional care, and offers outstanding primary and preventive services so that patients achieve and maintain their best possible health. Amoskeag Health delivers integrated care for physical, mental and behavioral health, taking an active role to change the outcome for substance misuse, teen health, geriatric chronic conditions, homebound patients, and children exposed to trauma. Amoskeag Health administers NH's state-wide Title V program to children aged birth to 21 years who have special needs with a chronic medical condition or disability. We also operate a medication-assisted treatment (MAT) program in combination with evidence-based therapy for the treatment of addiction.

Amoskeag Health removes the barriers to health care by addressing the whole patient and their social determinants of health – access to food, clothing, housing, and safety at school, home and workplace. Amoskeag Health received the 2019 Health Center Quality Leader Award from the U.S. Human Resources and Services Administration. Amoskeag Health maintains recognition as a Patient Centered Medical Home organization.

Provide all pertinent logistical details that a potential user would need to know about this resource (e.g. 24/7 support available, event calendars, office hours, schedules).*

Accepting new patients by calling 603-626-9500. In-person appointments are available Monday - Friday 8:00 AM - 5:00 PM; Virtual appointments are available Monday - Saturday with some evening appointments.

IN-KIND SUPPORT

Amoskeag Health receives generous in-kind support from the community. Non-perishable food, diapers and wipes, and gently-used baby clothes are the most frequently donated items to our emergency pantry shelves. At the onset of the global pandemic, the outpouring of donated hand-sewn face masks in adult and pediatric sizes allowed us to remain open and provide added safety measures for staff and patients. Donors of in-kind gifts are not provided with a valuation of their gift, per IRS regulations. Internally, if we had to purchase these in-kind items, we estimate that it would have cost us \$28,951 last fiscal year.



FINANCIAL STATEMENTS

June 30, 2021 and 2020

With Independent Auditor's Report





INDEPENDENT AUDITOR'S REPORT

Board of Directors
Amoskeag Health

We have audited the accompanying financial statements of Amoskeag Health, which comprise the balance sheets as of June 30, 2021 and 2020, and the related statements of operations, functional expenses, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Board of Directors
Amoskeag Health
Page 2

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Amoskeag Health as of June 30, 2021 and 2020, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Change in Accounting Principle

As discussed in Note 1 to the financial statements, during the year ended June 30, 2021, Amoskeag Health adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Update No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and related guidance. Our opinion is not modified with respect to this matter.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
November 2, 2021

AMOSKEAG HEALTH**Balance Sheets****June 30, 2021 and 2020****ASSETS**

	<u>2021</u>	<u>2020</u>
Current assets		
Cash and cash equivalents	\$ 4,731,957	\$ 3,848,925
Patient accounts receivable	1,806,238	1,650,543
Grants and other receivables	880,300	985,801
Other current assets	<u>300,180</u>	<u>114,920</u>
Total current assets	7,718,675	6,600,189
Property and equipment, net	<u>4,152,995</u>	<u>4,249,451</u>
Total assets	<u><u>\$11,871,670</u></u>	<u><u>\$10,849,640</u></u>

LIABILITIES AND NET ASSETS

Current liabilities		
Line of credit	\$ -	\$ 450,000
Accounts payable and accrued expenses	754,413	526,311
Accrued payroll and related expenses	1,723,122	1,473,665
Paycheck Protection Program refundable advance	-	1,467,800
Current maturities of long-term debt	<u>52,072</u>	<u>42,505</u>
Total current liabilities	2,529,607	3,960,281
Long-term debt, less current maturities	<u>1,503,059</u>	<u>1,556,661</u>
Total liabilities	<u>4,032,666</u>	<u>5,516,942</u>
Net assets		
Without donor restrictions	7,054,282	4,711,819
With donor restrictions	<u>784,722</u>	<u>620,879</u>
Total net assets	<u>7,839,004</u>	<u>5,332,698</u>
Total liabilities and net assets	<u><u>\$11,871,670</u></u>	<u><u>\$10,849,640</u></u>

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

AMOSKEAG HEALTH**Statements of Operations****Years Ended June 30, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
Operating revenue		
Net patient service revenue	\$11,123,864	\$10,792,094
Grants, contracts and support	9,926,932	8,334,383
Paycheck Protection Program loan forgiveness	1,467,800	-
Other operating revenue	110,480	264,523
Net assets released from restriction for operations	<u>1,026,327</u>	<u>1,014,296</u>
Total operating revenue	<u>23,655,403</u>	<u>20,405,296</u>
Operating expenses		
Salaries and wages	13,238,880	12,918,995
Employee benefits	2,551,855	2,423,466
Program supplies	536,720	519,960
Contracted services	2,724,436	2,211,397
Occupancy	829,588	725,333
Other	868,512	789,982
Depreciation and amortization	500,368	426,791
Interest	<u>62,581</u>	<u>86,838</u>
Total operating expenses	<u>21,312,940</u>	<u>20,102,762</u>
Excess of revenue over expenses and increase in net assets without donor restrictions	<u>\$ 2,342,463</u>	<u>\$ 302,534</u>

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

AMOSKEAG HEALTH

Statements of Functional Expenses

Years Ended June 30, 2021 and 2020

	2021											
	Healthcare Services							Administrative and Support Services				
	Non-clinical Support Services	Enabling Services	Behavioral Health	Pharmacy	Medical	Special Medical Programs	Community Services	Total Healthcare Services	Facility	Marketing and Fundraising	Administration	Total
Salaries and wages	\$ 1,443,105	\$ 572,404	\$ 2,179,922	\$ 69,028	\$ 5,916,509	\$ 832,105	\$ 275,664	\$11,288,737	\$ 132,793	\$ 165,591	\$ 1,651,759	\$13,238,880
Employee benefits	279,237	115,773	463,013	17,219	1,018,387	149,979	57,331	2,100,939	23,902	31,089	395,925	2,551,855
Program supplies	1,030	2,259	46,502	181,901	253,478	10,685	28,469	524,324	110	6,004	6,282	536,720
Contracted services	206,814	280,152	122,384	311,761	762,194	347,396	351,447	2,382,148	-	16,018	326,270	2,724,436
Occupancy	105,110	14,372	92,022	3,700	587,893	100,856	-	903,953	(530,075)	14,926	440,784	829,588
Other	78,320	8,310	68,944	-	160,715	18,080	20,064	354,433	72,395	39,600	402,084	868,512
Depreciation and amortization	566	-	14,276	-	95,931	569	1,573	112,915	242,975	504	143,974	500,368
Interest	-	-	-	-	-	-	-	-	58,146	-	4,435	62,581
Total	\$ 2,114,182	\$ 993,270	\$ 2,987,063	\$ 583,609	\$ 8,795,107	\$ 1,459,670	\$ 734,548	\$17,667,449	\$ 246	\$ 273,732	\$ 3,371,513	\$21,312,940

	2020											
	Healthcare Services							Administrative and Support Services				
	Non-clinical Support Services	Enabling Services	Behavioral Health	Pharmacy	Medical	Special Medical Programs	Community Services	Total Healthcare Services	Facility	Marketing and Fundraising	Administration	Total
Salaries and wages	\$ 1,718,516	\$ 526,822	\$ 1,927,974	\$ 79,500	\$ 5,631,705	\$ 842,162	\$ 236,825	\$10,963,504	\$ 125,802	\$ 158,008	\$ 1,671,681	\$12,918,995
Employee benefits	323,122	98,862	360,012	14,705	984,467	154,645	42,814	1,978,627	23,506	28,852	392,481	2,423,466
Program supplies	1,308	2,966	58,720	197,339	231,140	7,369	8,622	507,464	1,419	-	11,077	519,960
Contracted services	152,425	265,070	197,932	338,328	474,948	361,030	166,451	1,956,184	14,136	14,036	227,041	2,211,397
Occupancy	114,192	15,814	99,973	4,020	635,524	109,571	-	979,094	(524,235)	16,216	254,258	725,333
Other	69,816	5,692	87,212	435	101,999	20,137	42,731	328,022	55,165	22,673	384,122	789,982
Depreciation and amortization	205	-	11,358	-	50,809	569	1,224	64,165	241,318	462	120,846	426,791
Interest	-	-	-	-	-	-	-	-	62,889	-	23,949	86,838
Total	\$ 2,379,584	\$ 915,226	\$ 2,743,181	\$ 634,327	\$ 8,110,592	\$ 1,495,483	\$ 498,667	\$16,777,060	\$ -	\$ 240,247	\$ 3,085,455	\$20,102,762

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

AMOSKEAG HEALTH**Statements of Changes in Net Assets****Years Ended June 30, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
Net assets without donor restrictions		
Excess of revenue over expenses and increase in net assets without donor restrictions	<u>\$ 2,342,463</u>	<u>\$ 302,534</u>
Net assets with donor restrictions		
Contributions	<u>1,190,170</u>	<u>1,028,655</u>
Net assets released from restriction for operations	<u>(1,026,327)</u>	<u>(1,014,296)</u>
Increase in net assets with donor restrictions	<u>163,843</u>	<u>14,359</u>
Change in net assets	<u>2,506,306</u>	<u>316,893</u>
Net assets, beginning of year	<u>5,332,698</u>	<u>5,015,805</u>
Net assets, end of year	<u>\$ 7,839,004</u>	<u>\$ 5,332,698</u>

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

AMOSKEAG HEALTH**Statements of Cash Flows****Years Ended June 30, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
Cash flows from operating activities		
Change in net assets	\$ 2,506,306	\$ 316,893
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	500,368	426,791
Equity in loss from limited liability company	-	6,877
(Increase) decrease in the following assets		
Patient accounts receivable	(155,695)	240,140
Grants and other receivables	105,501	77,662
Other current assets	(185,260)	40,441
Increase (decrease) in the following liabilities		
Accounts payable and accrued expenses	228,102	(50,312)
Accrued payroll and related expenses	249,457	262,775
Paycheck Protection Program refundable advance	<u>(1,467,800)</u>	<u>1,467,800</u>
Net cash provided by operating activities	<u>1,780,979</u>	<u>2,789,067</u>
Cash flows from investing activities		
Distribution from limited liability company	-	12,223
Capital expenditures	<u>(399,526)</u>	<u>(274,832)</u>
Net cash used by investing activities	<u>(399,526)</u>	<u>(262,609)</u>
Cash flows from financing activities		
Payments on line of credit	(450,000)	-
Payments on long-term debt	<u>(48,421)</u>	<u>(46,368)</u>
Net cash used by financing activities	<u>(498,421)</u>	<u>(46,368)</u>
Net increase in cash and cash equivalents	883,032	2,480,090
Cash and cash equivalents, beginning of year	<u>3,848,925</u>	<u>1,368,835</u>
Cash and cash equivalents, end of year	<u>\$ 4,731,957</u>	<u>\$ 3,848,925</u>
Supplemental disclosures of cash flow information		
Cash paid for interest	<u>\$ 62,581</u>	<u>\$ 86,838</u>

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

AMOSKEAG HEALTH

Notes to Financial Statements

June 30, 2021 and 2020

Organization

Amoskeag Health (the Organization) is a not-for-profit corporation organized in Manchester, New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) providing high-quality, comprehensive, and family-oriented primary health care and support services, which meet the needs of a diverse community, regardless of age, ethnicity or income.

1. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which requires the Organization to report information in the financial statements according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

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

AMOSKEAG HEALTH

Notes to Financial Statements

June 30, 2021 and 2020

COVID-19

In March 2020, the World Health Organization declared coronavirus disease (COVID-19) a global pandemic and the United States federal government declared COVID-19 a national emergency. The Organization implemented an emergency response to ensure the safety of its patients, staff and the community. In adhering to guidelines issued by the Center for Disease Control and Prevention, the Organization took steps to create safe distances between both staff and patients. Medical and behavioral health patient visits were done through telehealth when appropriate.

The Organization received a loan in the amount of \$1,467,800 in April 2020 pursuant to the Paycheck Protection Program (PPP), a program implemented by the U.S. Small Business Administration (SBA) under the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Paycheck Protection Program and Health Care Enhancement (PPPHCE) Act. The PPP is subject to forgiveness, upon the Organization's request, to the extent that the proceeds are used to pay qualifying expenditures, including payroll costs, rent and utilities, incurred by the Organization during a specific covered period. The Organization is following the conditional contribution model to account for the PPP and determined the conditions for forgiveness were substantially met during the year ended June 30, 2021. The Organization was notified in May 2021 the PPP was fully forgiven by the SBA.

The Organization received a loan in the amount of \$250,000 in July 2020 from the COVID-19 Emergency Healthcare System Relief Fund (Relief Loan), a program implemented by the State of New Hampshire, Department of Health and Human Services. The Relief Loan is unsecured, is interest free, and has a maturity date of 180 days after the expiration of the State of Emergency declared by the Governor, at which time the loan is due in full. The Relief Loan has the potential to be converted to a grant at the discretion of the Governor if certain criteria are met. The Organization submitted an application to convert the Relief Loan to a grant during 2021, which was approved and recognized as revenue.

The CARES Act and the PPPHCE Act established the Provider Relief Fund (PRF) to support healthcare providers in the battle against the COVID-19 outbreak. The PRF is being administered by the U.S. Department of Health and Human Services (HHS). During 2020, the Organization received PRF in the amount of \$214,172. The Organization incurred qualifying revenue losses and recognized the PRF in full during the year ended June 30, 2020.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits, money market funds and petty cash.

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The Organization has not experienced losses in such accounts and management believes the credit risk related to these deposits is minimal.

AMOSKEAG HEALTH**Notes to Financial Statements****June 30, 2021 and 2020****Revenue Recognition and Patient Accounts Receivable**

The Organization has adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and related guidance, which supersedes accounting standards that previously existed under U.S. GAAP and provides a single revenue model to address revenue recognition to be applied by all companies. Under the new standard, organizations recognize revenue when a customer obtains control of promised goods or services in an amount that reflects the consideration to which the organization expects to be entitled in exchange for those goods and services. Topic 606 also requires organizations to disclose additional information, including the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The Organization elected to adopt this ASU retrospectively with the cumulative effect recognized at the date of initial application; therefore, the financial statements and related notes have been presented accordingly.

The adoption of Topic 606 changed how implicit price concessions are presented in the financial statements. Under the previous standards, the estimate for amounts not expected to be collected based upon historical experience was reflected as a provision for doubtful accounts, and presented separately as an offset to net patient service revenue. Under the new standards, the estimate for amounts not expected to be collected based on historical experience will continue to be recognized as a reduction to net revenue, but not reflected separately as provision for doubtful accounts.

The impact of the adoption on the statement of operations for the year ended June 30, 2020 was as follows:

	As Originally Reported	Adjustments due to Topic 606 Adoption	Revised Balance
Patient service revenue	\$ 11,473,557	\$ (681,463)	\$ 10,792,094
Provision for bad debts	<u>(681,463)</u>	<u>681,463</u>	<u>-</u>
Net patient service revenue	<u>\$ 10,792,094</u>	<u>\$ -</u>	<u>\$ 10,792,094</u>

Patient service revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payors (including commercial insurers and governmental programs).

Performance obligations are determined based on the nature of the services provided by the Organization. The Organization measures the performance obligation for medical, behavioral health and ancillary services from the commencement of a face-to-face encounter with a patient to the completion of the encounter. Ancillary services provided the same day as the face-to-face encounter are considered to be part of the performance obligation and are not deemed to be separate performance obligations. The Organization measures the performance obligation for contract pharmacy services based on when the prescription is dispensed to the patient. The Organization's performance obligations are satisfied at a point in time.

AMOSKEAG HEALTH

Notes to Financial Statements

June 30, 2021 and 2020

The Organization determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Organization's sliding fee discount program, and implicit price concessions provided to uninsured patients. The Organization determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. The Organization determines its estimate of implicit price concessions based on its historical collection experience.

Consistent with the Organization's mission and FQHC designation, care is provided to patients regardless of their ability to pay. Therefore, the Organization has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and amounts the Organization expects to collect based on its collection history with those patients.

The Organization has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payor. In assessing collectability, the Organization has elected the portfolio approach. The portfolio approach is being used as the Organization has a large volume of similar contracts with similar classes of customers (patients). The Organization reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all the contracts (which are at the patient level) by the particular payor or group of payors will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level. payor concentrations are disclosed in Note 7.

The Organization bills the patients and third-party payors several days after the services are performed. A summary of payment arrangements follows:

Medicare

The Organization is primarily reimbursed for medical and ancillary services based on the lesser of actual charges or prospectively set rates for all FQHC services furnished to a Medicare beneficiary on the same day when an FQHC furnishes a face-to-face FQHC visit. Certain other non-FQHC services are reimbursed based on fee-for-service rate schedules.

Medicaid and Other Payors

The Organization has also entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. Under these arrangements, the Organization is reimbursed for services based on contractually obligated payment rates, which may be less than the Organization's public fee schedule.

AMOSKEAG HEALTH

Notes to Financial Statements

June 30, 2021 and 2020

Patients

The Organization provides care to patients who meet certain criteria under its sliding fee discount policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization sliding fee discount policy amounted to \$2,662,554 and \$2,432,740 for the years ended June 30, 2021 and 2020, respectively. The Organization is able to provide these services with a component of funds received through local community support and federal grants.

For uninsured patients who do not qualify under the Organization's sliding fee discount program, the Organization bills the patient based on the Organization's standard rates for services provided. Patient balances are typically due within 30 days of billing; however, the Organization does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

340B Contract Pharmacy Program Revenue

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. This program requires drug manufacturers to provide outpatient drugs to FQHCs and other covered entities at a reduced price. The Organization contracts with other local pharmacies under this program. The contract pharmacies dispense drugs to eligible patients of the Organization and bill commercial insurances on behalf of the Organization. Reimbursement received by the contract pharmacies is remitted to the Organization, less dispensing and administrative fees. The dispensing and administrative fees are costs of the program and not deemed to be implicit price concessions which would reduce the transaction price.

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid, and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

AMOSKEAG HEALTH**Notes to Financial Statements****June 30, 2021 and 2020****Patient Accounts Receivable**

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances and consisted of the following at June 30:

	<u>2021</u>	<u>2020</u>
Medical and dental patient accounts receivable	\$ 1,710,630	\$ 1,532,554
Contract 340B pharmacy program receivables	<u>95,608</u>	<u>117,989</u>
Total patient accounts receivable	<u>\$ 1,806,238</u>	<u>\$ 1,650,543</u>

Accounts receivable at July 1, 2019 were \$1,890,683.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The accounts receivable from patients and third-party payors, net of contractual allowances, were as follows:

	<u>2021</u>	<u>2020</u>
Governmental plans		
Medicare	15 %	20 %
Medicaid	44 %	32 %
Commercial payors	19 %	31 %
Patient	<u>22 %</u>	<u>17 %</u>
Total	<u>100 %</u>	<u>100 %</u>

Grants and Other Receivables

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amount are considered collectible.

A portion of the Organization's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue. The Organization has been awarded cost reimbursable grants of \$6,625,746 and \$5,557,242 that have not been recognized at June 30, 2021 and 2020, respectively, because qualifying expenditures have not yet been incurred. The Organization also has been awarded \$3,372,763 in cost-reimbursable grants with a project period beginning July 1, 2019.

The Organization receives a significant amount of grants from HHS. As with all government funding, these grants are subject to reduction or termination in future years. For the years ended June 30, 2021 and 2020, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 68% and 58%, respectively, of grants, contracts and support revenue.

AMOSKEAG HEALTH

Notes to Financial Statements

June 30, 2021 and 2020

Property and Equipment

Property and equipment are carried at cost. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. The Organization's capitalization policy is applicable for acquisitions greater than \$1,000.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations as net assets released from restriction.

Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include depreciation, interest, and office and occupancy costs, which are allocated on a square-footage basis, as well as the shared systems technology fees for the Organization's medical records and billing system, which are allocated based on the percentage of patients served by each function.

Reclassifications

Donor restricted contributions of \$308,131 recorded as deferred revenue at June 30, 2020 were reclassified to contributions with donor restrictions for the year ended June 30, 2020 as it was determined there was no requirement to return the contributions. The reclassification resulted in an increase in the change in net asset of \$308,131 for the year ended June 30, 2020.

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through November 2, 2021, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

AMOSKEAG HEALTH**Notes to Financial Statements****June 30, 2021 and 2020****2. Availability and Liquidity of Financial Assets**

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and a \$1,000,000 line of credit (Note 4).

The Organization had working capital of \$5,189,068 and \$2,639,908 at June 30, 2021 and 2020, respectively. The Organization's goal is generally to have, at the minimum, the Health Resources and Services Administration recommended days cash on hand for operations of 30 days. The Organization had average days (based on normal expenditures) cash and cash equivalents on hand of 83 and 71 at June 30, 2021 and 2020, respectively.

Financial assets available for general expenditure within one year were as follows:

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 4,731,957	\$ 3,848,925
Patient accounts receivable	1,806,238	1,650,543
Grants and other receivables	<u>880,300</u>	<u>985,801</u>
Financial assets available	7,418,495	6,485,269
Less net assets with donor restrictions	<u>784,722</u>	<u>620,879</u>
Financial assets available for general expenditure	<u>\$ 6,633,773</u>	<u>\$ 5,864,390</u>

3. Property and Equipment

Property and equipment consist of the following as of June 30:

	<u>2021</u>	<u>2020</u>
Land	\$ 81,000	\$ 81,000
Building and leasehold improvements	5,330,228	5,165,754
Furniture and equipment	<u>2,590,248</u>	<u>2,355,196</u>
Total cost	8,001,476	7,601,950
Less accumulated depreciation	<u>3,848,481</u>	<u>3,352,499</u>
Property and equipment, net	<u>\$ 4,152,995</u>	<u>\$ 4,249,451</u>

Property and equipment acquired with Federal grant funds are subject to specific federal standards for sales and other dispositions. In many cases, the Federal government retains a residual ownership interest in the assets, requiring prior approval and restrictions on disposition.

AMOSKEAG HEALTH**Notes to Financial Statements****June 30, 2021 and 2020****4. Line of Credit**

The Organization has a \$1,000,000 line of credit demand note with a local banking institution with interest at the LIBOR rate plus 2.75% (3.98% at June 30, 2021). The line of credit is collateralized by all assets. There was an outstanding balance on the line of credit of \$450,000 at June 30, 2020. There was no balance outstanding at June 30, 2021.

The Organization has a 30-day paydown requirement on the line of credit, which was met for the year ended June 30, 2021.

5. Long-Term Debt

Long-term debt consists of the following as of June 30:

	<u>2021</u>	<u>2020</u>
Note payable, with a local bank (see terms below)	\$ 1,555,131	\$ 1,598,648
Note payable, New Hampshire Health and Education Facilities Authority (NHHEFA), paid in full in July 2020	<u>-</u>	<u>518</u>
Total long-term debt	1,555,131	1,599,166
Less current maturities	<u>52,072</u>	<u>42,505</u>
Long-term debt, less current maturities	<u>\$ 1,503,059</u>	<u>\$ 1,556,661</u>

The Organization has a promissory note with Citizens Bank, N. A. (Citizens), collateralized by real estate, for \$1,670,000 with NHHEFA participating in the lending for \$450,000 of the note payable. Monthly payments of \$8,011, including interest fixed at 3.05%, are based on a 25 year amortization schedule and are to be paid through April 2026, at which time a balloon payment will be due for the remaining balance.

Scheduled principal repayments of long-term debt for the next five years follows as of June 30:

2022	\$ 52,072
2023	49,455
2024	50,882
2025	52,602
2026	<u>1,350,120</u>
Total	<u>\$ 1,555,131</u>

AMOSKEAG HEALTH**Notes to Financial Statements****June 30, 2021 and 2020**

The Organization is required to meet an annual minimum working capital and debt service coverage debt covenants as defined in the loan agreement with Citizens. In the event of default, Citizens has the option to terminate the agreement and immediately request payment of the outstanding debt without notice of any kind to the Organization. The Organization was in compliance with all loan covenants at June 30, 2021.

6. Net Assets

Net assets were as follows as of June 30:

	<u>2021</u>	<u>2020</u>
Net assets without donor restrictions		
Undesignated	\$ 6,552,445	\$ 4,209,982
Designated for working capital	<u>501,837</u>	<u>501,837</u>
Total	<u>\$ 7,054,282</u>	<u>\$ 4,711,819</u>
Net assets with donor restrictions for specific purpose		
Temporary in nature		
Healthcare and related program services	\$ 518,180	\$ 389,092
Child health services	<u>165,184</u>	<u>130,429</u>
Total	683,364	519,521
Permanent in nature		
Available to borrow for working capital as needed	<u>101,358</u>	<u>101,358</u>
Total	<u>\$ 784,722</u>	<u>\$ 620,879</u>

7. Patient Service Revenue

Patient service revenue follows for the years ended June 30:

	<u>2021</u>	<u>2020</u>
Gross charges	\$19,234,585	\$18,001,613
Less: Contractual adjustments and implicit price concessions	(7,233,156)	(6,697,617)
Sliding fee discount policy adjustments	<u>(2,266,275)</u>	<u>(2,020,443)</u>
Total net direct patient service revenue	9,735,154	9,283,553
Contract 340B program revenue	<u>1,388,710</u>	<u>1,508,541</u>
Total patient service revenue	<u>\$11,123,864</u>	<u>\$10,792,094</u>

Revenue from Medicaid accounted for approximately 57% and 53% of the Organization's gross patient service revenue for the years ended June 30, 2021 and 2020, respectively. No other individual payor represented more than 10% of the Organization's gross patient service revenue.

AMOSKEAG HEALTH**Notes to Financial Statements****June 30, 2021 and 2020****8. Retirement Plan**

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b) that covers substantially all employees. The Organization contributed \$304,497 and \$285,796 for the years ended June 30, 2021 and 2020, respectively.

9. Medical Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of June 30, 2021, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

10. Lease Commitments

The Organization leases office space under noncancelable operating leases. Future minimum lease payments under these lease agreements are as follows:

2022	\$ 174,782
2023	141,850
2024	124,676
2025	<u>63,929</u>
Total	<u>\$ 505,237</u>

Rent expense amounted to \$274,689 and \$226,805 for the years ended June 30, 2021 and 2020, respectively.



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603-626-9500
www.amoskeaghealth.org

AMOSKEAG HEALTH BOARD OF DIRECTORS

(as of 04/05/2022)

*David Crespo	Board Secretary
Angella Chen-Shadeed	Director
David Hildenbrand	Director
Madhab Gurung	Director
Debbie Manning	Director
Gail Tudor	Director
Obhed Giri	Director
*Kathleen Davidson	Board Chair
*Rick Elwell	Board Treasurer
Dawn McKinney	Director
Thom Lavoie	Director
*Christian Scott	Board Vice-Chair
Jill Bille	Director
Rusty Mosca	Director

Anne T. Burgess

Education:

Boston City Hospital School of Nursing - Boston, MA
Diplomate in Nursing — GPA: 3.75 Rank: 8/99

Licensures:

New Hampshire State Registered Nurse License 02/76
Massachusetts State Registered Nurse License 10/68

Certifications:

Certified Diabetes Educator - 1997 — 2017
Recertified – 2002, 2007, 2012

Positions Held:

Amoskeag Health – Federally Qualified Health Center

Hillsborough County Nurse Health Care Coordinator 2020 – present
Public Health Nurse Coordinator responsibilities include coordinating the care and offer support and education to the families of children with complex medical conditions. Additional responsibilities include coordinating with community agencies, school departments and medical providers to both enhance services and offer educational opportunities to their staffs. Self-education to keep abreast of new technology and treatment options in Pediatrics.

Neuromotor Clinic Nurse Coordinator 2004 - 2020
Public Health Nurse Coordinator, Manchester Neuromotor Clinic responsibilities include coordinating the care and offer support and education to the families of children with complex neuromotor conditions. Additional responsibilities include coordinating a multi-disciplinary clinic. Supervision, orientation and continuing education of clinic staff comprised of medical assistant, program assistant and community-based care coordinators. Coordinating with community agencies, school departments and medical providers to both enhance services and offer educational opportunities to their staffs. Self-education to keep abreast of new technology in neuromotor and Pediatrics.

Children's Hospital @ Dartmouth — Manchester, NH

1996- 2003

Pediatric Diabetes and Endocrinology Nurse Clinician

Responsibilities included coordinating the care of complex Pediatric Endocrine patients. Additional responsibilities include evaluating and obtaining history on diabetic and endocrine patients, then presenting patient to Attending Physician. Educating and managing Type 1 and Type 2 Diabetics. Triaging emergency phone calls. Coordinating and management of attending physician schedule, involved in coordinating clinical research protocols. Coordinating testing procedures. Evaluating laboratory results to notify attending of abnormalities requiring immediate attention. Educating Student Nurses, Nurses, and Primary Care Physicians in Diabetes and Endocrine conditions. Development of teaching tools. Self-educating to keep abreast of new technology in diabetes and endocrine.

Dartmouth Hitchcock Clinic Manchester — Pediatrics

Telephone triage, Nurse visits, 1995-1996
patient education

Pfizer-Pharmacia 1999- 2003

Clinical Co-Ordinator — alpha and beta software testing,
Seminar presentations — software, both small and large group

Department of Health, City of Manchester, NH 1994-1995

School Nurse — Elementary and High School

Saint Casimir School — Manchester, NH 1986-1994

School Nurse – Elementary SC

Southern New Hampshire Medical Center — Nashua, NH 1975-1978

Staff Nurse — Operating Room

Carney Hospital — Boston, MA 1973-1975

Team Leader — Operating Room, Post-Operative Care Unit

Halifax District Medical Center — Daytona Beach, FL 1972-1973

Staff Nurse — Operating Room

Boston City Hospital — Boston, MA 1968-1972

Assistant Head Nurse - Neurosurgical Operating Room
(Harvard Neurosurgical Service)

Memberships:

American Diabetes Association
American Association of Diabetes Educators
New Hampshire Association of Diabetes Educators
Pediatric Endocrinology Nursing Society
New England Pediatric Endocrinology Nursing Organization

Dartmouth Hitchcock Clinic Manchester — Pediatrics	
Telephone triage, Nurse visits, 1995-1996	
patient education	
Pfizer-Pharmacia	1999- 2003
Clinical Co-Ordinator — alpha and beta software testing,	
Seminar presentations — software, both small and large group	
Department of Health, City of Manchester, NH	1994-1995
School Nurse — Elementary and High School	
Saint Casimir School — Manchester, NH	1986-1994
School Nurse - Elementary	
Southern New Hampshire Medical Center — Nashua, NH	1975-1978
Staff Nurse — Operating Room	
Carney Hospital — Boston, MA	1973-1975
Team Leader — Operating Room, Post-Operative Care Unit	
Halifax District Medical Center — Daytona Beach, FL	1972-1973
Staff Nurse — Operating Room	
Boston City Hospital — Boston, MA	1968-1972
Assistant Head Nurse - Neurosurgical Operating Room	
(Harvard Neurosurgical Service)	

Memberships:

- American Diabetes Association
- American Association of Diabetes Educators
- New Hampshire Association of Diabetes Educators
- Pediatric Endocrinology Nursing Society
- New England Pediatric Endocrinology Nursing Organization

Publications:

Bert E. Bachrach, MD, David A. Weinstein, MD, Ma& Orho-Melander, Ph.D., Anne Burgess, RN, and Joseph I. Wolfsdorf, MD, BCh. Glycogen Synthase Deficiency (Glycogen Storage Disease Type 0) Presenting with Hyperglycemia and Glucosuria: Report of three new mutations, Journal of Pediatrics, 2002; 140: 781-3.

Abstract (Platform Session): Bert E. Bachrach, David A. Weinstein, MD, Maiju Orho-Melander, PhD, Anne Burgess, RN, and Joseph I. Wolfsdorf, MB, BCh. Glycogen Synthase Deficiency (Glycogen Stdrage Disease Type 0) Presenting with Hyperglycemia and Glucosuria: Report of Three New Mutations. Presented by Bert Bachrach, MD at the Pediatric Academic Societies, Baltimore, MD, 2002 Annual Meeting. May 6, 2002.

Anne T. Burgess, RN, CDR, Holiday Tips for Children with Type 1 Diabetes; Anthem Blue Cross Smart Care Newsletter, Nov., 2002

Educational Presentations:

Partners for Healthy Growth: Nashua, New Hampshire Pediatric Nurses: Staff Development Meeting (May 19, 2003)

Diabetes 101; In the Pediatric Residential Care Setting: Jolicoeur School, Manchester, NH, East& Seals New Hampshire: Staff Development Workshop (May 7, 2003)

Gadgets and Gizmos for Children with Diabetes: CHaD Dartmouth Hitchcock Medical Center: Pediatric Endocrinology Review Course (Aug. 30, 2002)

Diabetes Care in the Pre-School Setting: Exeter, NH: Pre-School Staff Development Meeting (May 13, 2002)

New Dilemma for the School Nurse! Carbohydrate Counting, Correction Factor Lantus Insulin and the Insulin Pump: Manchester, NH -Health Department: School Nurse Staff Development Meeting (March 14, 2002)

Raymond, NI-I School Department: Regional School Nurse Staff Development Meeting (April 11, 2002)

Diabetes Update: Type 1 Diabetes Mellitus Yesterday, Today and Tomorrow: Dartmouth Hitchcock Clinic-Manchester: Staff Development Meeting (Jan. 31, 2002)

And what is this? CGMS (Continues Glucose Monitoring System) in the School Setting: Manchester, NH Health Department: Regional School Nurse Workshop (Nov. 15, 2001)

Let's Take the Drudgery Out of SMN'S (Statements of Medical Necessity): Norfolk,
VA, Pfizer-Pharmacia — Pediatric Endocrinology Nursing Society Nurse Enrichment
Day (April, 2000)
Saint Louis, MO, Pfizer-Pharmacia — Pediatric Endocrinology Nursing Society
Nurse Enrichment Day (April, 1999)

Kelly Unger

Education

- University of New Hampshire, Durham, NH. **May 2017**
Master of Education in Early Childhood: Special Needs
- Salter School of Nursing and Allied Health **May 2012**
LNA Certification
- State University of New York at Plattsburgh, Plattsburgh, NY. **May 2008**
Bachelor of Science in Early Childhood/Elementary Education

Trainings and Certifications

- **New Hampshire Teacher Certification** (Beginning Educator Certificate with Endorsements in Elementary Education (K-6) and Early Childhood Special Education)
- **Assistive Technology Graduate Certification**
- Cultural Competency Training
- Epilepsy First Aid
- Suspected Childhood Apraxia Training
- Applied Behavior Analysis Training
- Picture Exchange Communication Level 1 Certification
- VB Mapp Training
- Trained in use of HELP Strands (developmental assessment)
- TSGold
- Early Start Denver Model for Children with Autism Training
- Sensory Processing Training
- Person Centered Planning Training
- Floortime Training
- Social Stories Training

Employment Highlights

Amoskeag Health, Manchester, NH.

December 2017-Present

Health Care Coordinator

- Performs care coordinator function within specified timeframes
- Maintains timely and accurate documentation of application, assessment, services, care plans, progress notes and other information required in each child's record
- Understands and subscribes to the philosophy and values of culturally-relevant education, empowerment and community integration
- Works to ensure the family makes informed decisions, and is in regular contact with the child and family to discuss progress, problems and plans
- Communicates and collaborates with child's health and related service providers and documents in each child's record.

Memorial Elementary School, Bedford, NH.

January 2017-April 2017

Preschool Intern

- Create engaging lesson plans for preschool classroom.
- Collaborated with other teachers for creative and innovative teaching ideas.
- Instructed UDL lessons to 12 preschool students in small and whole group
- Engaged students in lesson plans following state standards.

- Improve student behavior by incorporating a reward system in classroom.
- Participated in IEP meetings.
- Utilized TsGold Curriculum and Assessment

Moore Center Services, Manchester, NH

July 2012- December 2017

Early Childhood Special Educator and Autism Specialist

- Conduct and complete developmental evaluations to determine eligibility for Early Supports and Services with children 0-3.
- Provide instruction and comprehensive service coordination to children with developmental delays.
- Complete and develop Individual and Family Service Plans for children in Early Supports and Services.
- Provide intensive services to children with a diagnosis of Autism Spectrum Disorder.
- Collaborate for regional Autism services providers to provide coordinated and evidence based services.
- Provide resources and supports to families enrolled in Early Supports and Services.
- Support families during the transition process to the school district and attend IEP meetings.
- Support families who have a child referred for a diagnostic evaluation.
- Provide families with developmentally appropriate strategies to carry over with their children in their homes.
- Serve as a liaison between families and community resources.
- Providing Autism services under a BCBA.

Kindercare Learning Center, Londonderry, NH

October 2011-June 2012

Toddler Teacher

- Promoted cognitive, motor, social and self-help skills in young children.
- Provided support and resources to families of children in the center
- follow a curriculum, develop and instruct developmentally appropriate activities in the classroom.
- asses with cooperate evaluation and provide parent teacher conferences.

The Learning Center, Concord, NH.

October 2010-October 2011

Infant Teacher

- Promoted cognitive, motor, social and self-help skills in young children.
- Provided support and resources to families of children in center.
- Developed and implement developmentally appropriate activities in the classroom.
- Communicated daily with email newsletters to caregivers as wells as use of communication notebook that traveled from home to school and vice versa.

Hobby Lobby, Laredo, TX

July2009-July2010

Assistant Manager

- Check and balance of stores cash/credit card sales.
- Bank deposits.
- Supervise 10 or more employees during closing.
- Order, stock, inventory products

MISHELLE DECATO SADICK

OBJECTIVE:

To obtain a leadership role as a Care Coordinator/ Treatment Coordinator/ Family Therapist/Case Manager in a Family Centered Human Service organization.

EDUCATION:

Master of Education in Counselor Education
Plymouth State College of the University System of New Hampshire
Plymouth, NH May 1999

Bachelor of Arts Degree in Psychology. Concentration: Personality/Counseling
Keene State College of the University System of New Hampshire
Keene, NH May 1990

HONORS:

Deans and Presidents list
Undergraduate GPA: 3.43
Graduate GPA: 3.93
Employee of the Quarter Awards

EXPERIENCE:

June 2012–Present: Health Care Coordinator/Rockingham County. Amoskeag Health/ Child Health Services/Manchester Community Health Center. Provides community based care coordination to assist families to access needed health care and related services for children with chronic illness or disability/ special health care needs, including help with medical, social, psychological, educational, and financial assistance and resources.

June 2008-June 2012: Family Support Therapist/Case Manager. Riverbend Children's Program. Individual and Family Support/Therapy and Case Management Services to children and families with behavioral and mental health challenges. Experience in writing eligibilities, clinical assessments, treatment plans, therapy/case management notes and quarterly reports. Extensive experience in crisis stabilization and conflict

resolution.

August 2000-June 2008: Parent Educator/Evening Coordinator/Family Support Coordinator. VNA/Elliot Hospital Parent Baby Adventure Program. Facilitator of classes for new parents as well as parents with toddlers and older children, counseled and referred families to appropriate community resources, educated and supported parents in their new role as parents, assessed parenting skills and modeled appropriate skills, admission process into PBA as well as GED, anger management and cooking classes, supervised program assistants, interns, volunteers and foster grandparents, Coordinated client care with community agencies, provided court ordered parenting classes and letters to GAL, DCYF , NHEP, Attorneys and Courts.

June 2004-June 2008 Family Support Coordinator . VNA Partners in Health, Manchester: Admissions/intakes as well as referrals to Partners in Health Program. Assisted families in accessing community supports for their chronically ill child. Facilitated monthly Partners in Health Support Group for families and caregivers. Assisted families in identifying their needs and developed an action plan to meet those needs, acted as an advocate and assisted families in gaining access to services and entitlements, grant writing and written proposals for financial support from local foundations on behalf of child's needs.

1994-2000 Residential Counselor/Case Manager, Child and Family Services of New Hampshire, Concord, NH. Provided care and daily supervision to court ordered youth in residential placement, organized recreational and educational planning, actively participated as a team member, assisted youth in learning behavior management and modification techniques, facilitated individual, family, group and crisis counseling, designed and implemented treatment plans and composed monthly and daily progress reports.

ACTIVITIES:

Trained in Helping the Non-Compliant Child / 1234 Parents/Parenting Curriculum.

Co-Leader with Elliot Behavioral Health for Anger Management groups for parents.

Manchester School of Technology-Lead Parenting 101 Workshops.

Facilitated Monthly Partners In Health Caregiver Support Group and Sib shop.

REFERENCES:

Furnished Upon Request

VITAE

Name: McLean, Pat

Education

Institution and Location	Degree	Year Conferred	Field of Study
Fitchburg State College University of New Hampshire	B.S.N. M.Ed.	1970 1984	Nursing Early Childhood Special Needs

PROFESSIONAL EXPERIENCE:

2006-Present Health Care Coordinator/Amoskeag Health. This position involves coordination of medically complex children birth to 21yrs and their families. Collaboration with medical and community providers is essential for coordination. As Intake Coordinator for the Child Development Clinic, this position involves triaging all referrals and participating on the Clinic team as needed.

2004- 2016 Developmental Specialist, Capitol Region Family Health, Concord, NH.
This position involves mentoring DHMC Family Residents and medical students about child development and precepting them during well child visits. Providing developmental consults to faculty and residents for children and families in the practice. Participating on the Medical Home curriculum committee for residents.

1995 – JULY 2006 Clinic Coordinator, Seacoast Child Development Clinic – MCH Lend, Durham, NH.

This position involved coordinating interdisciplinary developmental evaluations and follow up, coordinating and collaborating with community providers, providing clinical training and evaluation to interns and fellows enrolled in MCH Lend, University teaching and maintaining a Business Plan for Seacoast Revenues.

July 2002-July 2006 Adjunct Assistant Professor of Pediatrics, Dartmouth Medical School.
This appointment involved community based teaching of Dartmouth Medical Students and Physicians.

July 2000-July 2006 Adjunct Professor in Nursing, University of NH, Durham, NH
This position involved guest lecturing for courses in the Nursing Program and clinical teaching to Master Level Nursing Students.

1986-July 1999 Infant Specialist, Richie McFarland Children's Center, Stratham, NH.
This position involved transdisciplinary early intervention services to infants and their families, medical/developmental consultation to team members, developmental evaluation of children birth to three, supervision of UNH nursing students, participation or chairing focus groups in best

practice issues and administrative agency decision making.

1986-1988 Research Assistant, University of Massachusetts, Early Intervention Collaborative Study, Worcester, MA.

This position involved utilizing multiple assessment tools for infant/family evaluation research.

1983-1984 Nurse Coordinator, State of New Hampshire, Bureau of Special Medical Services, Concord, NH.

This position involved coordinating a neuromotor interdisciplinary team, nursing assessment of children with neuro-muscular disabilities, counseling and education to children and their families, and consultation to community nurses and allied professionals.

1982-1983 Intern, Boston Children's Hospital Developmental Evaluation Clinic This position involved developmental evaluation of children primarily ages three to six years, assessment of high/risk premature infants, and collaboration on multidisciplinary assessment teams.

1973-1981 Nurse Coordinator, State of New Hampshire, Maternal Child Health, Allentown, NH.

This position involved administration of local Child and Youth Project, facilitation of team development and functioning, coordinated community involvement in organizing a local advisory board to the project, collaborated with schools, and state and community lecturing.

1971-1973 Clinic Nurse, Boston's Children's Hospital/Harvard Medical School, Family Health Care Program, Boston, Massachusetts.

This position involved primary nursing care to families, family planning and child birth education, collaborating team functioning, curriculum planning and teaching of Harvard University Family Residents, fellows and medical students, conduction of seminars on nursing process and team functioning, supervision of Northeastern nursing students, and lecturing.

1970-1971 Staff and Charge Nurse, Boston Children's Hospital, Boston, Massachusetts.

This position involved providing acute inpatient nursing care.

MAJOR RESEARCH:

Thesis Topic: Towards Coalescence – An Ecological Approach to Developmental Evaluation
(1984)

HONORS: SIGMA THETA TAU INTERNATIONAL HONOR SOCIETY OF NURSING
1997 EXCELLENCE IN EARLY INTERVENTION ANNUAL AWARD

JANET E. CLARK

PROFESSIONAL EXPERIENCE:

Amoskeag Health, Manchester, NH

Director, Special Medical Programs

2003 to Present

- Management of four programs for children with special health care needs, including the Child Development clinic, Neuromotor Clinic, Community Based Care, and Nutrition programs.
- Member of Amoskeag Health Management Team, Marketing and Development Committee
- Responsible for contract management and compliance with state and federal mandates.
- Supervise 13 employees and 17 contractors

Regional Program Coordinator, Child Development Unit

October 1987 to Present

- Manage regional Child Development Program including clinical assessment, community relations, family support, advocacy, all organizational functions of multi-disciplinary team (MD's, PhD's, support staff).
- Develop yearly clinical activities, collaborative initiatives and long-range goals.
- Coordinated Child Development Services Consortium – joint effort by CHS, Area Agency and Early Intervention Program at Easter Seals.
- Participated in agency-wide time study for billing and Quality Assurance purposes/UNH Health Policy and Management Personnel.
- Coordinated Health Care Transition Grant for three-year A-D/HD Clinic at Child Health Services.

Special Medical Services Bureau, NH Dept of Health and Human Services, Concord, NH

Intake Coordinator (Contractor)

September 1997-1999

- Perform initial intake assessment and develop appropriate service plan for new SMSB applicants
- Triage referrals, collaborate with community health and human service providers to assure quality care for children 0-18 years old.

SSI Needs Assessments (Contractor)

1995-September 1997

- Perform intake/needs assessments for children whose families have applied for SSI benefits and refer for services as appropriate in compliance with Federal Social Security regulations.

Regional Clinic Coordinator – Genetics Services Program

February 1995-July 1998

- Provided community-based coordination as part of Genetic outreach program collaboratively provided by Children's Hospital at Dartmouth and Special Medical Services Bureau.
- Intake assessment, referral and information to all families scheduled.
- Obtained medical history, pedigree and provided family support at clinic.

Child Health Services

Family Support Worker

February 1984 –October 1987

- Part of a multi-disciplinary pediatric team.
- Responsible for clinical and social services within the agency setting, home visits, coordination of community resources, interviewing and registration of new families, assessment of need for social services, determination of eligibility for various financial programs, family budgeting, case consultation through clinic conferences and interagency meetings, referrals to community resources, negotiate and advocate on client's behalf, developing and implementing treatment plans with assigned families, crisis intervention.

New Hampshire Catholic Charities, Inc. Manchester and Keene, NH

Social Worker

August 1979 – May 1983

Responsible for the delivery of clinical, social and parish outreach services.

Cooperative Extension Services, Milford, NH

Program Assistant

May 1978- June 1979

Responsible for planning and implementing volunteer recruitment programs for Hillsborough County.

Main Street House, Noank, CT

Assistant Director

August 1976 – October 1977

A group home for teenage girls, ages 14 through 18.

EDUCATIONAL BACKGROUND:

Graduate course work in Public Health, University of NH, Manchester 2000- 2002

Health Administration, New Hampshire College, Manchester, NH 1994-1995

Graduate courses in counseling at Connecticut College, New London, CT 1976-1980

University of New Hampshire, Durham, NH,

B.A., Social Work, Providence College, Providence, R.I. 1975

Professional Development:

Certificate in Community Health Leadership (Bi-State Primary Care Association) 2010

Autism Spectrum Disorder, ADOS training, ADHD, Family Support, Genetics, Spectrum of Developmental Disabilities, Johns Hopkins University, CHAD Child Maltreatment Conferences, ACE/Trauma Informed Interventions,

References available upon request.

Paula Bundy

Education:

- 1966-1970 Manchester Central High School
Graduated 1970
- 1970-Present Various courses/workshops taken in customer service, computer classes, special education advocacy, volunteering, and The Leadership Series through The Institute on Disability.

EXPERIENCE

2007-2021 DHHS/DLTSS/BFCS/SPECIAL MEDICAL SERVICES (SMS)
Concord NH
Medical Service Technician

- Review/process applications/incoming mail taking action to ensure completeness and corrections/certify families for eligibility for services.
- Verify, create & process prior authorizations in accordance with care plans and SMS/department rules and regulations.
- Verification of appropriate timeframes for eligibility for payment of services to providers as necessary and bookkeeping
- Research medical claims, data files, eligibility information, insurance coverage, and NH Medicaid assistance policies to make payment or denial on medical claims.
- Review and compare data exchange material and computer generated data of recipient third party information with the recipient medical history file in order to verify and update third party information.
- Interpret and explain program/department policy, rules, and regulations with applicants and providers.
- Assist with updating processes to enhance workflow and collaboration amongst all parties associated with SMS.

2005-2007 DHHS/BMS/SPECIAL MEDICAL SERVICES Concord NH
Program Secretary/Word Processor Operator I

- Assessed needs and referred applicants to agency personnel for additional services to other agencies as appropriate
- Reviewed incoming applications/client mail taking action as necessary for proper and timely processing
- Contacted providers to verify/review eligibility requests and cost ceilings to assist care coordinators in compiling relevant data.
- Interpreted and explained program/department policy, rules, and regulations with applicants and providers.

- Developed correspondence, filing, answered phones and routed to appropriate personnel, assisted with special projects, copying, and faxing.
- Developed & designed new forms/letters for the Catastrophic Illness Program & assisted clients with referral information when necessary
- Assisted superiors in planning and coordinating program activities such as an SSI Survey and Respite Care work sessions and other projects as assigned.
- Developed & designed a Medical Home Resource Manual for a specific Medical Practice
- Assisted in training employees in all computer databases/applications/programs within Special Medical Services which included testing scripted and unscripted material relating to various database enhancements
- Maintained a list of community providers and referral services data

2003-2005 NHTI FINANCIAL AID OFFICE Concord NH
Secretary II

- Verified financial aid applications for completeness and provided assistance for corrections relating to the process
- Entered student information into the college Banner database program and managed student records within that same database.
- Answered phones, typed, filed, copied, faxed, ordered office supplies, distributed mail, archived records, and managed email for the department
- Researched scholarship information, wrote articles for the campus newsletter about scholarships and managed a scholarship bulletin board
- Maintained list of other financial aid providers and provided referral services as requested
- Provided explanations of relevant programs and benefits of financial aid

2002-2003 NEW HAMPSHIRE HOSPITAL Concord NH
Medical Records Technician

1999-2002 NEW ENGLAND LIFE CARE Concord NH
Medical Records Secretary

1988-1999 The Arc of New Hampshire, Inc. Concord NH
Administrative Assistant/Para Professional

- Reviewed applications for services for members and their families for completeness and accuracy
- Performed bookkeeping duties which included making bank deposits, processing bills, and balancing the ledgers for the organization
- Reviewed state contracts for completeness and accuracy, administered grants and managed a database of same
- Developed & designed brochures and other public informational materials
- Provided information and referral services to members, community and state agencies
- Assisted in the planning and implementation of meetings, workshops and conferences

- Trained other employees and volunteers in the day to day office operations
 - Answered phones, filing, managed a membership database and assisted with mailings
 - Prepared agendas for board meetings and minutes for meetings as assigned
 - Researched and verified developmental disability rules and regulations
- Software/Database Skills:

New Heights – (Medicaid Database) Proficient

SMS Database– Proficient

MMIS Database – Basic

Microsoft Outlook - Proficient

Lotus Notes – Proficient

Microsoft Excel – Competent

Microsoft Word – Proficient

Bridges – Competent

NH First – State of NH Time Management & Accounts Payable Database - Proficient

Summary of Skills:

20+ years experience with public contact providing explanation of various types of state and community services; rules and regulations

Ability to exercise judgment; work independently, and creatively.

Ability to follow specific instructions in gathering facts, data or resources in abstracting and organizing required information

Ability to make decisions within the parameters of rules and regulations

Ability to communicate, establish and maintain effective working relationships

Ability to operate a variety of automated systems and multitask

Excellent work ethic

10 years experience with New England Telephone/Concord Answering

Service/Telemarketing

Past Volunteer Experience:

Certified Educational Advocate for children with special health care needs and developmental disabilities for 15+ years

Board Member for Merrimack Valley Day Care

Member of the Board of Directors for the New Hampshire Youth Lacrosse Association

Co-Chair for the Bow PTO

Wendy A. Labrecque

1

Objective: Participate as a contributing member in a team that will best utilize acquired skills, education, and experience in accounting.

Summary of Qualifications: Includes over 20 years in a wide variety of accounting and fiscal management capacities, involving:

- Extensive experience with the day-to-day accounting operations of a non-profit organization, encompassing skills and responsibilities for the oversight of multiple accounts, including ledger balancing and posting, AR/AP, collections and reconciliations, as well as budgetary planning, forecasting and adherence management, P & L analysis, cost containment, IRS tax (990), expense reporting, balance investments in subsidiaries with the corresponding companies' current year contributions/distributions and aviation flight tracking spreadsheets for IRS purposes.
- Producing operating statements and financial year/end reports, preparation and coordination of internal/external (IRS) and funding source audit processes (A133), in addition to experience with corporate consolidation, acquisitions and merger activities, and performing regular intra/inter- fiscal accounting break-downs and analysis of consolidated balance sheets for multiple corporate entities.
- Comprehensive knowledge and hands-on experience with grant administration, budgeting, and reporting/compliance requirements, managing up to 40 grants simultaneously.
- Familiarity with the following computer systems and applications: Windows XP, Microsoft Word 07, Excel 2010, Excel Pivot Tables, Access, PowerPoint, Solomon, Quicken, ADP Payroll, Peachtree, Yardi, People Soft, NVision and a variety of data management packages.
- As a team player, providing substantial input into problem solving and quality assurance activities.
- Additional skills and experience: effective interpersonal and communications skills; coordination of volunteer-based programs, including supervision, training and task assignment responsibilities for up to 20 volunteers.

Employment History:

EASTER SEALS OF NEW HAMPSHIRE , Manchester, NH	
March 2013 – August 2014	Sr. Accountant
RJ FINLAY MANAGEMENT , Nashua, NH	
2008 – 2013	Accountant
CHARTER TRUST COMPANY , Concord, NH	
2005 – 2008	Financial Assistant
EASTER SEALS OF NEW HAMPSHIRE , Manchester, NH	
1984-2005	Held various positions from Accounting Clerk to Sr. Accountant

Accomplishments: *Recognized for outstanding job performance and presented: The Carousel of Accomplishment/ President's Meritorious Service Award.*

Community/ Volunteer Service: EASTER SEALS TELETHON PLEDGE CENTER COORDINATOR BIG BROTHERS / BIG SISTERS

Education: **NEW HAMPSHIRE COLLEGE** **Economics / Accounting 1 & 2**
Manchester, NH **Managerial Accounting Program**

GOFFSTOWN HIGH SCHOOL, Goffstown, NH **Diploma**

Continuing Ed.: *Attended numerous employer sponsored courses, programs and seminars, including: Managing Multiple Priorities, Customer Services, Budgeting Principles, Computer Applications: Excel07, Microsoft Word 07 etc.*

References: Excellent professional and personal references are available and will be furnished upon request.

Appendix D

Program Staff List						
New Hampshire Department of Health and Human Services						
COMPLETE ONE PROGRAM STAFF LIST FOR EACH STATE FISCAL YEAR						
Proposal Agency Name: Amoskeag health						
Program: Community-Based Care Coordination for Children with Medical Complexity						
Budget Period: 7/1/22 - 6/30/23						
A	B	C	D	E	E	F
Position Title	Current Individual in Position	Projected Hrly Rate as of 1st Day of Budget Period	Hours per Week	Amnt Funded by this program for Budget Period	Amnt Funded by other sources for Budget Period	Site*
Administrative Salaries						
Director	Janet Clark	\$40.61	1	\$2,134	\$0	1245 Elm St.
Accountant	Wendy Labrecque	\$31.31	6.5	\$10,744	\$0	813 Canal St.
Program Support	Paula Bundy	\$17.00	20	\$17,748	\$0	1245 Elm St.
Total Admin. Salaries				\$30,626	\$0	
Direct Service Salaries						
Care Coordinator	Pat McLean	\$31.30	15	\$24,871	\$0	1245 Elm St.
Care Coordinator	Mishelle Sadick	\$31.16	40	\$66,352	\$0	1245 Elm St.
Care Coordinator	Kelly Unger	\$27.32	40	\$57,699	\$0	1245 Elm St.
Care Coordinator	Ann Burgess	\$31.58	18	\$30,262	\$0	1245 Elm St.
Total Direct Salaries				\$179,184	\$0	
Total Salaries by Program				\$209,810.00	\$0.00	
Please note, any forms downloaded from the DHHS website will NOT calculate. Forms will be sent electronically via e-mail to all programs submitting a Letter of Intent by the due date.						
*Please list which site(s) each staff member works at, if your agency has multiple sites.						