



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF COMMUNITY BASED CARE SERVICES

BUREAU OF DEVELOPMENTAL SERVICES

Nicholas A. Toumpas  
Commissioner

Nancy L. Rollins  
Associate  
Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857  
603-271-4488 1-800-852-3345 Ext. 4488  
Fax: 603-271-4902 TDD Access: 1-800-735-2964

May 28, 2013

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Community-Based Care Services, Bureau of Developmental Services, Special Medical Services Section, to enter into an agreement not to exceed \$2,673,582.41 with Child Health Services, 1245 Elm Street, Manchester NH 03101, to provide five distinct services:

- a. Community-Based Care Coordination Services
- b. FACETS of Epilepsy Care Services
- c. Child Development Program
- d. Neuromotor Disabilities Clinical Program
- e. Comprehensive Nutrition Network

for children with neuromotor disabilities, epilepsy, and other special health care needs, their families and caregivers, effective July 1, 2013 or date of Governor and Council approval, whichever is later, through June 30, 2015.

Summary of contract amounts by service:

Service	Amount
Community-Based Care Coordination Services	\$398,532.24
FACETS of Epilepsy Care in New Hampshire	\$153,282.79
Child Development Program	\$1,030,373.80
Neuromotor Disabilities Clinical Program	\$538,550.10
Comprehensive Nutrition Network	\$552,843.48
<b>Total</b>	<b>\$2,673,582.41</b>

Funds to support this request are anticipated to be available in the following accounts in State Fiscal Years 2014 and 2015 upon the availability and continued appropriation of funds in the future

70% General , 30% Federal

operating budgets, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

Please see attachment for fiscal details

### **EXPLANATION**

Pursuant to this agreement, the Contractor will be providing five distinct services, Community-Based Care Coordination, FACETS of Epilepsy Care Services, Child Development Program, Neuromotor Disabilities Clinical Program, and a Comprehensive Nutrition Network.

**Care Coordination:** The program will provide community-based care coordination services to children identified with special health care needs and their families residing in Hillsborough, Rockingham and Strafford Counties. Staff will provide families with the information and support they need to understand their child's condition and to make informed decisions about a plan of care that can be carried out in their home community. Families report difficulties in implementing health regimens at home because they are not familiar with their local resources. This effort builds upon the goals of the Department to provide access to appropriate and comprehensive health care services and, the Division of Community-Based Care Services' objective to expand community-based care coordination services to children with special health care needs. It is estimated that a total of 150-180 children will be served during SFY 2014-2015.

**FACETS of Epilepsy Care:** The program responds to the identified needs of children and youth with epilepsy utilizing innovative strategies and promising practices within the State of New Hampshire. This will be achieved by integrating into the current system of care a focus on creating an alliance between coordination of care efforts including family / youth involvement in health care design statewide (*Included in Care Coordination Scope of Services*).

Planned goals / outcomes include:

- Improvement of the ease of use of the system of care for children and youth with epilepsy in NH through.
  - Provision of education for community providers, clinicians and families regarding standards of epilepsy care
  - Creation of web-based resources to increase awareness/understanding of epilepsy
  - Technical assistance to clinical/community providers to enhance communication procedures across all domains impacting children and youth with epilepsy/seizure disorders and.
  - Development and dissemination of tools/resources for co-management of care.
- Increased parent and youth involvement in health care design to facilitate family-centered approaches and advancement of medical home components.

It is estimated that 1294 children with epilepsy, between the ages of 0 and 18, will benefit from these activities.

**Child Development Program Network:** This program provides regionally-based and family-centered diagnostic evaluation and consultation service to families, pediatricians, and local agencies, including local school districts and preschool programs serving children from birth through seven years of age suspected or at risk for altered developmental progress. Primary clinic sites in this agreement are Central New Hampshire VNA and Hospice in Laconia, the Weeks Medical Center in Lancaster and at Child Health Services in Manchester. The goal of the New Hampshire Child Development Program is to promote the physical, cognitive, and emotional



well being of all New Hampshire infants and children (aged zero to seven) who are at risk or already exhibiting developmental irregularities or special health care needs.

The model of service delivery consolidates clinical evaluation services of children and families in three locations for economy of scale and long-term stability of the medical evaluation teams. Consultation services are provided to the local community by members of the medical evaluation teams for school observations, behavior management training, and technical assistance needs.

It is estimated that 800 – 1,000 children will be served during SFY 2014 - 2015.

***Neuromotor Disabilities Clinical Program:*** This program provides for Pediatric Orthopedic Specialists, who will perform physical examinations and other diagnostic tests as necessary as part of the assessment process at scheduled Neuromotor Disabilities Clinics and Nurse Coordinators, who will function as a member of the Neuromotor Disabilities Clinical Program Team. Members of the team provide consultation services to the local community for school observations and technical assistance related to the complex needs of children with neuromotor problems.

The Nurse Coordinators will have primary responsibility for establishing and/or coordinating the plan and management of clinic and community-based health care, and shall ensure continuity and follow-ups of children with neuromotor handicaps and their families at the assigned regional project sites. One Nurse Coordinator shall provide the services to children and families assigned to the Manchester Neuromotor Clinic; the second Nurse Coordinator shall provide the services to children and families assigned to the Lebanon, Keene, Derry and Concord Neuromotor Clinics.

The model of service delivery consolidates clinical evaluation services of children and families in community-based locations for economy of scale and long-term stability of the medical evaluation team.

It is estimated that a total of 200 - 225 children and families will be served during SFY 2014-2015.

***Comprehensive Nutrition Network:*** The program plans, develops, and evaluates comprehensive nutrition services for children with special health care needs, and trains and maintains a staff of regional pediatric nutritionists. Program staff will supervise professional staff, provide quarterly in-service trainings, coordinate services with other State and community agencies, and provide education for community groups. Staff will also provide nutrition assistance to the Manchester Dartmouth-Hitchcock Clinic Cystic Fibrosis Clinic Team and support to the community-based nutritionists who provide nutrition services to children with cystic fibrosis and their families.

The program also provides for identification and training of regional nutritionists to provide services to this population of children along with the development of educational materials. The outcome of this initiative is to assure that families have access to a community-based nutritionist trained in pediatrics, with special knowledge and expertise in the nutritional needs of children with cystic fibrosis.

Program staff shall perform a quality assurance audit of nutrition services provided by Special Medical Services Section community-based nutrition providers. Findings will assist the Department in planning in-service trainings and continuous quality improvements in the operation of the statewide Nutrition, Feeding and Swallowing Program for children with special health care needs and their families. The Department plans to

evaluate the impact of this service based on parent satisfaction, and the extent to which the child achieves positive nutrition outcomes.

It is estimated that a total of 600 children will require 3,000 service visits during SFY 2014 - 2015.

#### Bid and Selection Process

Request for Proposals for each individual service (Child Development Program, Community-Based Care Coordination, Nurse Coordinators to Staff Neuromotor Disabilities Program Specialty Clinics, Comprehensive Nutrition Network for Children and Youth with Special Health Care Needs), were posted on the Department of Health and Human Services Website, between January 16, 2013 and January 25, 2013.

As a result, the Department received the following proposals:

- Child Development Program Network-
  - Child Health Services, Inc. for Laconia, Lancaster and Manchester sites
  - Mary Hitchcock Memorial Hospital for Lebanon site only
- Community-Based Care Coordination Services-
  - Child Health Services, Inc. for Hillsborough, Rockingham and Strafford Counties
  - Concord Regional Visiting Nurse Association for Merrimack County
- Neuromotor Disabilities Program Specialty Clinics-
  - Child Health Services, Inc. for Keene, Lebanon, Derry and Manchester sites.
  - Coos County Family Health Services, Inc., for the Berlin site only.
- Comprehensive Nutrition Network-
  - Child Health Service, Inc., for provision of the service statewide.

After a thorough review of all proposals by the evaluation committee, Child Health Services, Inc. was selected to provide:

- Child Development Clinic services at the Laconia, Lancaster and Manchester sites.
- Community Care Coordination services to families residing in Hillsborough, Rockingham and Strafford counties.
- Nurse Coordinator services for the Neuromotor Specialty Clinics at the Keene, Lebanon, Derry, Concord and Manchester sites.
- Comprehensive Nutrition Network for the entire State of New Hampshire.

A Bid Summary showing a comparison of the Child Health Services' proposals to all other proposals in these categories is attached.

The Division of Community-Based Care Services has been contracting with Child Health Services for provision of services for fourteen years. The Division is pleased with the performance of Child Health Services under previous agreements.

This agreement contains a provision to extend this award for two additional years subject to availability of funding, mutual agreement by the parties and approval by the Governor and Executive Council.

Her Excellency, Governor Margaret Wood Hassan  
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May 28, 2013  
Page 5 of 5

Area served for Child Development Network: Statewide with clinics in Coos, Belknap and Hillsborough Counties.

Area served for Community-Based Care Coordination: Hillsborough, Rockingham and Strafford counties

Area served for Neuromotor Disabilities Clinics: Belknap, Carroll, Strafford, Rockingham, Sullivan, Grafton, Merrimack, Hillsborough and Cheshire Counties

Area served for FACETS of Epilepsy Care in New Hampshire: Statewide

Area Served for Comprehensive Nutrition Network: Statewide.

Source of funds for all services is 30% Federal and 70% General Funds, Title V Block Grant Funds, with the exception of FACETS of Epilepsy Care in NH, which is 100% Federal Funds.

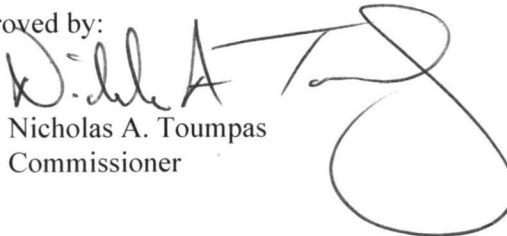
In the event that Federal funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins  
Associate Commissioner

Approved by:



Nicholas A. Toumpas  
Commissioner

## **FINANCIAL DETAIL**

Child Health Services, Inc. (Vendor #177266-B002)

### **PROGRAM AREA- Community-Based Care Coordination**

05-95-93-930010-5191 HEALTH AND SOCIAL SERVICES: DEPT. OF HEALTH AND HUMAN SERVICES, HHS: DEVELOPMENTAL SERVICES-DIV OF, DIV OF DEVELOPMENTAL SVSC, SPECIAL MEDICAL SERVICES

Appropriation Number	Description	SFY 2014 Amount	SFY 2015 Amount	TOTAL
561-500911	Specialty Clinics	\$199,266.12	\$199,266.12	\$398,532.24

### **PROGRAM AREA- FACETS of Epilepsy Care in New Hampshire**

05-95-93-930010-5949 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SERVICES, HHS: DEVELOPMENTAL SERVICES-DIV OF, DIV OF DEVELOPMENTAL SVSC, SPECIAL MEDICAL SERVICES

Appropriation Number	Description	SFY 2014 Amount	SFY 2015 Amount	TOTAL
102-500731	Contracts for Program Services	\$153,282.79	\$0.00	\$153,282.79

### **PROGRAM AREA- Child Development Program Network**

05-95-93-930010-5191 HEALTH AND SOCIAL SERVICES: DEPT. OF HEALTH AND HUMAN SERVICES, HHS: DEVELOPMENTAL SERVICES-DIV OF, DIVISION OF DEVELOPMENTAL SERVICES, SPECIAL MEDICAL SERVICES

Appropriation Number	Description	SFY 2014 Amount	SFY 2015 Amount	TOTAL
561-500911	Specialty Clinics	\$515,186.90	\$515,186.90	\$1,030,373.80

**PROGRAM AREA- Neuromotor Disabilities Clinical Program**

**05-95-93-930010-5191 HEALTH AND SOCIAL SERVICES: DEPT. OF HEALTH AND HUMAN SERVICES, HHS: DEVELOPMENTAL SERVICES-DIV OF, DIV OF DEVELOPMENTAL SVSC, SPECIAL MEDICAL SERVICES**

<b>Appropriation Number</b>	<b>Description</b>	<b>SFY 2014 Amount</b>	<b>SFY 2015 Amount</b>	<b>TOTAL</b>
561-500911	Specialty Clinics	\$269,275.05	\$269,275.05	\$538,550.10

**PROGRAM AREA- Comprehensive Nutrition Network**

**05-95-93-930010-5191 HEALTH AND SOCIAL SERVICES: DEPT. OF HEALTH AND HUMAN SERVICES, HHS: DEVELOPMENTAL SERVICES-DIV OF, DIV OF DEVELOPMENTAL SVSC, SPECIAL MEDICAL SERVICES**

<b>Appropriation Number</b>	<b>Description</b>	<b>SFY 2014 Amount</b>	<b>SFY 2015 Amount</b>	<b>TOTAL</b>
562-500912	Children with Special Health Care Needs Assistance	\$276,421.74	\$276,421.74	\$552,843.48

### Child Development Program

Service Area	Agency Name	Average Bid Score	Contract Award SFY 2014	Contract Award SFY 2015
Manchester (Keene satellite), Lancaster and Laconia Sites	Child Health Services, Inc.	90	\$515,186.90	\$515,186.90
Lebanon Site	Mary Hitchcock Memorial Hospital	85	\$137,649.49	\$137,649.49

### Community Care Coordinators for Special Needs Children

Service Area	Agency Name	Average Bid Score	Contract Award SFY 2014	Contract Award SFY 2015
Rockingham, Hillsborough and Strafford Counties	Child Health Services, Inc. (with FACETS activities)	90	\$199,266.12 (\$153,282.79)	\$199,266.12 (\$0.00)
Merrimack County	Concord Regional Visiting Nurse Association	92	\$61,806.01	\$61,806.01

### Nurse Coordinators for the Neuromotor Specialty Clinics

Service Area	Agency Name	Average Bid Score	Contract Award SFY 2014	Contract Award SFY 2015
Concord, Manchester, Derry, and Lebanon/Keene Neuromotor Clinics	Child Health Services, Inc.	88	\$269,275.05	\$269,275.05
Berlin Neuromotor Clinic	Coos County Family Health Services, Inc.	84	\$21,166.00	\$21,166.00

### Comprehensive Nutrition Network for Children with Special Health Care Needs

Service Area	Agency Name	Average Bid Score	Contract Award SFY 2014	Contract Award SFY 2015
Statewide	Child Health Services, Inc.	93	\$276,421.74	\$276,421.74
	No other bidders			



## SCORING SUMMARY SHEET

### REQUEST FOR APPLICATIONS

### CHILD DEVELOPMENT PROGRAM NETWORK

Applicant: \*Child Health Services

Clinic Locations: Manchester (with Keene satellite), Lancaster, & Laconia

	<b>Total Available</b>	<b>Average Score</b>
1. Agency Capacity	(40 points)	<u>37</u>
2. Program Structure/Plan of Operation	(45 points)	<u>42</u>
3. Budget and Justification	(10 points)	<u>7</u>
4. Format	( 5 points)	<u>4</u>
<b>TOTAL</b>	<b>(100 points)</b>	<b><u>90</u></b>

#### Reviewers:

Diane McCann, RN, MS, PNP, Retired State Employee. (Previously had been Clinical Coordinator for Special Medical Services.)

Diana Dorsey, MD, Pediatric Consultant, Special Medical Services Section

Alicia M. L'Esperance, BS/BA, Program Manager, Partners in Health Program.

\*This was the only proposal received, for the Child Development Program Network, for these service areas.

## SCORING SUMMARY SHEET

### REQUEST FOR APPLICATIONS

#### COMMUNITY BASED CARE COORDINATORS FOR CHILDREN WITH SPECIAL NEEDS

Applicant: \*Child Health Services

Counties: Hillsborough, Rockingham & Strafford

	<b>Total Available</b>	<b>Average Score</b>
1. Agency Capacity	(40 points)	<u>39</u>
2. Program Structure/Plan of Operation	(45 points)	<u>40</u>
3. Budget and Justification	(10 points)	<u>7</u>
4. Format	( 5 points)	<u>4</u>
<b>TOTAL</b>	<b>(100 points)</b>	<b><u>90</u></b>

#### Reviewers:

Diane McCann, RN, MS, PNP, Retired State Employee. (Previously had been Clinical Coordinator for Special Medical Services.)

Jane Hybsch, RN BSN MHA, Administrator, Medicaid Care Management Programs, Office of Medicaid Business and Policy. (Former Administrator, Special Medical Services.)

Alicia M. L'Esperance, BS/BA, Program Manager, Partners in Health Program.

\* This was the only proposal received, for Community Based Care Coordination for Children with Special Needs, for these service areas.

## SCORING SUMMARY SHEET

### REQUEST FOR APPLICATIONS

#### NEUROMOTOR DISABILITIES CLINICAL PROGRAM

Applicant: \*Child Health Services

Sites: Manchester, Derry, Lebanon/Keene, and Concord

	<b>Total Available</b>	<b>Average Score</b>
1. Individual Qualification/Capacity	( 5 points)	<u>3</u>
2. Clinical Experience	(10 points)	<u>9</u>
3. Organizational Experience	(10 points)	<u>10</u>
4. Capacity to Perform Scope of Services	(20 points)	<u>18</u>
5. Letters of Support/Reference/CV	(10 points)	<u>10</u>
6. Service Description	(30 points)	<u>27</u>
7. Budget Plan/Cost for Services Rendered	(10 points)	<u>8</u>
8. Format	( 5 points)	<u>4</u>
<b>TOTAL</b>	<b>(100 points)</b>	<b><u>88</u></b>

#### Reviewers:

Diane McCann, RN, MS, PNP, Retired State Employee. (Previously had been Clinical Coordinator for Special Medical Services.)

Jane Hybsch, RN BSN MHA, Administrator, Medicaid Care Management Programs, Office of Medicaid Business and Policy. (Former Administrator, Special Medical Services.)

Alicia M. L'Esperance, BS/BA, Program Manager, Partners in Health Program.

\*This was the only proposal received, for the Neuromotor Disabilities Clinical Program, for these service areas.

## SCORING SUMMARY SHEET

### REQUEST FOR APPLICATIONS

#### COMPREHENSIVE NUTRITION NETWORK FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Applicant: \*Child Health Services  
Statewide Services

	<b>Total Available</b>	<b>Average Score</b>
1. Agency Capacity	(40 points)	<u>40</u>
2. Program Structure/Plan of Operation	(45 points)	<u>41</u>
3. Budget and Justification	(10 points)	<u>7</u>
4. Format	( 5 points)	<u>5</u>
<b>TOTAL</b>	<b>(100 points)</b>	<b><u>93</u></b>

#### Reviewers:

Diane McCann, RN, MS, PNP, Retired State Employee. (Previously had been Clinical Coordinator for Special Medical Services.)

Diana Dorsey, MD, Pediatric Consultant, Special Medical Services Section

Alicia M. L'Esperance, BS/BA, Program Manager, Partners in Health Program.

\*This was the only proposal received for the Comprehensive Nutrition Network for Children with Special Health Care Needs.

## CERTIFICATE OF VOTE/AUTHORITY

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

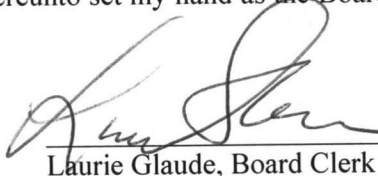
1. I am the duly elected Board Clerk of Child Health Services;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of Child Health Services, duly held on February 6, 2013.

RESOLVED: That this Corporation may enter into any and all contracts, amendments, renewals, revisions or modifications thereto, with the State of New Hampshire, acting through its Department of Health and Human Services.

RESOLVED: That the Medical Director is hereby authorized on behalf of this Corporation to enter into said contracts with the State, and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate. Lisa DiBrigida, MD is the Medical Director of the Corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of May 31, 2013.

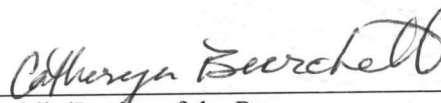
IN WITNESS WHEREOF, I have hereunto set my hand as the Board Clerk of Child Health Services this 31st day of May, 2013.

  
Laurie Glaude, Board Clerk

STATE OF NH

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 31st day of May, 2013 by Laurie Glaude in his/her capacity as Board Clerk of Child Health Services, on behalf of said entity.

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

Subject: Child Development Prog., Community-Based Care Coord., Access of Epilepsy Care, Neuromotor Disabilities Clinics, Nutrition Network

**AGREEMENT**

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

**GENERAL PROVISIONS****1. IDENTIFICATION.**

<b>1.1 State Agency Name</b> Department of Health and Human Services Special Medical Services Section Bureau of Developmental Services Division of Community Based Care Services		<b>1.2 State Agency Address</b> 129 Pleasant Street Concord, NH 03301-3857	
<b>1.3 Contractor Name</b> Child Health Services		<b>1.4 Contractor Address</b> 1245 Elm Street Manchester, NH 03101	
<b>1.5 Contractor Phone Number</b> 603-606-5456	<b>1.6 Account Number</b> 05-95-93-930010-5191-561- 500911,5149-102-500731, 562-500912	<b>1.7 Completion Date</b> June 30, 2015	<b>1.8 Price Limitation</b> \$2,673,582.41
<b>1.9 Contracting Officer for State Agency</b> Nancy L. Rollins, Associate Commissioner		<b>1.10 State Agency Telephone Number</b> 603-271-8181	
<b>1.11 Contractor Signature</b> <i>Lisa DiBrigida, MD</i>		<b>1.12 Name and Title of Contractor Signatory</b> Lisa DiBrigida, Medical Director	
<b>1.13 Acknowledgement:</b> State of <u>NH</u> , County of <u>Hillsborough</u> On <u>4/30/13</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
<b>1.13.1 Signature of Notary Public or Justice of the Peace</b> <i>Catheryn Burchett</i> [Seal] <b>CATHERYN BURCHETT, Notary Public</b> <b>My Commission Expires August 19, 2014</b>			
<b>1.13.2 Name and Title of Notary or Justice of the Peace</b> <i>Catheryn Burchett</i>			
<b>1.14 State Agency Signature</b> <i>Nancy L. Rollins</i>		<b>1.15 Name and Title of State Agency Signatory</b> Nancy L. Rollins, Associate Commissioner	
<b>1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable)</b> By: _____ Director, On: _____			
<b>1.17 Approval by the Attorney General (Form, Substance and Execution)</b> By: <i>Janet Harris</i> <i>Janet P. Harris, Attorney</i> On: <u>4 June 2013</u>			
<b>1.18 Approval by the Governor and Executive Council</b> By: _____ On: _____			



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

**3. EFFECTIVE DATE/COMPLETION OF SERVICES.**

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").

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

**4. CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

**5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.**

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

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

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

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

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

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.

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

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

**7. PERSONNEL.**

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

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

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

## **8. EVENT OF DEFAULT/REMEDIES.**

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

## **9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.**

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

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

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

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

Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

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

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

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

## **14. INSURANCE.**

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

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per occurrence; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

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

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than fifteen (15) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each

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

**15. WORKERS' COMPENSATION.**

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

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

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

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

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

**19. CONSTRUCTION OF AGREEMENT AND TERMS.**

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

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

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

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

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

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

NH Department of Health and Human Services

STANDARD EXHIBIT A

SCOPE OF SERVICES

DATE: April 30, 2013

CONTRACT PERIOD: July 1, 2013 to June 30, 2015

CONTRACTOR:

NAME: Child Health Services

ADDRESS: 1245 Elm Street

Manchester, NH

03101

TELEPHONE: 603-606-5456

FAX: 603-622-7680

EMAIL: jclark@childhealthservices.org

EXECUTIVE DIRECTOR: Lisa DiBrigida, Medical Director

**I. Community-Based Care Coordination Services**

Community-Based Care Coordination Services contracted through the Special Medical Services Section will focus on providing coordinated, culturally-sensitive, family-centered and community-based care for children and youth with special health care needs (birth through 21 years of age) and their families.

**1. General Provisions:**

1.1 The Community Care Coordinator shall take primary responsibility for establishing and/or coordinating the plan and management of community-based health care, and ensuring continuity and follow-ups for children with special health care needs.

1.2 Management consists of assessment, planning, implementation and evaluation of health/medical services delivered.

- 1.3 The coordinator consults with the Special Medical Services Section regarding planning, resource location and coordination of community-based consultations, diagnostics and care planning for individual cases.
  - 1.4 Program activities include attendance at monthly community-based care coordinator meetings at State Office in Concord as well as meetings held at other locations, and additional activities as assigned by the Administrator or designee of the Special Medical Services Section.
  - 1.5 In the event of a vacancy in any of the Community Care Coordinator positions, the Contractor shall recruit for the position(s). The Special Medical Services Section shall maintain final approval in the selection process.
  - 1.6 In addition, the Special Medical Services Section retains the right to reorganize services to ensure continuity of service delivery.
  - 1.7 The Coordinator provides documentation of program accomplishments and clinical statistics through the reporting mechanism established by the Special Medical Services Section administrative staff. He/She also completes an annual report of activities and identified needs in an approved format and timeframe. Additional information may be requested at any time during the contract period, which the Contractor shall be required to submit.
- 2 Required activities of the Community Care Coordinator shall include, but not be limited to, the following:
- 2.1 Coordinates, develops, plans and implements the health treatment plan for the individual's total health care needs by obtaining and incorporating information from clients, families and local service agencies, health care providers and schools; reviews medical reports and recommendations for the purpose of initiating and adapting local individualized care plans; and communicates these recommendations to local care providers, schools, families and local service agencies.
  - 2.2 Implements policies, procedures, standards and practices to maintain consistent, quality, effective and appropriate services.
  - 2.3 Obtains and provides information regarding community-based health care and school activities to facilitate integrated and organized planning for services to children.



- 2.4 Provides direct, on-site nursing coordination services through assessment, planning, implementation and evaluation of treatment/education plans, consultation visits to schools and local health providers, and/or at-home visits as a member of the health care team.
- 2.4.1 Provides families with information on the application for Special Medical Services.
  - 2.4.2 Provides families with support in identifying and accessing resources for health coverage (e.g., NH Medicaid programs) and for financial assistance with health-related costs.
  - 2.4.3 Assesses developmental and health status of children (0-21) using standardized tests/observation techniques.
  - 2.4.4 Reviews requests for financial assistance for those eligible and makes determinations as to the authorization of payment for health-related costs consistent with the plan of care and the protocols of the Special Medical Services Section.
- 2.5 Works collaboratively with other disciplines in identifying and meeting the physical, developmental, psychological and emotional habilitation needs of children and youth with special health care needs.
- 2.6 Teaches and counsels children and their families about health conditions, and develops parent/client information materials, including wellness and injury prevention recommendations.
- 2.7 Advocates for the rights and needs of children who have special health care needs and their families.
- 2.8 Identifies and utilizes appropriate community resources to meet the needs of children and their families; and functions as a liaison among agency, family and team.
- 2.9 Plans, teaches and participates in seminars, training programs and conferences for individuals and/or groups of health professionals and the public in order to provide an understanding of the clinical condition and its effect on the child and family.
- 2.10 Provides consultation to children who have special health care needs, their families, other team members and community providers regarding management of health needs, promotion of autonomy, need for referral and continuity of service.
- 2.11 Maintains client record confidentiality information and assures that services are provided in accordance with policies and procedures of the Special Medical Services Section.
- 2.12 Promotes and participates in early case finding activities/education to assure prompt referral of infants and children with special health care needs.



- 2.13 Participates with the Special Medical Services Section to provide educational programs for families/health providers to upgrade their knowledge and skills.
  - 2.14 Participates in the planning, development and evaluation of program goals and objectives in conjunction with the Special Medical Services Section administrative staff.
  - 2.15 Participates with the Special Medical Services Section in developing, implementing and revising quality assurance activities and standards of care.
  - 2.16 Attends coordinator meetings of the Special Medical Services Section.
  - 2.17 Documents coordination/care management activities monthly and annually through timely completion and submission of encounter and activity data utilizing the format approved by the Special Medical Services Section.
    - 2.17.1 Utilizes the Special Medical Services Section care coordination documentation system for client care management and routinely updates the data system.
    - 2.17.2 Monitors and initiates with individuals and families the process of getting the Special Medical Services Section application completed annually.
    - 2.17.3 Completes an annual report (based on the State Fiscal Year) of activities and identified needs in a format and timeframe approved by the Special Medical Services Section.
- 3 Required activities of the **FACETS of Epilepsy Care in NH project** shall include, but not be limited to, the following:
- 3.1 Works with the Special Medical Services Section's administrative staff to supervise activities of the project. Participation in the activities of the Core Outcomes group, including all aspects related to coordinator activities and consultation.
  - 3.2 Planning, organization and oversight of the FACETS meetings for past Implementation grant partners as well as those in current phase of the project including participation and financial oversight.
  - 3.3 Participates in educational trainings/forums for professionals (health care providers, childcare providers and school nurses) in collaboration with the project.
  - 3.4 Participates in supporting Coordinator training and/or other statewide training initiatives.
  - 3.5 Coordinates and obtains Pediatric consultation from a Dartmouth Liaison for trainings and project development.
  - 3.6 Coordinates and incorporates the appropriate supports for Access to care for special populations.

- 3.7 Preparation of quarterly and annual reports of accomplishments, including service statistics; develops specific performance measures with benchmarks to monitor program accomplishments/effectiveness. Quarterly and annual reports shall be in a form acceptable to the Special Medical Services Section.

## II. Child Development Program Network

The Child Development Program Network will focus on providing coordinated, culturally-sensitive, family-centered and community-based, comprehensive interdisciplinary assessments of children (from birth to 7 years of age) with developmental issues.

### 1. General Provisions:

- 1.1. The Contractor will consult with the Special Medical Services Section regarding planning, resource location and coordination of community-based services.
- 1.2. Program activities include attendance at scheduled Child Development Network Meetings, and additional activities as assigned by the Administrator or designee, Special Medical Services Section.
- 1.3. In the event of a vacancy in any of the positions, the Contractor shall recruit for the position(s). The Special Medical Services Section shall maintain final approval in the selection process.
- 1.4. In addition, the Special Medical Services Section retains the right to reorganize services in the event of a vacancy to ensure continuity of service delivery.
- 1.5. The Contractor will provide documentation of program accomplishments and clinical statistics through the reporting mechanism established by the Special Medical Services Section's administrative staff. Completes an annual report of activities and identified needs in an approved format and timeframe. Also, additional information may be requested at any time during the contract period, which the Contractor shall be required to submit.

### 2. Regional Team Composition and Coordination of Services

The **Contractor** shall identify developmental pediatrician(s), community-based psychologists, allied health providers and local coordinators to participate as members of the interdisciplinary team performing child assessments, and assisting in the establishment of a plan of care for the child and family in each Regional Project Site.

- 2.1. The Developmental Pediatrician(s) shall be licensed by the State of New Hampshire, Board of Registration in Medicine. He/She shall have completed fellowship training in child development, developmental disabilities, rehabilitative medicine or have equivalent training and experience. He/She shall have at least five (5) years experience working with families who have children with developmental issues and/or birth defects in a clinical setting.

- 2.1.1. He/She must have demonstrated strong interpersonal skills in communication with primary care physicians, local early intervention and education agencies, allied health professionals and families.
- 2.1.2. He/She must be able and willing to travel within the region on assignment.
- 2.1.3. He/She must be familiar with standardized cognitive assessments and their applicability to children with specific disabilities.
- 2.2. The Community-Based Psychologist shall be licensed by the New Hampshire Board of Examiners of Psychologists as a certified psychologist, and shall possess a Doctorate degree from a recognized college or university with a major emphasis in child psychology.
  - 2.2.1. He/She shall have knowledge of the principles and practices of developmental and child psychology such as are required for assessment and treatment of infants and young children, birth to 7 years of age. Skill in behavioral observation, psychological testing (cognitive functioning), scoring and interpretation, consultation and counseling.
  - 2.2.2. He/She shall have ten (10) years experience in child psychology, three (3) of which should be serving high-risk infants, young children and their families within a family/developmental context.
  - 2.2.3. He/She must be able to work with children and other health professionals within a multidisciplinary framework.
  - 2.2.4. He/She must be able and willing to travel within the region on assignment.
  - 2.2.5. He/She shall work under the leadership of and take clinical direction from the Developmental Pediatrician at the Regional Project Site.
  - 2.2.6. Required Psychologist activities shall consist of, but not be limited to, the following:
    - a) Selects and administers psychological tests and other diagnostic procedures, including techniques for measuring functioning, as part of the assessment process at assigned regional child development clinics.
    - b) Records, scores, analyzes and interprets psychological tests and observations of child's behavior. Prepares interpretive reports to be included as part of the child development evaluation report of findings and recommendations of care.
    - c) Participates as a member of the child development diagnostic evaluation/consultation team as appropriate in the child/family-centered conference.
    - d) Meets with appropriate school personnel for observation of the child in the classroom, or in consultation about behavior problems of concern in school.
    - e) Represents the consultation team and/or regional community team in interagency or school conferences as appropriate in planning for community services on behalf of children and families seen at the Regional Project Site or community-based program.

3. Required Contractor activities shall include, but not be limited to, the following:

3.1. The Contractor shall identify an individual at the Regional Project Site to be the Regional Child Development Coordinator.

3.1.1. Minimum Qualifications: The Regional Child Development Coordinator shall be a nurse, social worker or early childhood educator with at least five (5) years experience in working with families and young children in a coordinator role.

3.1.2. Required activities of the Regional Child Development Coordinator shall include, but may not be limited to, the following:

3.1.3. Clinical Assessment:

- a) Processing referrals, gathering appropriate health, developmental and educational information, and scheduling for services.
- b) Providing information and support to the family from the initial referral to discharge.
- c) Summarizing pertinent data to other team members prior to evaluation.
- d) Preparing and integrating the family assessment into the evaluation and clinical report.
- e) Assuring accuracy, organization and completeness of final clinic reports.
- f) Assuring and monitoring the follow-up of team recommendations.
- g) Maintaining client records and confidentiality.

3.1.4. Community Relations:

- a) Informing and interpreting to other community agencies the Regional Child Development Program's philosophy and policies.
- b) Working with the Child Development consultation team and/or regional community team to utilize community resources for children and families; knowledge of area resources.
- c) Assuring the Regional Child Development Program's representation in appropriate community-based interagency planning groups.

3.1.5. Program Management:

- a) Systematic organizing of the intake, scheduling and record keeping process.
- b) Supervising support staff to carry out delegated functions.
- c) Arranging for an appropriate facility for clinic and/or community consultation.
- d) Facilitating consultation team and/or regional community team interaction at clinic and/or at community site visits.
- e) Participating in program planning at the Special Medical Services Section's evaluation of child development services.
- f) Participating in scheduled Statewide Child Development Program Network meetings to include planning and evaluation of the coordinator role and activities.
- g) Conducting an annual survey of parent satisfaction with services.

3.2. Services of the Regional Child Development Team shall include the following activities, as appropriate, on behalf of each referred child and family, and shall be provided in cooperation with the primary care physician who is serving the child, and other local human service/education agencies.

3.2.1. Early Identification/Case finding of Infants/Young Children Diagnosed or At Risk for Altered Developmental Progress or Irregularities

- a) Provide outreach to the local primary care physicians and other community-based agencies within each Regional Project Site. Outreach methodology shall be defined by the Contractor as appropriate to each child, family and community.

3.2.2. Diagnostic Evaluation Services to Referred Infants/Young Children Using a Family-Centered Approach

3.2.3. Intake Assessment:

- a) The Regional Child Development Coordinator shall accept all referrals, and collect health records and educational/developmental information for use in service plan development, and for identifying additional referral needs and future service provisions.
- b) The Regional Child Development Coordinator shall collect family information through the completion of a questionnaire, direct interview and/or home visit.
- c) Once intake information is completed, the Regional Child Development Coordinator shall complete an initial data sheet on the child and family, and distribute the information to members of the Child Development Team.

3.2.4. Triage Procedures

- a) The Regional Child Development Team shall meet to determine disposition of referrals and services to be provided.
- b) In response to early intervention entitlement under Part C, 0-3 year old referrals shall be triaged in accordance with the following: referral by the primary care physician; referral by the Area Agency/Early Intervention Program; or second opinion by the family.

3.2.5. Evaluation Services:

- a) At a minimum, the diagnostic evaluation shall consist of the following: pediatric neurodevelopment examination; an assessment of current developmental functioning; a cognitive evaluation; and a family assessment. A review of the child's current educational and treatment program will be completed when indicated. Other evaluations may be done at the discretion of the Regional Child Development Team.
- b) Efforts shall be made to integrate past data and to avoid duplication of evaluations previously performed by other physicians and/or professionals.

- c) Invitations to attend the evaluation with the family's consent shall be extended to the primary care physician or other individuals as appropriate.
- d) The Regional Child Development Team shall prepare a written report of the diagnostic evaluation documenting findings and determining the types of services that will assist the family in managing the health, developmental or educational needs of the child as well as the family. Reports shall be disseminated to parents and appropriate community professionals as designated by the family in a timely fashion.

3.2.6. Consultation, Education, Technical Assistance to other Community Agencies

- a) As appropriate for each child and family, alternative services to the diagnostic evaluation may be requested by the referring agency and may include the following: observation of the child at school, home or day care setting; individual consultation with families and/or community-based providers; or in-service and technical assistance for community-based professionals. These services shall be reviewed and approved by the consultation team and/or regional child development team based on triage criteria.
- b) Integration of a member of the consultation team and/or regional child development team into the local community developmental or educational team for the purpose of evaluation of a particular child and family.
- c) Referral to other specialty care providers and review of findings to determine further need for diagnostic evaluation services.

3.3. Accountabilities:

- 3.3.1. The Contractor shall document collaboration by indicating individuals present at team evaluation, consultation/TA meeting, and/or record review and their agency affiliation (Encounter Form).
- 3.3.2. The Contractor shall document family involvement by count of number of face-to-face encounters with family members (Encounter Form).
- 3.3.3. The Contractor shall submit monthly reports and encounter forms to the Special Medical Services Section for statistical compilation to include:
  - a) Direct Services:
    - Completed Client Data sheets ("Short Application") for all children receiving services
    - Number of direct (hands-on) diagnostic evaluations performed with full consultation team complement.



- Number of evaluations performed by each consultation team member in concert with a community-based program.
- Number of parent/school conferences held and who attended.
- Number of outreach consultations to local MD's and method.

b) Consult/Technical Assistance/Education:

- Number of consults provided and to whom.
- Number of in-services/trainings/educational sessions presented to include topic/who presented/who attended (agency affiliation) and location.

c) Community Planning Meetings:

- Number of community planning meetings held to include who attended (agency affiliation) and outcome.

3.4. Completes an annual report of accomplishments and activities.

### III. Nurse Coordinators for the Neuromotor Disabilities Program Specialty Clinics

The Nurse Coordinators for the Neuromotor Disabilities Program Specialty Clinics contracted with the Special Medical Services Section will focus on providing coordinated, culturally-sensitive, family-centered and community-based, comprehensive assessments of children (from birth to 21 years of age) with Neuromotor disabilities.

1. General Provisions:

- 1.1. The Contractor will consult with the Special Medical Services Section regarding planning, resource location and coordination of community-based services.
- 1.2. Program activities include participation in the Neuromotor Team Meetings, and additional activities as assigned by the Administrator or designee, Special Medical Services Section.
- 1.3. In the event of a vacancy in any of the positions, the Contractor shall recruit for the position(s). The Special Medical Services Section shall maintain final approval in the selection process.
- 1.4. In addition, the Special Medical Services Section retains the right to reorganize services to ensure continuity of service delivery.
- 1.5. The Contractor will provide documentation of program accomplishments and clinical statistics through the reporting mechanism established by the Special Medical Services Section's administrative staff. Completes an annual report of activities and identified needs in an

1.6. approved format and timeframe. Also, additional information may be requested at any time during the contract period, which the Contractor shall be required to submit.

2. Required activities of the Nurse Coordinator shall include, but not be limited to, the following:

2.1. The Nurse Coordinator shall function as a member of the Neuromotor Disabilities Program and take primary responsibility for establishing and/or coordinating the plan and management of clinic and community-based health care, and ensuring continuity and follow-ups for children with neuromotor handicaps and their families.

2.1.1. Management consists of assessment, planning, implementation and evaluation of health/medical services delivered.

2.2. Neuromotor Disabilities Program to include attendance at assigned Neuromotor Clinics and additional activities as assigned by the Administrator, Special Medical Services Section.

2.2.1. The anticipated annual schedule of clinics is:

Berlin	4 clinics
Lebanon/Keene	12 clinics
Manchester	12 clinics
Derry	24 clinics
Concord	12 clinics

2.3. Coordinates, plans and implements the medical treatment plan for the individual's health care needs by obtaining and incorporating information from clients, families and service agencies; reviews medical reports and writes health and social history summaries and team recommendations for the purpose of initiating individualized care plans; and communicates these recommendations to local care providers, families and service agencies.

2.4. Recommends, develops and monitors clinical policies, procedures and standards for the specialty program to maintain consistent, quality, effective and appropriate services.

2.5. Manages multidisciplinary team clinics in the assigned medical specialty program. This includes scheduling and attending clinics, directing team activities and serving as a liaison between team, community providers and families. This results in the provision of integrated and organized services to children.

2.6. Provides information regarding community-based care and school activities to team members to facilitate integrated and organized services to children.

- 2.7. Provides direct, on-site specialty nursing care through assessment, planning, implementation and evaluation of treatment/education plans at clinics and/or home visits as a member of the health care team.
- 2.8. Provides families with information on the application for Special Medical Services.
- 2.9. Provides families with support in identifying and accessing resources for health coverage (e.g., NH Medicaid programs) and for financial assistance with health-related costs.
- 2.10. Consults with hospital-based discharge planning personnel regarding resources, and coordination of community-based consultations, diagnostics and care planning.
- 2.11. Works collaboratively with other disciplines in identifying and meeting the physical, developmental, psychological and emotional habilitation needs of children with neuromotor disabilities.
- 2.12. Demonstrates specialized clinical techniques and education to professional/non-professional caregivers in order to relay specialty knowledge.
- 2.13. Attends and participates in advisory and group meetings to evaluate program needs and develop long-range program goals.
- 2.14. Assesses developmental and health status of children (0-21) using standardized tests/observation techniques.
- 2.15. Teaches and counsels children and families about health condition, and develops patient/client informational materials.
- 2.16. Advocates for the rights and needs of children who are disabled and their families.
- 2.17. Identifies, recommends, coordinates and utilizes available community resources to meet the needs of children and their families, and functions as a liaison among agency, family and team so that health care is accessible to all children.
- 2.18. Plans, teaches and participates in seminars, clinical training programs and conferences for individuals and/or groups of health professionals and the public. This provides an understanding of the clinical condition and its effect on the child and family.
- 2.19. Provides nursing consultation to children who are disabled, their families, other team members and community providers regarding management of health needs, promotion of autonomy, need for referral and continuity of service.
- 2.20. Maintains and updates client records and assures confidentiality of information that services are provided in accordance with policies and procedures of the Special Medical Services Section, NH Department of Health & Human Services.

- 2.21. Participates with team members to provide educational programs for families/health providers to upgrade their knowledge and skills.
- 2.22. Participates in the planning, development and evaluation of program goals and objectives with the Special Medical Services Section's administrative staff.
- 2.23. Participates with the Special Medical Services Section in developing, implementing and revising quality assurance activities and standards of care.
- 2.24. Attends Neuromotor Coordinator Meetings of the Special Medical Services Section when possible.
- 2.25. Documents coordination/care management activities monthly through phone logs, activity reports, client contacts/encounter sheets, and submits these reports monthly to the Special Medical Services Section, and completes an annual report all in a timely fashion for payment.
- 2.26. Meets with the Special Medical Services Section's administrative staff to jointly plan, evaluate and integrate formal educational program activities with job responsibilities as scheduled.
- 2.28. Completion of an annual report of fiscal year activities and program accomplishments.

#### IV. Comprehensive Nutrition Network (CNN)

The Comprehensive Nutrition Network (CNN) will focus on providing community-based services to children with special health care needs, birth through 21 years of age, and their families. The CNN will include, at a minimum, a staff of Pediatric Dietitians for the State of New Hampshire, and staff for Program Coordination, Clinical Management, Intake and Referral Services, Program Evaluation and Third-Party Administration for Nutrition Services. The same individual may hold more than one of the roles designated herein, or one role may be held by a single individual to meet the needs of the program and plan of work.

##### 1. General Provisions

- 1.1 The **Contractor** is responsible for providing home or community nutritional assessments, intervention and ongoing monitoring of the growth and health status of children accepted for services by the CNN and Special Medical Services (SMS).
- 1.2 The **Contractor** must assure that Pediatric Dietitians that comprise the CNN are available for consultation and technical assistance to all SMS community-based coordinators and clinic coordinators.
- 1.3 The **Contractor** shall coordinate and collaborate whenever possible with other service providers within the community. At a minimum, such collaboration will include the Feeding and Swallowing Services for Children with Special Health Care Needs (SMS)

contract). Efforts shall include collaborative training, joint planning for shared clients, interagency referrals and coordination of care.

- 1.4 The **Contractor** must provide reports on a quarterly and annual basis regarding program census, activities, QA activities and accomplishments through the reporting mechanism and in the timeframe established by the Special Medical Services Section's administrative staff. The **Contractor** must assure that data is inputted in a timely manner into the SMS Master File system. Additional information may be requested by SMS at any time during the contract period.
- 1.5 The **Contractor** should be available to develop or provide alternative means of service provision should there be an unmet need identified for a specific population of Children with Special Health Care Needs.
- 1.6 Program activities include attendance at meetings and activities as assigned by the Administrator of the Special Medical Services Section.
- 1.7 The **Contractor** will coordinate a system integrating public and private funding to sustain the availability of specialized nutrition services to children with special health care needs throughout the State.
  - Develop and maintain relationships with third-party insurance payers and public health funders.
  - Develop a system to negotiate and secure reimbursements for nutrition services, and serve as the paymaster for the established network of community-based providers' fee-for-service and training activities.
  - Establish and maintain the capacity to procure reimbursements via electronic billing systems.
- 1.8 In addition, the Special Medical Services Section retains the right to reorganize services to ensure continuity of service delivery.

## 2. Staffing Provisions

2.1 The **Contractor** must follow the staffing guidelines summarized below:

1. SMS should be notified in writing within one (1) month of hire of when a new Pediatric Dietitian is hired to work in the program. A resume of the employee shall accompany this notification.
2. In the event of a vacancy in any of the staff positions, the Contractor shall recruit for the position(s). The Special Medical Services Section shall maintain final approval in the selection process.

- 2.2 Resumes of all staff shall be submitted to SMS with the agency's application for funding.
- 2.3 The **Contractor** shall make a request in writing to SMS before hiring new program personnel that do not meet the required staff qualifications. A waiver may be granted based on the need of the program, the individual's experience and/or additional training.
- 2.4 All Dietitians shall obtain, maintain and provide documentation of State of New Hampshire Dietetic License.
- 2.5 All health professionals shall obtain and maintain an NPI number and credentialing with CAQH.
- 2.6 Dietitians shall have a Bachelor's degree in nutrition science, foods and nutrition or home economics, or a Master's degree in nutrition science, nutrition education or public health nutrition, and current Registered Dietitian status in accordance with the Commission on Dietetic Registration of the American Dietetic Association.
- 2.7 All Dietitian providers shall obtain, maintain and provide documentation of professional liability insurance.

3. Required activities of **Pediatric Dietitians** shall include, but not be limited to, the following:

- A. Obtain, evaluate and interpret the components of the comprehensive nutrition assessment, including medical and social histories, medications and nutrition-drug interactions.
- B. Review and evaluate past and current anthropometric data.
- C. Identify energy, protein, fluid and nutrient requirements.
- D. Identify and interpret physical, psychosocial, cultural and economic environment as it relates to nutritional status.
- E. Set measurable nutrition goals. Monitor effectiveness and modify or revise nutrition interventions and nutrition care plans (Medicaid requirement) as needed.
- F. Provide nutrition counseling and/or education materials to meet individual medical, physical, cultural and psychosocial needs of children with special health care needs and their families.
- G. Complete within 4 weeks of the date of assessment / follow-up, comprehensive written nutrition reports (using the template from the CNN Policy & Procedure Manual) which detail the nutrition assessment, measurable nutrition goals, recommendations and follow-up date.

Reports shall be available to families and health professionals designated by the family in the signed Medical Release Form.

H. Participate/Attend quarterly training activities with staff of the Feeding and Swallowing Services Program (SMS contract).

4. Required activities of the **Nutrition Network Coordinator** shall include, but not be limited to, the following:

- A. Develop educational materials for use by families enrolled in SMS programs.
- B. Maintain and update the policy and procedure manual for the CNN Program.
- C. Provide trainings, workshops or presentations to other agencies serving children with special health care needs (e.g., home health care providers, DCYF, daycare providers, Early Support and Services, schools, parent support groups).
- D. Collaborate, support and serve as a liaison to the DHMC-Manchester Pediatric Cystic Fibrosis Program.
- E. Create and provide regional parent trainings on specific nutrition topics in collaboration with CNN staff and the SMS contracted Feeding and Swallowing Services Program, when appropriate.
- F. Collaborate with the Feeding and Swallowing Services Program Manager, and SMS' Developmental Pediatricians in planning for the continual improvement of nutrition, feeding and swallowing services.

5. Required activities of the **Intake and Referral Coordinator** shall include, but not be limited to, the following:

- A. Assume responsibility for all data regarding the program and ensure timely submission of all required reports. Assure that all children referred for nutrition and/or feeding and swallowing service are eligible for health services through SMS.
- B. Compile needed/appropriate intake information from the referral source, families and community professionals and agencies; comply with all HIPAA (Health Insurance Portability and Accountability Act) guidelines, and secure records to ensure the privacy of children and families.
- C. Ensure timely triage of all children referred for service and assignment of cases to the appropriate community-based coordinator.



- D. Provide families with information and referral to other community-based agencies providing services to the population of children with special health care needs; direct parents/caregivers to resources (including sources of payment) in both the private public sector.
  - E. Compile and input data regarding the CNN Program as directed by the Program Coordinator.
  - F. Assign the clinical caseload to Pediatric Dietitians associated with the CNN Program.
  - G. Collaborate and provide professional support to New Hampshire programs serving children with diabetes.
6. Required activities of the Nutrition Network Coordinator and/or Intake and Referral Coordinator shall include, but not be limited to, the following:
- A. Design a quality assurance and/or evaluation plan for each year of said contract.
    - 1. Clarify the questions to be answered by the evaluation.
    - 2. Define the relevant criteria for sample selection.
    - 3. Develop the instruments necessary for an audit process, structured interview, family satisfaction survey or other methods necessary to complete the evaluation process.
    - 4. Establish timeframes for the implementation and completion of the quality assurance process/evaluation.
    - 5. Work with all CNN Program staff to ensure participation in the quality assurance/evaluation plan.
  - B. Supervise the activities of all professional and support personnel associated with the CNN Program.
  - C. Assure that Pediatric Dietitians associated with the CNN Program and professionals associated by SMS' contracted Feeding and Swallowing Services Program attends quarterly CNN Program meetings.
  - D. Provide education and consultation to community provider's (e.g., clinical coordinators and physicians).

- E. Coordinate nutrition services with other State and community agencies (e.g. Early Support and Services, WIC, Headstart, VNA's, schools).
  - F. Assume responsibility for all data regarding the program and ensure timely submission of all required reports.
  - G. Provide consultation to Pediatric Dietitians including: accompanying on visits, consulting on the phone or via e-mail, orienting to the assigned region and other agencies that serve children with special health care needs.
  - H. Implement SMS Nutrition Standards within all direct service programs by educating and consulting to teams, clinical coordinators and consulting physicians.
7. Required activities of the **Clinical Supervisor** shall include, but not be limited to, the following:
- A. Oversee the reporting process for all new Pediatric Dietitians in the CNN Program
  - B. Review caseloads of all new Pediatric Dietitians, and review nutrition assessments to ensure program accountability and quality assurance.

**NH Department of Health and Human Services**

**STANDARD EXHIBIT B**

**METHODS AND CONDITIONS PRECEDENT TO PAYMENT**

1. The Contract Price shall not exceed \$2,673,582.41. Payments shall be made during SFY 2014 and SFY 2015 in accordance with the Budget attachment. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.
2. Reimbursements for services provided shall be made by the State on a monthly basis after receipt, review and approval of monthly expenditure reports submitted by the Contractor to the State. These reports, which are based on a budget approved by the State, shall be in a form satisfactory to the State and shall be submitted no later than twenty (20) working days after the close of the month. In addition to the monthly expenditure reports required and not later than sixty (60) days after the end of the budget period, the Contractor shall submit a final expenditure report in a form satisfactory to the State.
3. The Contractor agrees to use and apply all payments made by the State for direct and indirect costs and expenses including, but not limited to, personnel costs and operating expenses related to the Services. Allowable costs and expenses shall be determined by the State in accordance with applicable State and Federal laws and regulations. The Contractor agrees not to use or apply such payments for capital additions or improvements, dues to societies and organizations, entertainment costs or any other costs not approved by the State. The Contractor must also have written authorization from the State prior to purchasing any equipment with a cost in excess of five hundred dollars (\$500) and/or with a useful life beyond one (1) year.
4. The Contractor agrees that, to the extent future legislative action by the NH General Court may impact on the services described herein, the State retains the right to modify expenditure requirements under this agreement.
5. The Contractor and/or the State may amend the contract budget through line item increases, decreases or the creation of new line items provided these amendments do not exceed the Contract Price. Such amendments shall only be made upon written request to and written approval by the State with programmatic justification.
6. In the event of a vacancy in any of the key personnel positions, the Special Medical Services Section is authorized to direct any and all budget revisions deemed necessary and appropriate by the Administrator to assure continuity of services as outlined in Exhibit A, including the cost of advertisement.
7. The Contractor shall be paid only for the total number of hours actually worked at the identified hourly rate as designated in the Budget. The total of all payments made to the Contractor for costs and expenses incurred in the performance of the Services during the period of the contract shall not exceed two million, six hundred seventy-three thousand five hundred and eighty two dollars and forty-one cents (\$2,673,582.41). As directed by the State, funds may be adjusted, if needed and justified, between State fiscal years based upon actual incurred expenses.

Contractor Initials: RAO

Date: 9/30/13

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH & HUMAN SERVICES

Page 24 of 50

**Community Based Care Coordination Services  
Special Needs Children**

<b>LINE ITEM</b>	<b>SFY 2014</b>	<b>SFY 2015</b>
<b>1. COORDINATOR SALARIES/FRINGE</b>		
a. Community Care Coordinator #1 (TG) Salary \$25.21/hr x 40 hrs/wk x 52 wks/yr(2% increase effective 10/17/13)	\$50,517.96	\$50,517.96
b. Community Care Coordinator #2 (MB) Salary \$24.00/hr x 40 hrs/wk x 52 wks/yr(2% increase effective 7/2/14)	\$47,424.00	\$47,424.00
c. Community Care Coordinator #3 (PMc) Salary \$25.21/hr x 15 hrs/wk x 52 wks/yr(2% increase effective 10/6/13)	\$19,948.80	\$19,948.80
<b>Subtotal: Coordinator Salaries</b>	<b>\$117,890.76</b>	<b>\$117,890.76</b>
<b>2. ADMINISTRATIVE SUPPORT</b>		
a. Director-Special Medical Program-Salary \$31.37/hr x 1 hr/wk x 52 wks/yr (2% increase effective 3/1/14)	\$1,638.45	\$1,638.45
b. Program Support-Salary \$14.28/hr x 15 hrs/wk x 52 wks/yr (2% increase effective 9/2/13)	\$11,325.45	\$11,325.45
<b>Subtotal: Administrative Support</b>	<b>\$12,963.90</b>	<b>\$12,963.90</b>
FRINGE 26.26%	\$34,365.20	\$34,365.20
<b>Subtotal: Salaries &amp; Fringe</b>	<b>\$165,219.86</b>	<b>\$165,219.86</b>
<b>3. COORDINATOR OPERATING EXPENSES</b>		
a. Professional Liability	\$220.00	\$220.00
b. Travel (@ IRS Rate) & Tolls	\$5,000.00	\$5,000.00
c. Continuing Education	\$600.00	\$600.00
e. Information Technology	\$1,000.00	\$1,000.00
f. Program Supplies & Office Equipment	\$1,000.00	\$1,000.00
g. Telephone	\$525.00	\$525.00
<b>Subtotal: Coordinator Operating Expenses</b>	<b>\$8,345.00</b>	<b>\$8,345.00</b>
<b>SUBTOTAL: All of the Above</b>	<b>\$173,564.86</b>	<b>\$173,564.86</b>

<b>4. DIRECT/OTHER EXPENSES</b>		
a. Cultural/Linguistic Support	\$1,000.00	\$1,000.00
b. Parent Support & Education	\$500.00	\$500.00
c. Team Meetings	\$500.00	\$500.00
<b>Subtotal: Direct/Other Expenses</b>	<b>\$2,000.00</b>	<b>\$2,000.00</b>
<b>SUBTOTAL: All line items Above</b>	<b>\$175,564.86</b>	<b>\$175,564.86</b>
<b>5. ADMINISTRATIVE COSTS/INDIRECTS</b>		
a. Administrative Fee (@ 15.95%)	\$28,002.60	\$28,002.60
b. Inkind (Admin. Fee @ 2.45%)	(\$4,301.34)	(\$4,301.34)
c. Space Allocation	\$3,275.00	\$3,275.00
d. Inkind (Office space allocation)	(\$3,275.00)	(\$3,275.00)
<b>Subtotal: Administrative Costs</b>	<b>\$23,701.26</b>	<b>\$23,701.26</b>

<b>TOTAL:</b>	<b>\$199,266.12</b>	<b>\$199,266.12</b>
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*RAO*  
5/31/13

**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
DIVISION OF COMMUNITY BASED CARE SERVICES**

**FACETS OF EPILEPSY CARE IN NEW HAMPSHIRE**

<b>LINE ITEM</b>	<b>SFY2014</b>	<b>SFY2015</b>
<b>CHS- Care Coordination Consultation</b>		
Nurse Care Coordinator Consultant	\$23,169.00	\$0.00
AS Project Coordinator	\$6,760.00	\$0.00
Supervision	\$4,941.00	\$0.00
Fringe	\$7,130.92	\$0.00
Travel (@IRS rate) & Tolls	\$3,000.00	\$0.00
<b>Subtotal Staff Related</b>	<b>\$45,000.92</b>	<b>\$0.00</b>
<b>Training/Expert Consultation</b>		
Web-based electronic resource development	\$25,000.00	\$0.00
Materials/printing	\$5,000.00	\$0.00
AS Production of Materials	\$2,250.00	\$0.00
AS Lunch & Learn/Skills Building Workshop	\$23,300.00	\$0.00
Dartmouth Liaison/pediatric consultation	\$16,000.00	\$0.00
AS Travel for Consultants/Experts	\$5,500.00	\$0.00
Access Support	\$13,000.00	\$0.00
<b>Subtotal Program Related</b>	<b>\$90,050.00</b>	<b>\$0.00</b>
<b>Subtotal Staff &amp; Program</b>	<b>\$135,050.92</b>	<b>\$0.00</b>
<b>ADMINISTRATIVE COSTS/INDIRECTS</b>		
Administrative Fee (@15.95%)	\$21,540.62	\$0.00
InKind (Administrative Fee 2.45%)	(\$3,308.75)	\$0.00
<b>Subtotal Indirect Costs</b>	<b>\$18,231.87</b>	<b>\$0.00</b>
<b>TOTAL</b>	<b>\$153,282.79</b>	<b>\$0.00</b>

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH & HUMAN SERVICES

**Child Development Program Network**

LINE ITEM	FY2014	FY2015
<b>I. PROFESSIONAL SERVICES</b>		
a. Psychologists	\$71,667.26	\$71,667.26
b. Developmental Pediatricians	\$67,284.83	\$67,284.83
c. Allied Health Professionals	\$6,375.00	\$6,375.00
d. Interpreters	\$550.00	\$550.00
<b>Subtotal: Professional Services</b>	<b>\$145,877.09</b>	<b>\$145,877.09</b>
<b>II. PERSONNEL SALARIES/ FRINGE</b>		
a. Director, Special Medical Program \$31.37/hr x 28 hrs/wk x 52 wks/yr (2 % increase effective 3/1/14)	\$45,974.60	\$45,974.60
b. Regional Clinic Coordinator \$25.71/hr x 37.5 hrs/wk x 52 wks/yr (2% increase effective 7/1/13)	\$50,134.50	\$50,134.50
c. Program Support \$14.17/hr x 37.5 hrs/wk x 52 wks/yr (2% increase effective 2/1/14)	\$27,852.01	\$27,852.01
d. Program Biller \$17.50/hr x 3 hrs/wk x 52 wks/yr (2% increase effective 11/6/13)	\$2,765.70	\$2,765.70
f. Fringe (23.69%)	\$29,993.95	\$29,993.95
<b>Subtotal: Personnel Salaries &amp; Fringe</b>	<b>\$156,720.76</b>	<b>\$156,720.76</b>
<b>Subtotal: Professional/Personnel</b>	<b>\$302,597.85</b>	<b>\$302,597.85</b>
<b>III. DIRECT /OTHER SERVICES</b>		
a. Medical Transcription	\$3,500.00	\$3,500.00
b. Continuing Education	\$1,000.00	\$1,000.00
c. Travel (@ IRS rate) & Tolls	\$2,040.00	\$2,040.00
d. Office Supplies	\$1,450.00	\$1,450.00
e. Program Materials/Clinic Supplies	\$1,000.00	\$1,000.00
f. Community Relations/CDP Network Meetings	\$1,000.00	\$1,000.00
g. Information Technology	\$1,000.00	\$1,000.00
h. Tests, Journals, Educational Materials	\$2,500.00	\$2,500.00
<b>Subtotal: Direct/Other Services</b>	<b>\$13,490.00</b>	<b>\$13,490.00</b>
<b>Subtotal: All Line Items Above</b>	<b>\$316,087.85</b>	<b>\$316,087.85</b>
<b>IV. SUBCONTRACTED COMMUNITY CLINICAL SERVICES</b>		
a. Community Health & Hospice, Inc. Lakes Region Clinic	\$22,542.00	\$22,542.00
b. Boothby Therapy Services (OT for Lakes Region Clinic)	\$4,727.70	\$4,727.70
c. Elliot Hospital Clinic	\$39,922.80	\$39,922.80
d. Weeks Medical Center	\$64,988.28	\$64,988.28
<b>Subtotal: Subcontracted Community Clinical Services</b>	<b>\$132,180.78</b>	<b>\$132,180.78</b>
<b>SUBTOTAL OF ALL THE ABOVE</b>	<b>\$448,268.63</b>	<b>\$448,268.63</b>
<b>V. ADMINISTRATIVE COSTS/INDIRECTS</b>		
a. Administrative Fee (@ 15.95%)	\$71,498.85	\$71,498.85
b. Inkind (Admin. Fee 2.45%)	(\$10,982.58)	(\$10,982.58)
c. Space Allocation	\$8,058.00	\$8,058.00
d. In-kind (Office space allocation)	(\$1,656.00)	(\$1,656.00)
<b>Subtotal: Indirect Costs</b>	<b>\$66,918.27</b>	<b>\$66,918.27</b>
<b>TOTAL</b>	<b>\$515,186.90</b>	<b>\$515,186.90</b>

Exhibit B-1 Budgets  
Child Health Services, Inc.

Page 3 of 5

Contractor Initials

Date 5/31/13

Contractor Initials: RAD



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
Neuromotor Disabilities Clinical Program

LINE ITEM	SFY2014	SFY2015
<b>1. PROFESSIONAL SERVICES</b>		
a. Pediatric Orthopedist-Manchester Clinic	\$16,500.00	\$16,500.00
b. Developmental Pediatrician Berlin/Keene/Lebanon clinics	\$17,136.00	\$17,136.00
<b>Subtotal: Professional Services</b>	<b>\$33,636.00</b>	<b>\$33,636.00</b>
<b>2. CLINIC COORDINATION SERVICES</b>		
a. Public Health Nurse -- Manchester Clinic Salary \$25.21/hr x 40 hrs/wk x 52 wks/yr (2% increase effective 1/23/14)	\$52,896.80	\$52,896.80
b. Public Health Nurse Coordinator Salary Derry/Keene/Lebanon clinics \$25.21/hr x 40 hrs/wk x 52 wks/yr (2% increase effective 9/15/13)	\$53,256.80	\$53,256.80
c. Continuing Education	\$500.00	\$500.00
d. Travel (@ IRS rate) & Tolls	\$2,000.00	\$2,000.00
e. Professional Liability	\$3,675.00	\$3,675.00
f. Medical Equipment	\$200.00	\$200.00
g. Program Materials & Clinic Supplies	\$1,625.00	\$1,625.00
h. Telephone	\$335.00	\$335.00
<b>Subtotal: Clinic Coordination Services</b>	<b>\$114,488.60</b>	<b>\$114,488.60</b>
<b>3. Director, Special Medical Program</b>		
Salary \$31.37/hr x 2 hrs/wk x 52 wks/yr (2% increase effective 3/1/14)	\$3,283.90	\$3,283.90
<b>4. Program Support</b>		
Salary \$14.71/hr x 37.5 hrs/wk x 52 wks/yr (2% increase effective 5/12/14)	\$28,760.63	\$28,760.63
<b>5. Program Biller/Analyst</b>		
Salary \$17.50/hr x 3 hrs/wk x 52 wks/yr (2% increase effective 11/6/13)	\$2,765.70	\$2,765.70
<b>Subtotal: Administrative Salaries</b>	<b>\$34,810.23</b>	<b>\$34,810.23</b>
FRINGE (25.23%)	\$35,568.30	\$35,568.30
<b>Subtotal: Professional/Personnel</b>	<b>\$218,503.13</b>	<b>\$218,503.13</b>
<b>7. DIRECT / OTHER SERVICES</b>		
<b>a. Direct Services</b>		
Interpreter Services	\$4,000.00	\$4,000.00
<b>b. Other Services</b>		
Travel (overnight stays) & Mileage for Developmental Pediatrician	\$1,500.00	\$1,500.00
Medical Transcription for Neuromotor Clinics	\$9,500.00	\$9,500.00
Office Equipment / Information Technology	\$1,200.00	\$1,200.00
Estimated Space Allocation for Keene/Lebanon clinics	\$1,000.00	\$1,000.00
<b>Subtotal: Direct/Other Services</b>	<b>\$17,200.00</b>	<b>\$17,200.00</b>
<b>SUBTOTAL OF ALL THE ABOVE</b>	<b>\$235,703.13</b>	<b>\$235,703.13</b>
<b>8. ADMINISTRATIVE COSTS/INDIRECTS</b>		
a. Administrative Fee (@ 15.95%)	\$37,594.65	\$37,594.65
b. Inkind (Admin. Fee @ 2.45%)	(\$5,774.73)	(\$5,774.73)
c. Space Allocation	\$2,425.00	\$2,425.00
d. Inkind (space allocation)	(\$673.00)	(\$673.00)
<b>Subtotal: Indirects</b>	<b>\$33,571.92</b>	<b>\$33,571.92</b>
<b>TOTAL</b>	<b>\$269,275.05</b>	<b>\$269,275.05</b>

*RAO*  
5/31/13



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH & HUMAN SERVICES**

**Comprehensive Nutrition Network**

<b>LINE ITEM</b>	<b>SFY2014</b>	<b>SFY2015</b>
<b>I. PROFESSIONAL SALARIES &amp;</b>		
a. Intake & Referral Specialist (KL) Salary (\$25.26/hr x 22.5 hrs/wk x 52 wks/yr) 2% increase effective 9/2/13	\$30,047.63	\$30,047.63
b. Nutrition Network Coordinator (HW) Salary (\$25.26/hr x 22 hrs/wk x 52 wks/yr) 2% increase effective 9/2/13	\$28,897.44	\$28,897.44
c. Director of Special Medical Program Salary (\$31.37/hr x 8 hrs/wk x 52 wks/yr) 2% increase effective 3/1/14	\$13,135.60	\$13,135.60
d. Program Support Salary (\$14.28/hr x 22.5 hrs/wk x 52 wks/yr) 2% increase effective 9/2/13	\$16,988.18	\$16,988.18
e. Biller Salary (\$17.50 x 8 hrs/wk x 52 wks/yr) 2% increase effective 11/6/13	\$10,075.20	\$10,075.20
f. FRINGE (25.48%)	\$25,260.75	\$25,260.75
<b>Subtotal: Professional Salaries &amp; Fringe</b>	<b>\$124,404.80</b>	<b>\$124,404.80</b>
<b>II. PROFESSIONAL SERVICES</b>		
a. Regional Nutritionists	\$100,713.14	\$100,713.14
b. North Country Services Stipend	\$775.00	\$775.00
c. Regional Nutritionists Training	\$7,450.00	\$7,450.00
d. Cultural/Linguistic Support	\$900.00	\$900.00
f. Diabetes Education	\$0.00	\$0.00
<b>Subtotal: Professional Services</b>	<b>\$109,838.14</b>	<b>\$109,838.14</b>
<b>SUBTOTAL OF ALL ABOVE:</b>	<b>\$234,242.94</b>	<b>\$234,242.94</b>
<b>III. DIRECT EXPENSES</b>		
a. Program Supplies	\$1,000.00	\$1,000.00
b. Information Technology	\$700.00	\$700.00
c. Continuing Education	\$200.00	\$200.00
d. Travel (@ IRS rate) & Tolls	\$300.00	\$300.00
<b>Subtotal: Direct Expenses</b>	<b>\$2,200.00</b>	<b>\$2,200.00</b>
<b>SUBTOTAL OF ALL ABOVE</b>	<b>\$236,442.94</b>	<b>\$236,442.94</b>
<b>IV. ADMINISTRATIVE COSTS/INDIRECTS</b>		
a. Administrative Fee (@ 15.95%)	\$37,712.65	\$37,712.65
b. Inkind (Admin. Fee @ 2.45%)	(\$5,792.85)	(\$5,792.85)
c. Space Allocation	\$8,059.00	\$8,059.00
<b>Subtotal: Administrative Costs</b>	<b>\$39,978.80</b>	<b>\$39,978.80</b>
<b>TOTALS:</b>	<b>\$276,421.74</b>	<b>\$276,421.74</b>

## NH Department of Health and Human Services

## STANDARD EXHIBIT C

SPECIAL PROVISIONS

**1. Contractors Obligations:** The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

**2. Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.

**3. Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.

**4. Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.

**5. Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.

**6. Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.

**7. Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.

**8. Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:

**8.1** Renegotiate the rates for payment hereunder, in which event new rates shall be established;

**8.2** Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

**8.3 Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder.** When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

## **RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:**

**9. Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:

**9.1 Fiscal Records:** books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

**9.2 Statistical Records:** Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

**9.3 Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

**10. Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the Contractor fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.

**10.1 Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.

**10.2 Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.

**11. Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.

Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

**12. Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department.

**12.1 Interim Financial Reports:** Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.

**12.2 Final Report:** A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

**13. Completion of Services:** Disallowance of Costs: Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

**14. Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:

**14.1** The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, 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.

**15. Prior Approval and Copyright Ownership:**

All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.

**16. Operation of Facilities:** Compliance with Laws and Regulations: In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any 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 Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

**17. Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate



- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- DHHS shall review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

#### **SPECIAL PROVISIONS – DEFINITIONS**

As used in the Contract, the following terms shall have the following meanings:

**COSTS:** Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

**DEPARTMENT:** NH Department of Health and Human Services.

**PROPOSAL:** If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

**UNIT:** For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

**FEDERAL/STATE LAW:** Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

**SUPPLANTING OTHER FEDERAL FUNDS:** The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.

NH Department of Health and Human Services

STANDARD EXHIBIT C-I

ADDITIONAL SPECIAL PROVISIONS

1. Subparagraph 7.2 of the General Provisions of this agreement is hereby amended to read:  
  
"7.2. 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 has a contractual relationship with the State, or who is a State employee or official, elected or appointed, without prior written consent of the State. The Contracting Officer specified in Block 1.9 or his/her successor shall determine whether a conflict of interest exists."
  
2. Subparagraph 9.3. of the General Provisions of this agreement is deleted and the following paragraph added:  
  
"9.3. The State, and anyone it shall designate, and the Contractor shall have authority to publish, disclose, distribute and otherwise use, in whole or in part, all data, provided such data, when published, disclosed, distributed or otherwise used, shall not disclose any personal identifiers or confidential information as to any individual or organization without the prior written consent of such individual or organization."
  
3. Paragraph 14. of the General Provisions of this agreement is hereby amended to read:  
  
"14.1. The Contractor shall, at its sole expense, obtain and maintain in force, for the benefit of the State, the following insurance:  
  
14.1.1. Comprehensive general liability insurance in amounts not less than \$1,000,000 each occurrence and \$2,000,000 aggregate.  
  
14.2. The policies described in subparagraph 14.1. of this paragraph shall be the standard form employed in the State of New Hampshire. Each policy shall contain a clause prohibiting cancellation or modification of the policy earlier than ten (10) days after written notice thereof has been received by the State."
  
4. The following paragraphs shall be added to the General Provisions of this agreement:  
  
"22.1. Records and Accounts Between the Effective Date and the date seven (7) years after the Completion Date, the Contractor shall keep detailed accounts of all expenses incurred in connection with the Services including, but not limited to, costs of administration, transportation, insurance, telephone calls and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents."

"22.2. Between the Effective Date and the date seven (7) years after the Completion Date, at any time during the Contractor's normal business hours and as often as the State shall demand, the Contractor shall make available to the State all records pertaining to matters covered by this agreement. The Contractor shall permit the State to audit, examine and reproduce such records and to make audits of all invoices, materials, payrolls, records of personnel, data (as that term is hereinafter defined) and other information relating to all matters covered by this agreement. As used in this paragraph, "Contractor" includes all persons, natural or fictional, affiliated with, controlled by or under common ownership with, the entity identified as the Contractor in Block 1.3 of these General Provisions."

"22.3. Inspection of Work Performed: The State or an authorized representative shall, at all reasonable times, have the right to enter into Contractor's premises, or such other places where duties under the contract are being performed, to inspect, monitor or otherwise evaluate the work being performed. The Contractor and all subcontractors must provide access to all reasonable facilities and assistance for State representatives. All inspections and evaluations shall be performed in such a manner as will not unduly delay work."

"22.4. Under the provisions of the Contract, personnel benefits for the Key Personnel shall be consistent with and in accordance to any adopted personnel policies of the contractor specified in Block 1.3. Health insurance benefits shall be designated by the Contract Budget."

6. Following the approval by the Governor and Executive Council, this contract shall commence on or about July 1, 2013 and terminate on June 30, 2015, with an option for renewal by way of a 2-year extension (July 1, 2015 – June 30, 2017) subject to availability of funding and priorities, satisfactory performance of the Scope of Services by the Contractor, mutual agreement by the parties and approval of contract renewals by the Governor and Executive Council.
7. Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account identified in block 1.6, or any other account, in the event funds are reduced or unavailable.



**NH Department of Health and Human Services**

**STANDARD EXHIBIT D**

**CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act 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

- (A) The grantee certifies that it will or will continue to provide a drug-free workplace by:
- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - (b) Establishing an ongoing drug-free awareness program to inform employees about
    - (1) The dangers of drug abuse in the workplace;
    - (2) The grantee's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
    - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) 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)

1245 Elm Street, Manchester, NH 03101

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

Child Health Services

From: 7/1/2013 To: 6/30/2015

(Contractor Name)

(Period Covered by this Certification)

Lisa DiBrigida, Medical Director

(Name & Title of Authorized Contractor Representative)

Lisa DiBrigida, MD Medical Director  
(Contractor Representative Signature)

5/31/13  
(Date)

## NH Department of Health and Human Services

## STANDARD EXHIBIT E

CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

\*Temporary Assistance to Needy Families under Title IV-A

\*Child Support Enforcement Program under Title IV-D

\*Social Services Block Grant Program under Title XX

\*Medicaid Program under Title XIX

\*Community Services Block Grant under Title VI

\*Child Care Development Block Grant under Title IV

Contract Period: July 1, 2013 through June 30, 2015

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.

 Medical Director  
(Contractor Representative Signature)

Lisa DiBrigida, Medical Director  
(Authorized Contractor Representative Name & Title)

Child Health Services  
(Contractor Name)

5/31/13  
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT F

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

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

**INSTRUCTIONS FOR CERTIFICATION**

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this 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 information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

#### **PRIMARY COVERED TRANSACTIONS**

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - (b) have not within a three-year period preceding this proposal (contract) been convicted 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;
  - (c) are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - (d) have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

NH Department of Health and Human Services

STANDARD EXHIBIT G

CERTIFICATION REGARDING  
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

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

1. By signing and submitting this proposal (contract) the Contractor agrees to make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.

Lisa DiBrigida, MD Medical Director  
(Contractor Representative Signature)

Lisa DiBrigida, Medical Director  
(Authorized Contractor Representative Name & Title)

Child Health Services  
(Contractor Name)

5/31/13  
(Date)



## NH Department of Health and Human Services

## STANDARD 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.

Lisa DiBrigida MD Medical Director  
(Contractor Representative Signature)

Lisa DiBrigida, Medical Director  
(Authorized Contractor Representative Name & Title)

Child Health Services  
(Contractor Name)

5/31/13  
(Date)

Contractor Initials: LD  
Date: 5/31/13



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## NH Department of Health and Human Services

**STANDARD 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 and those parts of the HITECH Act 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.

**BUSINESS ASSOCIATE AGREEMENT**

**(1) Definitions.**

- a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
- 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.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 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 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- 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, unreasonable, 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) 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, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do 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 HITECH Act, Subtitle D, Part 1, Sec. 13402 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 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. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec. 13404.
- c. 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.
- d. 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)b and (3)k herein. 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 pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. 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.
- f. 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.
- g. 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.

- h. 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.
- i. 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.
- j. 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.
- k. 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 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 standard provision #10 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, and the HITECH Act as 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 and the HITECH Act.
- 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 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

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

Bureau of Dev. Services, Special Medical Services  
The State Agency Name

Child Health Services  
Name of the Contractor

Nancy L. Rollins  
Signature of Authorized Representative

Lisa DiBrigida MD  
Signature of Authorized Representative

Nancy L. Rollins  
Name of Authorized Representative

Lisa DiBrigida, MD  
Name of Authorized Representative

Associate Commissioner  
Title of Authorized Representative

Medical Director  
Title of Authorized Representative

31 May 2013  
Date

5/31/13  
Date



NH Department of Health and Human Services

STANDARD 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:
  - a. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
  - b. 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.

Lisa DiBrigida, MD Medical Director

Lisa DiBrigida, Medical Director

(Contractor Representative Signature)

(Authorized Contractor Representative Name & Title)

Child Health Services

5/31/13

(Contractor Name)

(Date)

Contractor initials: LD  
Date: 5/31/13  
Page # 49 of Page # 50

NH Department of Health and Human Services

STANDARD 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.

1. The DUNS number for your entity is:

956030480

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?

☒ 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: \_\_\_\_\_

Contractor initials: LAO  
Date: 5/31/13  
Page # 50 of Page # 50

**CHILD HEALTH SERVICES**  
**MANCHESTER, NEW HAMPSHIRE**

**JUNE 30, 2012**



## INDEPENDENT AUDITORS' REPORT

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

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

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

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

In accordance with *Government Auditing Standards*, we have also issued our report dated December 13, 2012 on our consideration of Child Health Services' internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be read in conjunction with this report in assessing the results of our audit.

Our audits were conducted for the purpose of forming an opinion on the financial statements of Child Health Services taken as a whole. The accompanying schedule of expenditures of federal awards as of June 30, 2012 is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the financial statements as a whole.

*Howe, Riley & Howe, PLLC*

December 13, 2012

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

ASSETS

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

LIABILITIES AND NET ASSETS

LIABILITIES

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

NET ASSETS (DEFICIT)

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

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

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

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

(Continued)

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

(Continued)

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

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



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

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

(Continued)

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

(Continued)

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

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

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

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

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

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

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

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

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

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

(Continued)

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

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

SUPPLEMENTAL INFORMATION:

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

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

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

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

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

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



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

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

(Continued)

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

(Continued)

<u>Federal Grantor/Pass-through Grantor/Program Title</u>	<u>Federal CFDA Number</u>	<u>Pass-Through Entity Identifying Number</u>	<u>Federal Expenditures</u>
<b>State of New Hampshire, Department of Health &amp; Human Services, Office of Minority Health and Refugee Affairs</b>			
OMHRA Mini-Grant Mental Health	93.296	010-095-5010-95097003	2,000
Total Health and Human Services			589,093

**U.S. Department of Housing and Urban Development**

**Pass-through programs from:**

<b>City of Manchester, NH</b>			
Community Development Block Grant	14.218	211409	70,000
Community Development Block Grant	14.218	211308	20,000
Total Housing and Urban Development			90,000

**U.S. Environmental Protection Agency**

**Pass-through programs from:**

<b>City of Manchester, NH</b>			
Manchester's Multi-lingual Asthma Education and Outreach Program	66.110	213908	294
Total expenditures of federal awards			<u>\$ 679,387</u>

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

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



#### **BOARD OF DIRECTORS**

Steve Paris, MD, *President*  
Denise McDonough, *Vice-President*  
Ted Krantz, *Treasurer*  
Laurie Glaude, *Secretary*

#### **DIRECTORS**

Andrea Chatfield  
Kathleen Davidson  
Gary Lindner, DMD  
Robert MacPherson  
Christine Madden  
Brian McLaughlin  
John M. Mercier  
Timothy Riley  
Norm Turcotte

#### **MEDICAL DIRECTOR**

Lisa Allard DiBrigida, MD

### **Child Health Services Mission Statement**

Founded in 1980, Child Health Services (CHS) is dedicated to improving the health and well being of children from low income families in the Greater Manchester area. A fully integrated system of bio-psychosocial health care, social services and nutrition services, CHS is a medical home delivering specialized care that is adapted to the physical and psychosocial needs of children. The interventions prescribed and promoted by CHS are designed to help children and their families function to their full capacity.

*Established in 1980,  
Child Health Services (CHS)  
is a non-profit pediatric clinic  
providing comprehensive health  
care for children from families  
living in the Greater Manchester  
area who cannot afford to use the  
traditional health care system or  
cannot make it adapt to their needs.*

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[www.childhealthservices.org](http://www.childhealthservices.org)

**KEY ADMINISTRATIVE PERSONNEL FISCAL YEAR 2014-2015.**

Agency Name: Child Health Services.

SFY	NAME	POSITION TITLE	ANNUAL SALARY	% FROM CONTRACT
2014-2015	Lisa DiBrigida	Medical Director	\$96,459	0%
2014-2015	Janet Clark	Director Special Medical Programs	\$65,249	100%

Contractor Initials: *BP*  
Date: 5/31/13

**LISA ALLARD DIBRIGIDA, MS, MD**

## **EMPLOYMENT EXPERIENCE**

### **MEDICAL**

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

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

**Assistant Professor**, Manchester, NH  
Massachusetts School of Pharmacy      October 2000 to 2004

Teacher in the Physician's Assistant Program

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

Pediatric Supervisor and Preceptor      April 2003 to Present

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

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

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

## CONSULTANT

### **Community Advocate, NH**

Early Learning NH 2006-2007

Lead Poisoning Prevention Advisory Group 2007-2009

Asthma Advisory Group 2005-2008

**Child Care Consultant, Manchester, NH** August 2001-2003

- Medical consultant on Comprehensive team that includes educator and mental health providers
- Consultant to three Child Care facilities in the city of Manchester
- Observation of children within their child care environment
- Recommend improvements
- Aide in the implementation of plans to help children with optimal growth and development

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

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

## EDUCATOR

**Kindergarten Teacher, Bedford, NH** September 2000, Dec 2000 to January 2001

Bedford Village Morning School

Substitute in classroom of 12 children

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

**Assistant Kindergarten Teacher, Manchester, NH** 1984-1985  
Greater Manchester Child Care Center



## **VOLUNTEER EXPERIENCE**

<u>VNA of Manchester</u> , Board Member	2008-Present
<u>YMCA</u> , Board Member	2006-Present
Executive Advisory Board	2007- Present
<u>The Bean Foundation</u> , Trustee	2004-2010
Chairman	2007-2009
<u>Easter Seal Society</u> , Board Member	1995 -2000
Chairman of the Board	2001- 2002
<u>Child &amp; Family Services</u> , Board Member	1993-1996

## **EDUCATION**

<b>Dartmouth Medical School</b> , Hanover, NH	MD June 1990
<b>Wheelock College</b> , Boston, MA	MS in Early Intervention, August 1986
<b>Dartmouth College</b> , Hanover, NH Third Honors Group, 1984	BA in Psychology, June 1984
<b>Phillips Exeter Academy</b> , Exeter, NH	Graduated with Honors, June 1980

## **TRAINING**

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

### **AFFILIATIONS**

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

New Hampshire Pediatric Society  
Treasurer, 1999-2002  
Chairman of Child Health Month Committee  
Member of Executive Committee, 1994- 2004

### **PUBLICATIONS**

AL Olson and LA DiBrigida  
Depressive symptoms and work role satisfaction in mothers of  
toddlers.  
Pediatrics, 1994 94:363-367

JANET E. CLARK

**WORK EXPERIENCE:**

**Child Health Services, 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 CHS Management Team and report directly to the Executive Director.
- Responsible for contract management and compliance with state and federal mandates.
- Supervise 15 CHS employees and 19 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).
- Developed 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 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)

1995-1997

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

Regional Clinic Coordinator – Genetics Services Program

Feb 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 families.
- Obtained medical history, pedigree and provided family support at clinic.

**Child Health Services**

Family Support Worker

Feb 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

Graduate courses in counseling at Connecticut College, New London, CT 1979-1980

University of New Hampshire, Durham, NH,  
B.A., Social Work, Providence College, Providence, R.I.

In-service training/conferences: PDD/Autism, A-D/HD, Family Support, Genetics, Spectrum of  
Developmental Disabilities, Johns Hopkins University, CHAD Child Maltreatment Conferences

References available upon request.

## **Child Development Clinic**

- Janet Clark, Director of Special Medical Programs
- E. Nancy Evans, M. Ed, Clinic Coordinator
- Katy Gautsh, Clinic Coordinator
- Elisabeth Mensinger, Program Assistant
- Kathleen Foote, MA
- Joseph Fish, Ph.D
- Kathryn Workman, PH.D
- Anna Hutton, Psy.D
- Elise Bon-Rudin, Ed.D
- Cynthia Kahn, MD
- Jan McGonagle, MD
- Carol Andrew, EdD, OTR
- Joseph Keenan, PhD
- James McGuire, MD

## Kathleen M. Foote

### Education:

M.Ed. plus 30 hours – Clinical Psychology/Special Education University of Maine at Orono	1975
B.S - Magna cum Laude – Psychology University of Massachusetts at Amherst	1972

### Employment

<u>Child Development Coordinator</u> - North Country Child Development Clinic Coordinate all activities of diagnostic clinic at Weeks Medical Center, Lancaster, NH 603 788-5304	2002 - present
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<u>School Psychologist</u> (certified, New Hampshire)	2002 – present
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Currently working in NH School Administrative Districts of  
SAU 4 and 48  
Subcontracted through Joseph Keenan, Ph.D., PLLC  
Phone: 603-788-2288

Responsibilities: Conduct psycho-educational evaluations, consult to teachers and  
parents regarding educational and behavior management techniques, evaluate suspected  
cases of dyslexia, emotional handicapping conditions, and other learning related  
disabilities.

<u>Assistant Executive Director</u>	2000 – 2001
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Tri-County Association of Retarded Citizens  
Columbia, CT 06237  
Phone: 860 228-2070

Responsibilities: Human resources supervision for 89 employees in unionized  
program serving adults in residential and work settings. Grant writing,  
personnel handbook development, provision of trainings.  
Resigned to relocate with spouse.

<u>Director of Mental Health Services</u>	1993 – 2000
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Mercy Housing and Shelter Corporation  
Hartford, CT 06106  
Phone: 860 724-7988



## Education and Diversity Consultation Activities:

- Granite State College – Participate on Curriculum Development Team to develop the Early Childhood Special Education certification program and write curriculum for EDU 766 Collaboration, Consultation And Teaming In Early Childhood Education: Roles And Responsibilities
- SERESC /Preschool Technical Assistance Network (PTAN) Project Facilitator - providing staff support and training activities that foster collaboration among agencies and providers who work with and care for young children and their families
  - PTAN/Cornerstone Project – Preschool-Sub-committee Facilitator – facilitate group developing child outcomes and indicators that demonstrate the effectiveness of preschool special education programs
  - PTAN/Child Care Inclusion Project – provide consultation and training to child care providers in their efforts to support children with special needs in their care
  - Early Childhood Diversity Initiatives – facilitate task force in the development of ‘Indicators of Culturally Responsive Early Childhood Programs’; participate in the development of revised Child Care Basics Anti-Bias Curriculum
  - New Hampshire Early Learning Guidelines Task Force – Represent PTAN and the needs of young children with disabilities on the statewide task force developing early learning guidelines for children from birth through age five.
- Area Agency for Developmental Services of Greater Nashua (Currently Gateways Community Services) - Consultant, curriculum development, project management and trainer for the Agency’s cultural competence initiative with the Endowment for Health
- Seacoast Mental Health Center – Trainer culturally competent service delivery
- NH DOE/Sp.Ed. Bureau - Early Education Curriculum Initiative - Project Coordinator – Coordinate work group to study, develop and recommend Curriculum Guidelines and Benchmarks for children ages 3-5
- NH DOE/Sp.Ed. Bureau - Early Childhood Settings Project - Project Coordinator – Coordinate task force to support the Bureau in redefining preschool settings/placements categories for young children w/special needs
- Manchester, Bedford, and Merrimack School Districts – Consultant/trainer to early childhood programs on the implementation of the Creative Curriculum©
- Weare School District – Facilitate teacher workgroup on strategies to introduce and implement a new reading series into their school community
- Dover School District – Consultant/trainer Best Schools Initiative and consultant to preschool special education program
- Laconia School District – Consultant to preschool special education program
- Raymond School District – Consultant to preschool special education program
- Kids ‘n Culture Project – Project Coordinator for the Early Childhood Diversity Initiative.
- NH Dept. Health and Human Services/Early Supports and Services- Cluster group facilitator for the Office of Special Education monitoring and review process of Part C programs
- NH Child Care Quality Assurance and Peer Review Initiative – Facilitator in development and dissemination of Career Lattice for Early Care and Education professionals in New Hampshire; Early Childhood Career Development Task force

Director of program serving 33 persons with severe mental illness, staff of 20 professionals. Grant writing, crisis intervention and training, develop innovative hospital diversion program in shelter setting.  
Resigned for professional advancement.

Personal Assistant and Consultant

1987 – 1992

M. Scott Peck, M.D.,  
Bliss Road  
New Preston, CT 06777  
Phone: Deceased

Assistant to best selling psychiatrist/author. Respond to media, responsible for responding to sensitive mail, consult to Dr. Peck regarding his philanthropical Work and fund-raising, assist Dr. Peck with organizational consultation, plan and participate in two Jewish/Christian/Muslim community building workshops with world faith leaders. Resigned when Dr. Peck retired.

Director of Children's Services

1979 – 1980

Aroostook County Action Program  
Presque Isle, ME 04769  
Phone: 207 764-3721

Director of a 10-center Head Start program as well as day care and home based day care programs. Awarded honors for highly successful Federal In-Depth Validation.  
Resigned for marriage and subsequent child rearing.

Director of Consultation and Education

1975 – 1979

Community Health and Counseling Services  
Bangor, Maine 04401  
Phone: 207 947-0366

Began as School Mental Health Consultant. Promoted to Director of School Services then to Director of Consultation and Education. Developed sophisticated child mental health service provision to public schools, promoted and coordinated large professional development program with speakers including Bruno Bettelheim and Elizabeth Kubler-Ross. Supervised Criminal Justice consultation program.  
Resigned due to offer of position in Aroostook County.

Other    Certified New Hampshire School Psychologist  
          Certificate in Teaching English as a Foreign Language  
          Certificate in Wildlife Rehabilitation (International Wildlife Rehabilitators Council)  
          Member of New Hampshire Association of School Psychologists  
          Member International Wildlife Rehabilitators Association

References upon request.

**Name:** Joseph Fish, Ph.D.

**Education:**

1970	B.A.	Brooklyn College
1974	M.S.	Brooklyn College
1977	M.S.	Long Island University
1984	Ph.D.	Boston College

**Predoctoral Training:**

Clerkship:  
1976-1977 Bureau of Child Guidance  
Brooklyn, NY

**Postdoctoral Training:**

1986-1988 Clinical Fellow in Psychology  
Harvard Medical School; Children's Hospital  
Boston, MA

**Professional Credentials:**

New Hampshire: Licensed Psychologist  
Certified School Psychologist

**Hospital Privileges:**

1989-1997 Elliot Hospital, Manchester, NH; Ancillary Staff  
Catholic Medical Center, Manchester, NH: Specified  
Professional Personnel

**Current Positions:**

Psychology Consultant: Special Medical Services;  
State of New Hampshire: Health and Human  
Services, Division of Community Based Care Services  
(7/90)

Consulting Psychologist: Child Health Services,  
Manchester, NH (7/91)

**Other Professional Positions:**

1995-2006	Staff Psychologist, LaMora Psychological Associates; Bedford, NH
2000-2001	Consulting School Psychologist, Mont Vernon Elementary School; Mont Vernon, NH
1996-2000	Project Director A-D/HD Clinic Grant; Child Health Services
1990-2000	Consulting School Psychologist: Merrimack School District; Merrimack, NH
1995-1995	Consulting Psychologist: Manchester School Department; Manchester, NH
1989-1995	Staff Psychologist, Behavioral Medicine Unit: Northeast Psychiatric Associates, Manchester; NH
1990-1995	Staff Psychologist: Merrimack Valley Counseling Associates; Nashua, NH
1991-1992	Consulting School Psychologist: Concord Public Schools; Concord, NH
1990-1991	Consulting School Psychologist: Winnesquam Regional School District; Tilton, NH
1989-1990	Consultant: Bedford Family Resources; Bedford, NH
1988-1989	Consulting Psychologist: Child Development Center, Dartmouth-Hitchcock Medical Center; Hanover, NH
1988-1989	Staff Psychologist, Behavioral Medicine Unit, Salem Hospital, Salem, MA
1982-1986	Consultant: Nashua Public Schools, Special Education Section; Nashua, NH
1980-1986	Associate and School Psychologist: Mount Hope School; Nashua, NH
1978-1980	Associate School Psychologist: Raymond Junior-Senior High School; Raymond, NH
1977-1978	Psychological Assistant: Brooklyn Developmental Center; Brooklyn, NY
1970-1977	Assistant Teacher, Teacher, Educational

Supervisor: Brooklyn School for Special  
Children, Brooklyn Developmental Center;  
Brooklyn, NY

**Memberships in Societies:**

1974-1989	Council for Exceptional Children
1978-	American Psychological Association
1973-1979	American Association on Mental Deficiency
1979-	New Hampshire Psychological Organization
1983-	National Association of School Psychologists
1984-	New Hampshire Association of School Psychologists
1988-1998	Society for Behavioral Medicine
1988-	Association for Advancement of Behavior Therapy

**Committees and Appointments:**

1991-	New Hampshire Psychological Association: Ethics Committee
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**Major Research Interests:**

Motivation and intelligence testing  
IQ classification

**Teaching and Presentations:**

1977-1978	Brooklyn Developmental Center: Inservice training to direct care staff on developing self-care skills
1983-1984	Nashua Public Schools: Inservice training to guidance counselors on identification and treatment of emotionally disturbed students
	Mount Hope School: Weekly practicum for teachers in applying behavioral

techniques with multiply handicapped students

- 1984-1985 Nashua Public Schools:  
Inservice training to guidance counselors on writing treatment goals for emotionally handicapped students
- 1985-1986 Mount Hope School:  
Seminars for school staff on training multiply handicapped students
- 1986-1987 Harvard Medical School Lectures:  
Administering, scoring, and interpreting the Kaufman-Assessment Battery for Children  
Intelligence tests: technical information and current issues  
Retention in school: pros and cons  
Professional ethics and the public interest  
Neurological degeneration in siblings with galactosemia
- 1987-1988 Harvard Medical School Lectures:  
Administering, scoring, and interpreting the K-ABC  
Decision making and the diagnostic process  
Administering, scoring, and interpreting the Stanford-Binet, fourth edition  
Competency and guardianship: philosophical and clinical issues  
Therapeutic adherence: research findings and clinical implications  
Behavioral treatment of encopresis
- 1989-1990 Catholic Medical Center Community Presentation:  
Headache: New insights and treatment
- 1990-1991 Elliot Hospital Workshop: Nursing staff  
Behavioral Management of children on an inpatient unit
- 1991-1992 Merrimack Public Schools:  
Managing change in education and special education; elementary and secondary staff  
  
Consultation Models  
  
Stress Management  
  
Assertiveness Training  
  
Bureau of Special Medical Services:  
Epilepsy Clinic Parent Conference:  
Psychological Issues in Epilepsy  
  
New Hampshire Association of Special Education

Administrators:

Managing Change - Survival Skills  
Thornton's Ferry School, Merrimack, NH:  
Thinking About Inclusive Education

Bureau of Special Medical Services:  
The Change Process

Stress Management

Triage and Referral of Cases

Consultation to Parents and Staff

Group Process

- 1992-93      S.E.R.E.S.C. Workshop: Hudson, NH  
              Using Behavioral Techniques in the  
              Classroom
- 1993-94      Bureau of Special Medical Services:  
              Using Assertiveness Skills  
  
              Behavioral Interventions with Children  
  
              Child Development Unit Program: Wee Play School  
              Behavioral Interventions with Preschool Children
- 1994-95      Child Development Unit Program: Child Health Services  
              Diagnosis and Treatment of Attention- Deficit/  
              Hyperactivity Disorder
- 1995-96      Bureau of Special Medical Services: Parents and  
              Cardiac Children Together (PACCT):  
              Self-Esteem and Self-Concept  
  
              Child Development Unit Program: D.C.Y.F. Manchester,  
              Attention-Deficit/Hyperactivity Disorder  
  
              Bureau of Special Medical Services:  
              Assessment and Pharmacological treatment of  
              Psychological Disorders in Children and Adolescents
- 1996-97      Bureau of Special Medical Services: Self-Concept in  
              Children and Adolescents  
  
              Merrimack School District: Teacher Workshop,  
              Self-Concept in Children
- 1997-98      Manchester Health Department: School Nurses,  
              Assessment of Children with Attention-Deficit/  
              Hyperactivity Disorder (A-D/HD)



Manchester School Department: School Psychologists,  
Assessment and Treatment of A-D/HD  
Wilson Street School, Manchester: Staff Workshop,  
Assessment and Treatment of Children with A-D/HD  
Salvation Army: Kid's Cafe Manchester, Parent Presentation  
Attention-Deficit/Hyperactivity Disorder

Special Medical Services Bureau: Staff Presentation,  
Assessment and Treatment of A-D/HD

Special Medical Services Bureau: Inservice,  
Behavioral Treatment of Enuresis

Brief Treatment of Habit Disorders

Issues in Special Education: Section 504

1998-99

Special Medical Services Bureau: Inservice,  
Family-Centered Care

Working with SMS Clients Who are Suicidal

1999-00

Child Health Services:  
Assessment of Medication Effects in children with  
A-D/HD; staff presentation

A-D/HD Clinic:

A-D/HD Clinic: Process and Outcomes:

Manchester Community Health Care Providers,

Greater Manchester School Psychologists

A-D/HD: What Teachers Need to Know; Manchester  
Elementary School Teachers

Special Medical Services Bureau: Inservice,  
Education and Learning Issues in Children with Chronic  
Health Conditions

Case Study: SMSB Client with a Terminal Illness

New Hampshire Psychological Association:  
Roundtable Discussion; Confidentiality: Issues with  
Children and Adolescents

2000-01

New Hampshire Psychological Association:  
Roundtable Discussion; What Can I Say? Advertising  
Psychological Services

Special Medical Services Bureau: Inservice,  
The Diagnosis of Mental Retardation

2001-2002	NH Psychological Association Ethics Committee Workshop: Resolving Ethical Issues with Colleagues Special Medical Services Bureau: Inservice, Diagnosis and Medication Management of Mental Health Problems in Children
2003-2004	NH Psychological Association Ethics Committee Workshop: Managing Relationships in Your Community: What's Personal, What's Professional?  NHPA Ethics Roundtable Discussion: Managing Dual Relationships in Your Community  Child Health Services, Medical Staff Presentation: Diagnosis of Attention-Deficit/Hyperactivity Disorder in the Community
2004-2005	NHPA Ethics Committee Workshop: "It's Rarely Black Or White-Wrestling with Grey Ethical Issues"
2008-2012	Consulting with Parents About Special Education Services: Inservice to SMS Care Coordinators-December, 2008; February, 2009; March, 2009; November, 2009; February, 2010; June, 2010; September, 2010; January, 2011; August, 2011; November, 2011; Section 504, March, 2012;

## Bibliography:

1. Fish, J. (1984). The effects of cue explication and knowledge of results on the WISC-R performance of fifth graders. Unpublished doctoral dissertation. Boston College.
2. Fish, J. (1988). Reinforcement in testing: Research with children and adolescents. Professional School Psychology, 3(3), 203-218.
3. Fish, J. (1990). IQ terminology: Modification of current schemes. Journal of Psychoeducational Assessment, 8(4), 527-530.
4. Fish, J. (1992). What we call ourselves: Ethics and titles. Networker, 5(6), 6.
5. Fish, J. (1999). A-D/HD Clinic: Final Report. Unpublished document. Child Development Unit at Child Health Services.
6. Graham, J.M., Fish, J., & Moeschler, J.B. (1989). A summary of medical and psychoeducational aspects of Prader-Willi Syndrome. Unpublished document. Clinical Genetics and Child Development Center. Hanover, NH: Dartmouth-Hitchcock Medical Center.

**Anna C. Gautsch**

**EDUCATION**

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<b>1996-1999</b>	<b>Frostburg State University</b>	<b>Frostburg, MD</b>
<ul style="list-style-type: none"><li>• B.S. Psychology</li></ul>		
<b>1995-1996</b>	<b>Randolph Macon College</b>	<b>Ashland, VA</b>

**EXPERIENCE**

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<b>November 2008 to present</b>	<b>Central NH VNA &amp; Hospice</b>	<b>Laconia, NH</b>
<i>Partners in Health Family Support Coordinator</i>		
<ul style="list-style-type: none"><li>• Mentors a part-time Program Assistant</li><li>• Identifies families who have children with special health care challenges and informs them of the family support program, policies, procedures and opportunities.</li><li>• Assists families to identify their own needs as they define them.</li><li>• Helps families to identify family and community supports that will assist them in building circles of support from informal as well as formal sources.</li><li>• Develops opportunities in the community for families of children with special health care challenges to meet in groups with the purpose of developing community awareness and education on issues that families want to address.</li><li>• Acts as a healthcare and social support advocate to the child/parents and service providers for the purpose of gaining access to needed services and entitlements and modifying service systems to increase accessibility and appropriateness for children.</li><li>• Conducts home and school visits, support during Individualized Education Plan and 504 Plan meetings</li><li>• Recruits parent volunteers to sit on the Family Council</li><li>• Works with the Family Council to develop and review principles and practices for Family Support.</li><li>• Assists the Family Council in coordinating meetings. Provides up to date information for the council as needed and as requested on relevant family issues.</li><li>• Participates when requested in Council committee activities.</li><li>• Serves as the direct link from the Family Council to the Executive Director of Community Health &amp; Hospice, Inc.</li><li>• Reports monthly to Special Medical Services at the Department of Health and Human Services</li><li>• Manages the annual budget, writes grants and solicits financial contributions to extend the budget</li></ul>		

**August 2004 to present**                      **Central NH VNA & Hospice    Laconia, NH**  
*Child Development Program Coordinator*

- Responsible for overseeing a Special Medical Services outreach program providing comprehensive diagnostic evaluation and coordination of services for young children with developmental differences.
- Knowledge of the principles of growth & development, family-centered care, collaboration and community resources are required to maintain and acquire community-based relationships.
- Conducts home and school visits, support during Individualized Education Plan and 504 Plan meetings

- Reports monthly to Special Medical Services at the Department of Health and Human Services
- Works collaboratively with schools, early intervention, Head Start, Area Agency and primary care providers
- Referral services are always available and utilized often

**July 2003 to July 2004**

**Help, Inc**

**Idaho Falls, ID**

*Parent educator*

- Helped initialize start-up Parents As Teachers (PAT) program in Bonneville Joint School District #93
- Sought out 15 interested families with children ages 3-5 for the program and conducted monthly home visits with them on child development topics using the PAT curriculum
- Instrumental in organizing monthly group meetings for the community with an average attendance of 175 people per meeting
- Input all information in computer utilizing several different specialized programs
- Helped organize volunteers for community events
- On-call 24 hours a day every 7 weeks, for one week, as a part of a child abuse prevention agency
- Instrumental in establishing a new literacy kindergarten screening tool, Every Child Ready to Read, for District 93; organized volunteers for Ucon Elementary and helped screen over 150 children

**September 2003 to June 2004**

**Ucon Elementary**

**Ucon, ID**

*Preschool Aide*

- Assisted Lead Teacher in all preschool duties
- Blended the PAT program in Ucon Elementary for the first year, supporting the relationship between parent and teacher

**November 2002-May 2003**

**Mt. Bachelor Resort**

**Bend, OR**

*Ski School Office Lead*

- Supervised cashiers in the Learning Center, ensured an efficient working environment
- Motivated cashiers in the oftentimes stressful work environment
- Initialized bi-monthly payroll for 150+ ski and snowboard instructors
- Worked with guests, one-on-one, everyday to help facilitate a smooth transition to their next destination

**September 2001-September 2002**

**NHReads AmeriCorps**

**Plymouth, NH**

*Member*

- Facilitated reading readiness or enhancement through the integration of the arts and literacy
- Recruited, trained and supported new literacy volunteers
- Engaged in outreach efforts; providing guidance to those interested in participation in literacy programs
- Used leadership skills including conflict resolution, team building, group facilitation, and self-assessment in local elementary schools, Head Start, WIC clinics and community workshops

**November 2000- April 2001**

**Waterville Valley Ski Resort**

**Waterville Valley, NH**

*Ski Instructor*

- Responsible for teaching all levels of alpine skiing to individuals and groups ages 3-79

**October 1999-November 2000**

**Potomac Highlands Guild**

**Romney, WV**

*Regional Youth Social Worker*

- Case Manager for 35 individuals from culturally and socioeconomic diverse backgrounds
- The assigned caseworker of adolescent crisis'
- Worked with therapists on a daily basis in coordination with the cases
- Wrote extensive Treatment Plans and helped implement the goals
- Coordinated efforts between therapist, parent, children, schools, and psychiatrist to attain Treatment Plan goals

#### **COMMUNITY**

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- **2009-2013** Lakes Region Child and Family Coalition
- **2008-2013** Newfound Children's Team member
- **2008-2013** Belknap County Local Service Delivery Area member
- **2009** FASSPORT Steering Committee
- **2009** Family Resource Center of Central New Hampshire, Advisory Committee
- **2005-2009** Belknap County Early Learning Council member
- **2005-2010** UpStream Parenting Committee member
- **2005-2006** Belknap County Early Learning Council steering committee member
- **2005** Family Violence Prevention Council board member
- **2005** UpStream Leadership Team board member

**References Available Upon Request**

## E. NANCY EVANS

### PROFESSIONAL EXPERIENCE

**Clinic Coordinator** (July 2006-present) Child Development Clinic at Child Health Services, Manchester, NH - Providing comprehensive developmental assessments for children from birth through age 6; oversight of expansion of services to the Keene area; and consultation to clinical staff and families at Child Health Services regarding educational concerns.

**Educational Consultant** (7/99-12/2009) *Please see reverse for detail*

**Project Manager** (9/99-9/00) Hood Center for Children and Families at Children's Hospital of Dartmouth, Health and Education Leadership Project (HELP) - management of project educating school teams about the unique needs of children with chronic health conditions

**Principal/Education Director** (3/98-6/99) Manhattan Center for Early Learning, New York, NY - Early Intervention and Preschool Special Education Programs

**Principal** (1988-1998) Chandler School, Manchester, N. H. - Kindergarten and preschool special education programs

**Assistant Principal** (1987-1988) Henniker Elementary School, Henniker, NH (PreK- 8)

**Special Education Coordinator** (1985-87) School Administrative Unit #24, Henniker, NH - Supervision of special education programs in 5 rural New Hampshire School Districts

**Project Manager Chapter One Grant** (1983-1985) - School Administrative Unit #24, Henniker, NH - Management and implementation of the Early Childhood Resource Project

**First Grade and Kindergarten Teacher** (1977-1983) Henniker Elementary School, Henniker, NH

**Kindergarten Teacher and Inclusion Tutor** (1975-1977) Hopkinton School District, Hopkinton, NH

### EDUCATION and CERTIFICATIONS

- M. Ed. Administration/Supervision, Notre Dame College, Manchester, N.H.
- B.S. Elementary/Special Education, New England College, Henniker, N.H.
- Certified Principal K-12 and Experienced Educator - State of New Hampshire
- Certified School Administration and Supervision - SAS - State of New York
- Credentialed Trainer, Mentor, Faculty/Level 3 - Child Development Bureau, NH/DHHS

### PROFESSIONAL ORGANIZATIONS

- Council for Exceptional Children/Division of Early Childhood
- National Association for the Education of Young Children

### COMMUNITY SERVICE

- Governor's Advisory Council on Children with Chronic Health Conditions (1993-1996)
- Board of Directors, White Birch Community Center, Henniker, NH (1982-1984) - a non-profit early care and education and community service center
- Founder and Coordinator of Crayon College Nursery School (1975-1977) a non-profit parent run early education program.



## Liz Johnston, MPH, RD, LD

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<b>Education</b>	University of North Carolina at Chapel Hill      Chapel Hill, North Carolina School of Public Health MPH in Nutrition, August 2004
	Clemson University      Clemson, South Carolina BS in Biological Sciences, May 2001
<b>Certification/ Licensure</b>	American Council on Exercise Certified Personal Trainer, February 2004-Present Certificate in Adult Weight Management, 2004
<b>Experience</b>	Department of Health and Environmental Control, Charleston, SC <b>Nutritionist IV</b> May 2007-Oct 2009 <ul style="list-style-type: none"><li>• Home visits to assess medically complex infants and children with developmental delay and/or metabolic, gastro-intestinal, congenital, and chronic diseases effecting their nutritional status</li><li>• Develop, implement, and evaluate nutrition care plans for each client served</li><li>• Regularly communicate with physicians and therapists to ensure continuity of care</li><li>• Member of the Employee Wellness Committee</li><li>• Mentor interns in the field of dietetics</li></ul>
	<b>Nutritionist III</b> January 2007-May 2007 <ul style="list-style-type: none"><li>• Educated women on appropriate feeding practices for their children both individually and in group settings</li><li>• Helped to ensure that the nutritional needs of pregnant women, infants, and children were met</li></ul>
	Nashua Area Health Center, Nashua, NH      May 2005-September 2006 <b>Outpatient Nutrition Counselor</b> <ul style="list-style-type: none"><li>• Provided culturally sensitive individual counseling to adults and pediatrics in a community health setting</li><li>• Assessed, counseled, and educated females with high risk pregnancies during the first, second, and third trimesters, and participated in bimonthly interdisciplinary meetings to review their health care plans</li><li>• Utilized interpreters, when necessary, to communicate with patients</li></ul>
	Southern New Hampshire Medical Center, Nashua, NH      July 2004-September 2006 <b>Outpatient Nutrition Counselor</b> <ul style="list-style-type: none"><li>• Completed a thorough nutrition assessment for adults and children diagnosed with overweight/obesity, cardiovascular disease, diabetes, eating disorders, GI disorders, and food allergies</li><li>• Developed individual meal/feeding plans based on diagnosis, labs, and lifestyle</li><li>• Tailored educational information based on patient's knowledge and understanding</li><li>• Provided feedback to referring physicians by documenting patient progress notes in a timely manner</li><li>• Implemented a weight management/healthy eating program for adolescents and their families by providing group nutrition and physical activity education</li></ul>

### **Bariatric Dietitian**

- Guided individuals to modify diet and behaviors prior to gastric bypass surgery to encourage successful long-term weight loss post-surgery
- Provided detailed instruction on diet stages following surgery
- Required follow-up visits for one year post-surgery to help ensure that all recommended guidelines were adhered to
- Communicated with Obesity Center staff regarding the needs and progress of patients at weekly meetings
- Revised/Updated Obesity Center Nutrition Handbook

### **Per Diem Inpatient Dietitian**

- Maintained standards of care by providing medical nutrition therapy in an acute care setting
- Screened patients based on diagnosis, age, protein stores, and diet tolerance to determine nutritional risk
- Assisted with functions of dietary clerk during staffing shortages

YMCA, Nashua, NH

August 2004-August 2005

### **Nutrition Counselor**

- Initiated a private nutrition counseling service for adults, focusing on healthy eating and lifestyle management to promote weight loss
- Developed all assessment forms and education materials

Orange County Health Department, Chapel Hill, NC

September 2003- April 2004

### **Concurrent Community Nutrition Internship**

- Designed and implemented health promotion programs for seniors and overweight/obese adults
- Revised educational materials for health promotional events
- Composed a grant to fund an after school weight management program targeting adolescents

### **Volunteer Experience**

*Cross Cultural Solutions*, October 3, 2006-November 4, 2006

- Worked at a local orphanage in Tanzania, Africa housing children ages newborn to seven years old to provide emotional support and input regarding feeding routines

*Big Brothers Big Sisters*, June 2004-July 2005

- Mentored an eight year old girl living in a challenging environment

*School Reading Partners*, September 2003-May 2004

- Tutored a First Grade student during school hours to help improve reading ability

*Camp Needles in the Pines Diabetes Camp*, July 2003

- Provided around the clock supervision for children and adolescents diagnosed with Type 1 diabetes, including help with carbohydrate counting, insulin dosage, and treatment of a low blood sugar

### **Skills**

Microsoft Word and Power Point

### **References**

Available Upon Request

## Curriculum Vitae

### KATHRYN WORKMAN-DANIELS

#### EDUCATION

1991	Ph.D.	Developmental Psychology	Boston University
1984	M.A.	Neurosciences	University of Hartford
1978	B.A.	Psychology	University of Connecticut

#### POSTDOCTORAL TRAINING

1993-1994 Clinical Fellow in Neuropsychology, New England Medical Center, Department of Neurology, Boston, MA

1992-1993 Fellow in Clinical Neuropsychology, University of Massachusetts Medical Center, Departments of Neurology and Psychiatry, Worcester, MA

#### APPOINTMENTS

1993-1995 Instructor, Department of Neurology, New England Medical Center, Boston, MA

1991-1992 Research Associate, Brigham and Women's Hospital, Boston, MA

#### CLINICAL EXPERIENCE

1997- Child neuropsychologist, Child Development Clinic, Burlington, VT. Member of multidisciplinary assessing preschool and school-aged children with learning difficulties, head injury, attentional disorders, neurological conditions, and developmental disorders.

1996-1997 Staff neuropsychologist, Neurobehavioral Associates, Hingham, MA. Services include assessment, diagnosis, and treatment recommendations for residents in nursing homes.

1996-1997 Psychologist on multidisciplinary team assessing at risk infants and pre-school aged children, Manchester, NH. Responsibilities include developmental evaluations, play assessment, and providing recommendations to parents and early intervention staff.

## **CLINICAL EXPERIENCE, cont.**

- 1996-1997 Consultant, Center for Human and Health Services, New Bedford, MA. Provided neuropsychological services for children, adolescents, and adults.
- 1994-1995 Staff neuropsychologist, New England Medical Center, Boston, MA. Conducted inpatient and outpatient assessments for neurologic, psychiatric, and general medical services.
- 1994-1994 Acting Clinical Director of Neuropsychology Service, New England Medical Center, Boston, MA. While the director was on sabbatical leave, responsible for administrative aspects of service for outpatient and inpatient referrals. Supervised technicians, handled insurance issues, and continued high performance of the service.
- 1991-1992 Easter Seals Foundation, Manchester, NH- Psychologist on a multidisciplinary team to assess school-aged children, preschoolers, and infants with suspected developmental disorders or delays.
- 1986-1988 Trainee psychologist for Infant Follow-up Clinic, The Children's Hospital, Boston, MA. Developmental assessment of high risk infants discharged from the intensive care unit. Administration of the Bayley Scales of Infant Development, follow-up recommendations, and written reports were required.
- 1985-1987 Internship placement, Developmental Evaluation Clinic, The Children's Hospital, Boston, MA. Evaluation of developmentally disabled and cognitively impaired adolescents, children, and infants. Assessment included test administration, case presentations to staff, and evaluation reports.
- 1980-1984 Neuropsychological Technician for consultation service, serving Departments of Neurology and Neurosurgery, the University of Connecticut Health Center, Farmington, CT. Evaluated patients with multiple sclerosis, depression, epilepsy, schizophrenia, and other neurological disorders. Responsible for administration and scoring of neuropsychological tests and reports.

## **RESEARCH EXPERIENCE**

- 1986-1995 Assessment of children and mothers with metabolic disorders, PKU Clinic, Children's Hospital, Boston, MA. Responsible for administration of Bayley Scales of Infant Development, McCarthy Scales of Children's Abilities, WISC-R, WAIS-R and evaluation reports.
- 1986-1993 Assessor on longitudinal study of school-aged children with congenital hypothyroidism, New England Medical Center, Boston, MA. Administration of comprehensive neuropsychological test battery.
- 1989-1992 Data manager and statistical analyst on two prospective studies examining the long term outcome of premature infants. Responsible for statistical analyses, collaboration with other sites, and preparation of manuscripts.

## RESEARCH EXPERIENCE (cont.)

- 1989-1992 Project Manager on study to develop a severity of illness index for infants in intensive care units, Beth Israel, Brigham and Women's, and Children's Hospital, Boston, MA. Responsible for supervision of research assistants, statistical and data programming using SAS and Dbase IV software and overall operation of project.
- 1989-1990 Assistant Project Coordinator, Infant Health and Development Program, Children's Hospital, Boston, MA. Responsible for interviewing families, maintaining correspondence with cohort, scheduling appointments, and providing supplemental developmental assessments when appropriate.
- 1987-1989 Statistical Analyst on Normative Aging Study, VA Outpatient Clinic, Boston, MA. Duties included data management and analysis using SPSS-X and SAS software, and preparation of manuscripts.
- 1988-1988 Consultant to PWT Infant-Toddler Program, Brookline, MA. Trained staff members to administer and interpret the Bayley Scales of Infant Development.
- 1987-1988 Assistant Evaluation Coordinator, Infant Health and Development Program, Children's Hospital, Boston, MA. Duties included training and supervising assessors for cognitive and home evaluations, establishing and maintaining reliabilities and administrative responsibilities.
- 1985-1987 Infant Assessor, Infant Health and Development Program, Children's Hospital, Boston, MA. Investigated the developmental outcome of premature infants at one and two years of age. Responsibilities included assessment of both cognitive and motor-development. Also, conducted evaluations of the home using the HOME inventory.
- 1986-1987 Co-director of evaluation study on the Massachusetts Developmental Disabilities Council. Responsible for designing interview instruments, evaluation of the Council's past and current projects, budget and staff review, assessing the Council's impact on legislation and advocacy issues for the developmentally disabled population.
- 1978-1982 Research Assistant on a multidimensional study on alcoholism at the University of Connecticut Health Center. Extensive training in neuropsychological test administration, psychopathology, EEG recordings. Promoted in 1979 to Research Project Coordinator. New duties included supervising 6 assistants, data management, and analysis.

## PROFESSIONAL AFFILIATIONS

American Psychological Association  
International Neuroscience Society  
Massachusetts Neuropsychological Society

## WORKSHOPS

- Nov. 1987 Schnell, R., & Workman-Daniels, K. "Introduction to the new Stanford-Binet".  
School of Education, University of Massachusetts, Amherst, MA.

## TEACHING EXPERIENCE

- Spr., 2000 Graduate course, *Understanding the Basics of Learning Disorders*, St. Michael's College, Winooski, VT
- Spr., 1987 Undergraduate course in *Research Methods in Developmental Psychology*, Boston University, Boston, MA.
- 1984-1986 Boston University: Teaching Fellow for *Introduction to Psychology* (2 semesters), *Experimental Design in Developmental Psychology* (1 semester), *Statistics* (3 semesters) and *Graduate Statistics* (1 semester).

## PUBLICATIONS

- Kalish, R.A., Kaplan, R.F., Taylor, E., Jones-Woodward, L., Workman, K., & Steere, A. (2000). Ten to twenty-year follow-up evaluation of study patients with Lyme disease. *Journal of Infectious Disease*,
- Kaplan, R.F., Jones-Woodward, L., Workman, K., Logigian, E.L., & Meadows, M-E. (1999). Neuropsychological deficits in Lyme disease patients with and without other evidence of central nervous system pathology. *Applied Neuropsychology*, 6, 3-11.
- Bernbaum, J., Gerdes, M., Workman-Daniels, K., & McCormick, M. C. (1996). Cognitive abilities and educational needs of < 800 gram infants at school age. Submitted to *Pediatrics*.
- McCormick, M.C., Workman-Daniels, K., & Brooks-Gunn, J. (1996). The behavioral and emotional well-being of school-aged children with different birth weights. *Pediatrics*, 97, 19-25.
- McCormick, M.C., Workman-Daniels, K., Brooks-Gunn, J., & Peckham, G.J. (1993). When you're only a phone call away: A comparison of the information in telephone and face-to-face interviews. *Journal of Developmental and Behavioral Pediatrics*, 136, 141-146.
- McCormick, M.C., Workman-Daniels, K., & Brooks-Gunn, J. (1993). Hospitalization of very low birthweight children at school age. *Journal of Pediatrics*, 122, 360-365.
- McCormick, M.C., Brooks-Gunn, J., Workman-Daniels, K., Turner, J., & Peckham, G.J. (1992). The health and developmental status of very low birth weight children at school age. *JAMA*, 267(16), 2204-2208.
- Gray, J.E., Richardson, D.K., McCormick, M.C., Workman-Daniels, K., & Goldmann, D. (1992). Neonatal therapeutic intervention scoring system (NTISS): A therapy based severity of illness assessment tool. *Pediatrics*, 90, 561-565.



## PUBLICATIONS (cont.)

- Schnell, R., & Workman-Daniels, K. (1992). The cognitive assessment of preschool children. In E. Nuttall, I. Romero, & J. Kalesnik (Eds.), *Assessing and screening preschoolers: Psychological and educational dimensions*.
- McCormick, M.C., Brook-Gunn, J., Turner, J., Workman-Daniels, K., & Peckham, G. (1991). Cohort reconstruction: Which infants can be restudied at school-age? *Paediatric and Perinatal Epidemiology*, 5, 410-422.
- Bosse, R., Aldwin, C., Levenson, M.R., & Workman-Daniels, K. (1991). How stressful is retirement? Findings from the Normative Aging Study. *Journal of Gerontology*, 46, 9-14.
- Levenson, M., Aldwin, C., Workman-Daniels, K., & Bosse, R. (1990). The MAC Scale in a normal population: The meaning of "false positives". *Journal of Studies on Alcohol*, 51, 457-462.
- Bosse, R., Aldwin, C., Levenson, M., & Workman-Daniels, K. (1990). Differences in social support among workers and retirees: Findings from the Normative Aging Study. *Psychology and Aging*, 5, 187-196.
- Workman-Daniels, K., & Hesselbrock, V.M. (1987). Childhood problem behavior and neuropsychological functioning in persons at risk for alcoholism. *Journal of Studies on Alcohol*, 48, 187-193.
- Hesselbrock, V.M., Hesselbrock, M., & Workman-Daniels, K. (1986). The effect of major depression and antisocial personality on alcoholism: Course and motivational patterns. *Journal of Studies on Alcohol*, 45, 203-209.
- Hesselbrock, M., Hesselbrock, V.M., Workman-Daniels, K. (1985). Assessment of depression in alcoholics: Further considerations. *Journal of Consulting and Clinical Psychology*, 53, 65-67.
- Hesselbrock, M., Hesselbrock, V.M., & Workman, K. (1983). Methodological considerations in the assessment of depression in alcoholics. *Journal of Consulting and Clinical Psychology*, 51, 399-405.
- Hesselbrock, M., Hesselbrock, V.M., Workman, K., & Babor, T. (1983). Validity of self-report measures of alcohol dependence and related constructs. *International Journal of Addictions*, 18, 593-629.

## ABSTRACTS

- Waber, D.P., McCormick, M.C., & Workman-Daniels, K. (1993). Neurobehavioral outcomes in very low birthweight and normal birthweight children with and without medical complications. *Journal of Experimental and Clinical Neuropsychology*, 15, 215.



## ABSTRACTS (cont.)

- McCormick, M., Workman, K., & Brooks-Gunn, J. (1992). Maternal rating of child health at school age for VLBW children: Persistence of the vulnerable child syndrome. *American Journal of Diseases of Children*, 146, 483.
- Bernbaum, J., Workman, K., & McCormick, M. (1992). Cognitive abilities and educational needs of <800 gram infants at school age. *Pediatric Research*, 31, 242A.
- McCormick, M., Workman, K., & Brooks-Gunn, J. (1992). Smokers in household and health status of children. *Pediatric Research*, 31, 97A.
- Richardson, D.K., Gray, J.E., McCormick, M., Workman, K., Goldmann, D. (1992). Birth weight and illness severity: Independent predictors of NICU mortality. *Pediatric Research*, 31, 258A.
- Gray, J.E., Richardson, D.K., McCormick, M., Workman, K., Goldmann, D. (1992). Score for neonatal acute physiology (SNAP) and risk of intraventricular hemorrhage (IVH). *Pediatric Research*, 31, 249A.
- Gray, J.E., Richardson, D.K., McCormick, M.C., Workman-Daniels, K., & Goldman, D. (1991). Neonatal therapeutic intervention scoring system (NTISS): A therapy based severity of illness assessment tool. *Pediatric Research*, 29, 256A.
- Richardson, D.K., Gray, J.E., McCormick, M.C., Workman, K., & Goldman, D. (1991). Score for neonatal acute physiology (SNAP): A physiology-based severity of illness index. *Pediatric Research*, 29, 262A.

## PRESENTATIONS

- Kaplan, R., Workman, K., Ehrenberg, B., Tran, T., & Kwan, E. (1994). A comparison of the ICA and PCA Amobarbital tests: A case study. Presented at the New York Neuropsychological Society, New York.
- Workman, K., Jones, L., Kaplan, R., Logigian, E., & Steere, A.C. (1994). CNS infection and memory disturbance in Lyme disease. Presented at the Massachusetts Neuropsychological Society, Science Symposium, Boston, MA.
- Workman-Daniels, K., Aldwin, C.A., Levenson, M., & Bosse, R. (1988). Emotional well-being and the perception of wives as confidants. Presented at the annual convention of The Gerontological Society of America, San Francisco.
- Workman, K., Hesselbrock, M., & Hesselbrock, V.M. (1980). Alcoholism and the diagnosis of depression. Presented at the 88th annual convention of the American Psychological Association, Montreal, Canada.

REFERENCES AVAILABLE UPON REQUEST

**Curriculum Vitae**  
**Anna Dale Palmer Hutton, Psy.D.**

**EDUCATIONAL EXPERIENCE:**

**2002**

**Doctorate of Psychology**

(APA - accredited program in Clinical Psychology)

Pepperdine University

Dissertation (defended 06/22/01): Predictors of high school completion while in residence for students of a residential, educational program

This project involved the evaluation of factors leading to the success or failure of 81 students enrolled in a nationwide residential educational program. Factors that were evaluated included cognitive factors (as measured by cognitive assessment tests such as the WISC-III), psychological distress (as measured by results of a psychological assessment conducted by staff psychologists), social competency, family support, and developmental factors. The findings of this study suggest that the age of admission to the program, the number of months a student remains in the program, and the number of critical incidents are significant predictors of a student's program completion while in residence. Furthermore, family support, relationship with other residents, and the number of activities in which the student participates appear relevant to a student's program completion.

**1998**

**Master of Arts in Clinical Psychology**

Western Kentucky University, Bowling Green, Kentucky

Thesis: Gender differences in college students' causal attributions for success and failure

This study was designed to identify differences in the ways college men and women make attributions for success and failure and to determine whether there are gender differences in attributions for success and failure in ego-involved areas. Three hundred and ninety undergraduate students completed the Collegiate Attributions Scale. Results showed that (a) college students are more likely to make internal/stable attributions for success in a class of their major than in a class outside their major, (b) females are as likely as males to attribute success to internal/stable factors and failure to external/unstable factors, (c) both males and females tend to attribute academic failure to lack of effort and course difficulty, (d) females are more likely than males to make internal/stable attributions for success in gender role consistent classes and for failure in gender role inconsistent classes, and (e) females are more likely than males to attribute both academic success and failure to effort. These results suggested that female attributions undergo some changes from high school to college but male attributions remain constant.

**1996**

**Bachelor of Arts in English**

Belmont University, Nashville, Tennessee

Thesis: Gender differences in children's literature

Graduated Cum Laude

This project involved the examination children's textbooks from 1980 to 1994 for a trend towards or away from the neutrality of the characters, noting the number of occurrences of gender stereotyping in the texts. Results showed that gender stereotypes have decreased over the past two decades for human characters but have remained fairly constant for animal characters.

## **CLINICAL TRAINING AND EXPERIENCE:**

### **06/01/2005 – present    Elliot Hospital, Manchester Counseling Services Manchester, NH**

Responsibilities include conducting complete neuropsychological evaluations for children in an outpatient setting. Testing is conducted for a variety of purposes including evaluating for learning disabilities, Autism Spectrum Disorders, emotional disorders, behavioral disorders, and Attention Deficit Hyperactivity Disorder.

### **10/04/2004 – 10/08/2005    LifeSpan Neuropsychological Services, Inc. HealthSouth Braintree Rehabilitation Hospital, Braintree, MA**

Responsibilities included conducting complete neuropsychological evaluations for children in an outpatient setting. Testing was conducted for a variety of purposes including evaluating for learning disabilities, Autism Spectrum Disorders, emotional disorders, behavioral disorders, and Attention Deficit Hyperactivity Disorder. Classroom observations were frequently conducted as part of the evaluation.

### **09/01/02 – 09/07/04    Post Doctoral Fellowship in Pediatric Neuropsychology Children's Hospital, New Orleans, LA**

Responsibilities included conducting complete neuropsychological evaluations for children in both inpatient and outpatient settings suffering from a variety of illnesses and disorders such as brain tumors, traumatic brain injuries, strokes, seizure disorders, learning disabilities, Autism Spectrum Disorders, behavioral disorders, and Attention Deficit Disorder.

My work with in-patients typically involved evaluating the neuropsychological functioning of children who suffered from traumatic brain injuries, cerebral vascular accidents, and various forms of cancer. I often acted as a liaison between the hospital and the school to facilitate the child's reintegration into school. This involved my neuropsychological evaluation of the child as well as frequent communication with school psychologists, special education coordinators, teachers, and principals to assist the school in meeting the needs of the child.

My work with children in the out-patient setting typically involved the assessment of children for diagnostic purposes and to make recommendations for school. These children typically presented with symptoms of learning disabilities, ADHD, and Autism Spectrum Disorder. I also evaluated children who have been discharged from the Rehabilitation Unit or the Hematology-Oncology Unit to determine the progress of cognitive functioning after treatment.

### **07/01/01 – 06/30/02    Pre-Doctoral Internship in Clinical Psychology Dartmouth Medical School, Lebanon, NH**

Responsibilities included providing individual and family therapy to children, adolescents and their families. I also conducted cognitive, emotional, and psychoeducational assessments with children and adults in an economically depressed rural community. Furthermore, I added a neuropsychological assessment and research component to this internship through the Dartmouth Neuropsychology and Neuroimaging Program. This component has given me the opportunity to gain additional experience in the neuropsychological assessment of adults as part of research projects on OCD, Bipolar Disorder, Schizophrenia, and PTSD.

### **09/00 – 06/01    Doctoral Practica: Neuropsychiatric Institute/ University of California at Los Angeles**

Responsibilities included conducting complete neuropsychological assessments writing the neuropsychological report. At this site, I also had the opportunity to audit courses offered at UCLA, the Neuropsychology of Learning Disorders and Neuroanatomy.

### **08/99 – 08/00    Catholic Charities Psychological Services Van Nuys, California**

Responsibilities included providing psychotherapy for children and adults, formulating behavior management plans for parents and teachers of behavior disordered children as well as conducting cognitive and emotional assessments for children. In addition, I conducted weekly psychoeducational assessments for children with academic and behavioral problems at an elementary school.

### **01/99 – 07/99    Airport Marina Counseling Services Los Angeles, California**

Responsibilities included providing psychotherapy and personality and cognitive assessment services for children and adults.

### **01/98 – 05/98    Master's Level Clinical Internship Regional Child Development Center Bowling Green, Kentucky**

Responsibilities included implementing treatment plans for children with Autism Spectrum Disorders and developmental delays.

## **RESEARCH EXPERIENCE:**

**09/01 – 07/02                      Research Assistant**  
Neuropsychology and Neuroimaging Program  
Dartmouth-Hitchcock Medical Center

Responsibilities include attending lab meetings, attending and assisting with fMRI scans, and conducting comprehensive neuropsychological assessment with healthy controls and adults with OCD, bipolar disorder, schizophrenia, or PTSD. Supervisors: Andrew Saykin, Psy. D., ABPP-CN and Robert Roth, Ph. D.

**11/99 – 06/01                      Staff Research Assistant**  
UCLA Neuropsychiatric Institute,

Responsibilities include conducting neuropsychological assessments with children with epilepsy for the NIMH Funded Kaplan Research Studies. Supervisors: Rochelle Kaplan, M.D. and Robert Asarnow, Ph.D.

**06/99 – 06/01                      Research Assistant, Parent and Child Interviewer**  
UCLA Youth and Adolescent Depression Studies

Responsibilities include conducting interviews with parents and children participating in NIH funded research regarding the treatment of depression and anxiety in children. Supervisor: John Weiss, Ph.D.

**07/99 – 07/00                      Graduate Research/Teaching Assistant**  
Department of Education and Psychology  
Pepperdine University

Responsibilities included assisting in research regarding predictors of success and failure for the Boys' Hope/Girls' Hope program for at-risk gifted students and scoring Rorschach Ink Blot Tests administered by students enrolled in a course on Advanced Emotional Assessment. Supervisor: Carolyn Keatinge, Ph. D.

**08/96 – 05/98                      Graduate Research/Teaching Assistant**  
Department of Psychology  
Western Kentucky University

Responsibilities included data entry, grant writing, and aiding in research involving the study of children's understanding of fear as well as assisting with the three sections of a Developmental Psychology Class. Supervisor: Katrina Phelps, Ph. D.

**1997                                      The Development of a Measure of Collegiate Test Anxiety**

This project consisted of the development of a scale designed to measure test anxiety college students.

**Presented** at the Middle Tennessee Psychological Association Conference, 1997

## **OTHER PROFESSIONAL EMPLOYMENT EXPERIENCE**

**09/97 – 09/98                      Therapeutic Child and Family Support Service Provider**  
LifeSkills, Inc., IMPACT Program

Responsibilities included mediating between families of emotionally and behaviorally disordered children and their treatment teams to maximize the child's treatment plans and facilitate the progress of the treatment plan.

**06/97 – 12/97**

**Volunteer**

LifeSkills, Inc., Adolescent Day Treatment Center

Responsibilities included organizing and facilitating group therapy involving the development of independent living skills.

**06/97 – 08/97; 06/98 – 08/98 Mental Health Assistant**

LifeSkills, Inc, IMPACT Program

Responsibilities included organizing client recreational activities and aid in the facilitation of the behavior modification on the clients, ages 6 to 12.

**06/96 – 08/96**

**Volunteer**

Harriet Cohn., Adult Day Treatment Center

Responsibilities included organizing client activities and completing the documentation of daily activities and progress for each on the 72 clients, ages 20 -84.

### **HONORS AND AWARDS**

**Dean's Scholarship, Belmont University**

1992-1996

**Honors Program, Belmont University**

1992-1996

**Psi Chi National Honors Society for Psychology**

1996 to present

**Alumni Grant, Pepperdine University**

1998-2002

### **STATE LICENSES**

**New Hampshire**

License Number 1030

**Massachusetts**

License Number 8217

### **REFERENCES**

Matthew Thompson, Psy. D., ABPP-CN  
Children's Hospital, New Orleans  
200 Henry Clay Avenue  
New Orleans, La 70118  
504-896-9484

Jodi Kamps, Ph. D.  
Children's Hospital, New Orleans  
200 Henry Clay Avenue  
New Orleans, La 70118  
504-896-9484

Laura Rabin, Ph.D.  
59 Wensley Drive  
Great Neck, NY 11020  
718-208-5332

## CURRICULUM VITAE

**NAME:** Elise Bon-Rudin, EdD, LMHC, LMFT

**PLACE OF BIRTH:** New York City, New York

### OFFICE ADDRESS:

Section of Child Development, Department of Pediatrics  
Dartmouth Hitchcock Medical Center  
One Medical Center Drive / Rubin 5  
Lebanon, NH 03756-0001  
603 653-6060 ph / 603 653-3585 fx / [Elise.M.Bon-Rudin@HITCHCOCK.ORG](mailto:Elise.M.Bon-Rudin@HITCHCOCK.ORG)

### EDUCATION

Ed D, M Ed, Harvard University; awarded Sheldon Fund Scholarship  
M Ed, Cambridge College, Marriage and Family Therapy Program  
Thesis: *Effective Mental Health Practices for Trauma Victims*  
M Ed, Harvard University  
BA, Boston University  
Washington University (St. Louis, MO); full tuition scholarship

### UNIVERSITY AND HOSPITAL APPOINTMENTS

2002- present Active Clinical Staff & Instructor, Department of Pediatrics; Clinical Associate in Psychiatry and Instructor in Psychiatry

### LICENSURE

Licensed Marriage and Family Therapist (Massachusetts, #1208)  
Licensed Mental Health Counselor (New Hampshire, #446)

### PROFESSIONAL ASSOCIATIONS

American Association for Marriage and Family Therapy (AAMFT), Clinical Member  
American Psychological Association (APA)  
Association for Death Education and Counseling (ADEC)

### CLINICAL AND RELATED INTERESTS

- Child behavior and emotional problems including parent-child relationship problems, ADHD, Adjustment disorders, Anxiety disorders, Reactive Attachment Disorder, Conduct Disorder, Bereavement (adult and child), reunification following abuse concerns
- integration of pediatric mental health and primary care, family systems therapy and consultation, shared medical appointments



## **I. EMPLOYMENT - CLINICAL MENTAL HEALTH**

Clinical Associate and Instructor, Department of Psychiatry, Dartmouth Medical School; Behavioral Health Specialist, Child Development, Department of Pediatrics, Dartmouth Hitchcock Medical Center, April 2005 - present.

Clinical Associate and Instructor, Department of Psychiatry, Dartmouth Medical School; Mental Health Clinician, Child Advocacy & Protection Program, Department of Pediatrics, Dartmouth Hitchcock Medical Center, July 2001-April 2005.

Member, Project Group "Behavioral and Developmental Aspects of Child Health," Departments of Pediatrics and Psychiatry at Children's Hospital at Dartmouth Hitchcock Medical Center and Dartmouth Medical School, 2001 - present.

Clinician, Training Coordinator, and Clinical Consultant; Massachusetts Society for the Prevention of Cruelty to Children (MSPCC); 1996-2001.

Psychiatric Milieu Therapist; Wild Acre Inns-Alternacare Acute, Inc. Arlington, MA; 1995-1996.

Counselor; Short-Term Intensive Therapy Program and De-Tox Unit, Massachusetts Health Services Association (Waltham, MA); 1995-1996.

Facilitator; The Children's Room, Hospice West (Waltham, MA); 1994-1995.

Founder and Facilitator; Widowed Support Group, Omega Emotional Support Services (Somerville MA); Council on Aging (Arlington, MA); 1991-1994.

## **PRESENTATIONS**

*Clinical Issues in Child Forensic Interviews*; Dartmouth Medical School, Clinical Practice Seminar, June 2005.

*What do Behavioral Therapists Do?* Presentation for the Spring Chapter Meeting, New Hampshire Pediatric Society, May 2005.

*Family Treatment following Sexual Abuse, Divorce, and Chronic Maternal Anger*, Pediatrics-Psychiatry Collaborative Rounds, February 2005.

*Best Practices in Child Forensic Interviews*, Dartmouth Hitchcock Medical Center, August 2004.

*Family Violence, Family Strengths, and Family-Focused Prevention*, Community Focus on Child Abuse Conference, Dartmouth Hitchcock Medical Center, April 2004.

*Psychosocial Aspects of Child Maltreatment: Presentation and Initial Assessment*; Pediatric Residents' Noon Conference, April 2004.



*Healthy and Unhealthy Development in Adolescence: Understanding & Assessing the Difference*, Vermont Social and Rehabilitation Services; with Pano Rodis, PhD, Dec. 2003.

*Ghosts in the Nursery Meets the Decade of the Brain*, Pediatrics-Psychiatry Collaborative Office Rounds, October 2003.

*Responding to Children at Risk following Abuse*, Center for Continuing Education in the Health Sciences, Dartmouth-Hitchcock Medical Center; Nov. 2002.

*Child Trauma: Prevalence, Neurobiological and Psychosocial Effects, and Therapeutic Interventions*, Department of Criminal Justice, Franklin-Pierce College (Lebanon, NH); June 2002.

*Tough Interactions with Families*, Schwartz Center Rounds, May 2002.

*Children and Loss: The Neuropsychology of Trauma, Grief and How to Help*, Kids' Net, a parent training program of the Department of Social Services; Nov. 2000 and March 2001.

*Coping with Grief, Learning from Grief*, Harvard Adult Education; May 2001

*Techniques of Systemic Therapies*, MSPCC Clinicians; Jan. 2000

*Newer Concepts and Methods in Traumatic Grief*, MSPCC Clinicians; Feb. 2000

*Understanding the Grief of Non-Death Losses*, MSPCC Clinicians; April 2000

*Overview of Child Development*, with Glenn Gould, PhD, Massachusetts Trial Court, Court Care staff; July 1999.

*Basics of Play Therapy*, Massachusetts Trial Court, Court Care staff; July 1999.

*Issues in Therapist Self-Care*, MSPCC Clinicians; Jan. 2001

*Anxiety Disorders*, Instructor, Cambridge College; July 1995.

## PUBLICATIONS

Commentary on "Mandated Reporting: a Policy Without Reason" by Gary B. Melton, PhD. *Child Abuse and Neglect, The International Journal*, upcoming.

Review article, "The Interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction," Maxia Dong, Robert F. Anda, Vincent J. Felitti, et al., *Child Abuse and Neglect*, 28 (2004) 771-784; published in *The Quarterly Child Abuse Medical Update*, January 2005.

Review article, "Child Custody Determinations in Cases Involving Intimate Partner Violence: A Human Rights Analysis," Jay G. Silverman, PhD et al., *American Journal of Public Health*, v. 94, no. 6; published in *The Quarterly Child Abuse Medical Update*, October 2004.

Review article, "Childhood abuse as a risk factor for psychotic experiences." I. Janssen, et al., *Acta Psychiatrica Scandinavica*. 2004, v. 109, published in *The Quarterly Child Abuse Medical Update*, April 2004.

## PROPOSALS

Quality Research Grant Program, Dartmouth-Hitchcock Medical Center. Development of a Regionally-Based, Interdisciplinary, and Integrated Program of Pediatric Palliative Care. Co-authored with Sara Chaffee, MD. October 2005..

Ittleson Foundation. Integration of child mental health services within primary care. Sept. 2005

Garth Brooks' Teammates for Kids Foundation (Littleton, CO); \$50,000 to support a Child Maltreatment Fellow.

J. Jill Compassion Fund (Quincy, MA); \$15,000 for Child Life services.

National Children's Alliance (Washington DC). 2005 Program Development Grant, 84% funded; 2005 Training Grant, fully funded; November 2004.

Butler Foundation, New York; \$100,000 per year, multiple year grant; 2003.

NH Department of Justice, Child Advocacy Center Funding, (Concord, NH), 2004; \$100,000 (pending).

Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health & Human Services, "Project for Adolescent Trauma Treatment." Led by Stanley D. Rosenberg, PhD, the Department of Psychiatry, NH-Dartmouth Psychiatric Research Center, Dartmouth Trauma Intervention Research Center; August 2003.

The National Children's Alliance (Washington DC), Training Grant, December 2002; fully funded.

The National Children's Alliance (Washington DC), National Videoconference Project, September 2002, January 2003; fully funded.

Children's Hospital at Dartmouth, Capital Budget Request, July 2002.

Children's Hospital at Dartmouth, Philanthropy Needs Request, April 2002; fully funded.

National Children's Alliance (Washington DC), Program Development Grant, 2002; fully funded.

The Soros Foundation, Death in America project, *Grief Referral, Information, and Education for Eastern Massachusetts*, with Phyllis R. Silverman, Ph.D., and Jack Jordan, Ph.D. in collaboration with the National Center for Death Education at Mt. Ida College, 1999. Requested: \$80,000.

*Never Too Young to Know: Death in Children's Lives*, contributions to book proposal; Silverman, Phyllis R., 1998 (pub. 2000).

The Annenberg Foundation, solicited proposal. New England Center for Grief Support, with Phyllis R. Silverman, Ph.D. and Jack Jordan, Ph.D. 1998-99. Requested: \$289,000.

The Annenberg Foundation, Feasibility Study Grant. *Psychosocial Support for Bereaved Children, a Needs Assessment*, 1998. Fully funded.

Education Development Center, *Effective Education and Mental Health Practices for Helping Refugee Children: Lessons from Slovenia*, 1994-95. Requested: \$250,000; partially funded for local implementation.

#### **ADDITIONAL CLINICAL TRAINING: ATTACHMENT, TRAUMA & CHILD INTERVIEWS**

Anxiety Disorders: Children, Adolescents and Adults, Dec. 2005

Grief & Loss in the Lives of Children, Adolescents, and Families, Virginia Lynn Fry, Nov. 2005

Advanced Practice in the Treatment of Children with Attachment and Trauma Issues, Daniel Hughes, December 2004

Disorders of Attachment and Complex PTSD, Daniel Hughes, 2003-2004.

Forensic Evaluation, National Children's Advocacy Center, February 2004.

Traumatic Mourning: Emerging Trends in Clinical Practice, John J. Jordan, Ph.D. and David Browning, MSW; Commonwealth Educational Seminars, May 2003.

Legal Aspects of Child Maltreatment Cases, Laura Rogers, JD; Dartmouth Hitchcock Medical Center, May 2003.

Forensic Interview Training, Raymond Broderick, Forensic Consultant; The Family Place (Norwich, Vermont) and Dartmouth Hitchcock Medical Center, May 2003.

Understanding the Psychological Effects of Sexual Abuse, Toni Cavanaugh Johnson, LICSW; National Children's Alliance Training Academy, March 2003.

Language Issues in Interviewing Traumatized Children, Anne Graffam-Walker; National Children's Alliance Training Academy, March 2003.

Interviewing Pre-Schoolers about Abuse, Linda Cordisco Steele and Alison DeFelice; National Children's Alliance Training Academy, March 2003.

Extended Forensic Evaluation, Connie Carnes, LICSW and Sarah Sayles, LICSW; National Children's Alliance Training Academy, March 2003.

Children who have Experienced Violence: How Trauma Affects Development and Defines Treatment, Steve Marans, Ph.D., University of Connecticut School of Medicine, January 2003.

Forensic Interview Training for Abused Children and Adolescents, Linda Cordisco-Steele, MS, LPC; Laura Rogers, JD; National Child Advocacy Center Academy, November 2002.

Facilitating Attachment in Trauma-Reactive Youth, Kevin Creeden, MS, SW; Child Sexual Abuse Conference, Oct. 2002.

Recent Controversies in Forensic Interviews, Katharine Coulborn Faller, LICSW; APSAC, May 2002.

Child Forensic Interviews, Detective James Starks, Susan Samuel, LICSW; 10<sup>th</sup> Annual Conference of the Attorney General's Task Force on Child Abuse and Neglect, Oct. 2001.

Sexual Abuse Evaluations, Holly M. Bishop, LICSW; Massachusetts Society for the Prevention of Cruelty to Children, May 2001.

Clinical Applications of Attachment Theory and Research to Assessment and Treatment of Children and their Caretaking Adults, Gaston E. Blom, M.D., Massachusetts Society for the Prevention of Cruelty to Children, June 1998.

## II. EMPLOYMENT - EDUCATIONAL RESEARCH AND SOCIAL POLICY ANALYSIS

Senior Executive Staff, Commonwealth of Massachusetts (Boston MA), 1989-1994.

Program Analyst, Boston Public Schools (Boston MA), 1983-1990.

Consultant, Research Institute for Educational Problems (Cambridge, MA), 1989.

Consultant, Somerville Public Schools, Department of Special Education (Somerville MA), 1988.

Research Associate, Harvard Graduate School of Education (Cambridge MA), 1979-1982.

Consultant, United Nations, International Center for Public Education in Developing Countries (Ljubljana, Yugoslavia), 1977-79.

Research Fellow, Institute for Applied Sociology (Ljubljana, Yugoslavia), 1976-78.

Research Associate, Carnegie Foundation, Harvard University, 1973-75.

## TRAINING AND TEACHING

*Labor Market Trends Facing Graduates of Boston Public Schools*, presentation to Deputy Commissioners of the Boston Public Schools; Feb. 1986.

*How to Improve Services to the Unemployed*, presentation to senior managers of the Commonwealth of Massachusetts; May 1994.

*Introductory Sociology, Sociology of American Education*; Department of Sociology, Suffolk University, (Boston, MA); Sept. 1981-Jan. 1983.

*Reforming Secondary Schools to Meet Changing Social and Economic Conditions: A Case Study*, Suffolk University, Sociology Colloquium Series, April 1981.

*Sociological Perspectives on Schooling and Economic Development in Yugoslavia*, Massachusetts Institute of Technology (Cambridge, MA), Department for Study and Research in Education; Feb. 1981.

*Theoretical Objections to Two Current Approaches to the Women's Question*, Proceedings of the Second International Conference on Participation and Self-Management (Paris, France); Sept. 1977.

*Politics and Economics of Education*, Harvard Graduate School of Education, co-instructor; 1974-75.

## PUBLICATIONS AND RESEARCH REPORTS

*Analysis and Discussion of Baseline Quality Improvement Data*, Commonwealth of Massachusetts, Department of Education and Training, May 1994.

*At-Risk Students Who Made It: A Longitudinal Comparative Study*, with Sue Marquis Gordan and Ru-Ing Hwang, Boston Public Schools, March 1989.

*An Evaluation of the Life Planning Education Project, 1997-98*, with Jay Lodie, Boston Public Schools, July 1988.

*Project Promise, Year 1: An Evaluation of Program Operation and Program Outcomes for Vulnerable Students*, Project Evaluator, Report Co-author; Boston Public Schools, Jan. 1988.

*Research and Development Accountability Study*, Boston Public Schools, August 1987.

*Student Attitude Survey*, developed for use by the Boston Public Schools, May 1987.

*Labor Market Trends Facing Graduates*, with Jeffrey Browne, Boston Redevelopment Authority, January 1986.

*Social Mobility Project Proposal*, co-author, Department of Sociology, Suffolk University (Boston, MA), 1982.

*A Note Towards the Critique of Braverman's Labor and Monopoly Capital*, with Ranko Bon, Journal for Critical Knowledge, Thinking, and New Anthropology, vol. 4., no.17-18, 1976.

## CYNTHIA ANNE KAHN

### POST-GRADUATE TRAINING

Madigan Army Medical Center, Ft. Lewis, WA  
Developmental/Behavioral Pediatric Fellowship, 1991-1993

Walter Reed Army Medical Center, Washington, D.C.  
Pediatric Residency, 1988-1991

### EDUCATION

Tufts University School of Medicine, Boston, MA  
MD degree, May 1988  
Activities: AMSA, MA Medical Society

University of Pennsylvania, Philadelphia, PA  
BA in the Biological Bases of Behavior, May, 1984  
Activities: Teaching Assistant at Penn's Children Center, Sigma Delta Tau

Philadelphia High School for Girls, Philadelphia, PA  
Honors: Salutatorian, National Honor Society, and Honor Roll  
Activities: Mentally Gifted Program, Senior Sponsor for freshmen

### EXPERIENCE

Developmental Pediatrician: Special Medical Services Consultant to Neuromotor, Child Development, and Nutrition, Feeding and Swallowing Programs Supervisor, Neuromotor Disabilities Program State of New Hampshire, Concord, NH	1997-present
Pediatrician: Rekha Quazi's office, Chelmsford, MA	1998-1999
Developmental Pediatrician: Womack Army Medical Center, Ft. Bragg, NC	1993-1997
Medical Director: Exceptional Family Member Program, Womack Army Medical Center, Ft. Bragg, NC	1993-1995
Research Assistant: Children's Hospital of Philadelphia, Department of Pediatrics, Philadelphia, PA	1983-1984

## CERTIFICATIONS

Diplomat, American Board of Pediatrics (initial certification - 1991, recertified - 1998)

## LICENSURE

State of New Hampshire - No. 10083

## PROFESSIONAL SOCIETIES

Fellow, American Academy of Cerebral Palsy and Developmental Medicine

## PUBLICATIONS

"Lead Screening in Children with Attention Deficit Hyperactivity Disorder and Developmental Delay", *Clinical Pediatrics*, Vol. 35 1995:498-501

## PRESENTATIONS/ABSTRACTS

"Information Papers for Daily Living Skills Issues in Children with Neuromotor Disabilities", *American Academy of Cerebral Palsy and Developmental Medicine*, Toronto, Canada, September 2000.

"The Association of Mullerian Aplasia with the Oculoauriculovertebral Spectrum", *The David W. Smith Dysmorphology Conference*, Ontario, Canada, August 1993 and *The Northwest Genetics Exchange*, Seattle, WA, May 1993.

Lead Levels and their Relationship to Attention Deficit Hyperactivity Disorder and Developmental Delay", *Northwest Society for Developmental and Behavioral Pediatrics*, Seattle, WA, April 1993.

"Assessing the Impact of Day Surgery of Children and Parents", Department of Pediatrics, Children's Hospital of Philadelphia, *The 18<sup>th</sup> International Congress of Pediatrics*, Honolulu, HI, July 1986.

"How Competent are Pediatricians Screening for Oral Health?", Department of Pediatrics, Children's Hospital of Philadelphia, *The 18<sup>th</sup> International Congress of Pediatrics*, Honolulu, HI, July 1986.

"Helping Parents to Cope After Pediatric Day Surgery", *Family Research in Nursing Symposium*, National Institute of Health, Bethesda, MD, May 1985.

"How Good are Pediatricians in Dental Screening of Adolescents?", *The American Academy of Pediatric Dentistry*, Washington, DC, May 1985.



**Jan McGonagle, M.D.**

**BOARD CERTIFICATION**

**American Board of Pediatrics**

- General Pediatrics 1995-present
- Developmental Pediatrics 2009-present

**EDUCATION**

**University of Colorado**

- Fellow: in Hematology/Oncology 1995
- Resident in Pediatrics 1987- 1994

**SUNY at Buffalo**

- M.D.: Cum Laude 1991

**William Smith College**

- B.S.: Phi Beta Kappa, Sigma Xi, Suma Cum Laude 1987

**Employment History**

**Crotched Mountain Rehabilitation Center**

- Developmental Pediatrician 2009-Present

**Child Health Services**

- Developmental Pediatrician 2009-Present

**Brattleboro Memorial Hospital**

- General Pediatrician 2003-2009

**Dartmouth Hitchcock Medical Center**

- General Pediatrician 1995-2003

**Cedarcrest, Inc.**

- Medical Director 1995-2008

**LICENSURE**

- New Hampshire

## Curriculum Vitae

### NAME:

Carol Andrew, EdD, OTR

### DATE AND PLACE OF BIRTH:

April 2, 1952; Norwood, Massachusetts

### SOCIAL SECURITY NUMBER:

024-42-3513

### CITIZENSHIP:

United States

### EDUCATION:

<u>Date</u>	<u>Institution</u>	<u>Degree</u>
1995	Nova University	Ed.D., early childhood special education
1976	Boston University	MS, occupational therapy
1973	Bates College	BS, psychology

### LICENSURE

American Occupational Therapy Association #002166  
New Hampshire Occupational Therapy Association #143  
Vermont License # 072-000467  
National Board of Certification in OT #AA302166

### ACADEMIC APPOINTMENTS

2004-present	early childhood consultant	ITBD Therapy Services, LLC
1996 - 2010	Assistant Professor of Pediatrics	Dartmouth Medical School
2000-2002	Visiting Professor in Education	Plymouth State College
1999-2000	Adjunct Instructor in Education	Plymouth State College
1986-1996	Instructor in Pediatrics	Dartmouth Medical School
1995-present	Adjunct faculty member	Boston University
	Adjunct Faculty member	University of Vermont
	Adjunct Faculty member	University of New Hampshire
1985 - 1988	Adjunct faculty member	School for Lifelong Learning
	Adjunct faculty member	Plymouth State College

### HOSPITAL APPOINTMENTS

1978-2010	Dartmouth Hitchcock Medical Center	Child Development Specialist, occupational therapist
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### OTHER PROFESSIONAL POSITIONS:

2010-present	Child Development Specialists, Child Development Network, State of NH
2006-2008	Hippotherapist, High Horses Therapeutic Riding Program, Wilder, Vt
2004-present	Child Development specialist, Child Development Clinics of Vermont
2004-present	Statewide Consultant on autism and other behavioral challenges, CIS-EI, State of Vermont
2004-present	Director, Occupational therapist, Infant Toddler Behavior Development Therapy Services, LLC
2003-present	Softplay, KidsBooks, Bookworks, Inc, Child Development Specialist, Research and Development
1998-2005	Sassy Incorporated, Child Development Specialist - Toy Team Research and Development

1978- 2010 Clinical Genetics & Child Development Program

Development specialist

**MAJOR COMMITTEE ASSIGNMENTS AND CONSULTATIONS:**

<u>Year</u>	<u>Committee</u>	<u>Role</u>	<u>Institution</u>
2004-present	Consultation on Autism and Behavioral challenges Team	member	State of Vermont FITP
2002-2006	Early Education and Intervention Network Board of Directors	member	State of New Hampshire
2002-2006	ICN development team	member	Children's Hospital at Dartmouth
2001-2006	Infant Toddler Behavior Development Team	member	Children's Hospital at Dartmouth
2000-2006	Parent Council	member at Dartmouth	Children's Hospital
2000-2002	Followup Clinic Committee	member	Children's Hospital at Dartmouth
1998-2001	ICN Family Centered Developmental Care committee	member	Children's Hospital at Dartmouth
1995-1998 Dartmouth	Family Centered Care Committee	chair	Children's Hospital at
1994-2000	Infant Mental Health committee	member	State of New Hampshire
1996-2005	Residency Developmental Curriculum Committee	member	Dept of Pediatrics
1995-2004	Feeding Task Force	member	Intensive Care Nursery

**EDITORIAL BOARDS: ;**

2001- present Peer Review Panel, Advances in Neonatal Care: Official Journal of the National Association of Neonatal Nurses

1996-1999 CHaD Update Editorial Board

**CLINICAL RESPONSIBILITIES**

- developmental evaluation of infants and toddlers and preschool age children with developmental disabilities (includes cognitive, language, motor development as well as issues of self-esteem, independence, behavior management); certified in administration of Bayley Scales of Infant Development (2<sup>nd</sup> and 3<sup>rd</sup> editions) with 26 years of experience using this tool; certified in use of Autism Diagnostic Observation Scale (ADOS)
- consultation to Transitional Longterm Care Clinic, Pediatric Ward and Intensive Care Nursery regarding developmental issues for infants and young children for children with chronic illness
- working as part of a multidisciplinary team to provide family-centered diagnostic services for families of young children with disabilities
- consultation to early intervention programs by contract in Vermont and New Hampshire
- contact with local care providers to collaborate on evaluation findings and recommendations

### TEACHING EXPERIENCE / CURRENT TEACHING RESPONSIBILITIES

- Workshop presentations as requested regarding early brain development, early childhood special needs, infant mental health, CSEFEL, autism (see sample presentations)
- Clinical coordinator for MCH-LEND Training Program, Dartmouth-UNH UAP
- Graduate and Undergraduate courses on Infant-Toddler Development, Observational Strategies and Assessment at Plymouth State College
- Developmental/Behavioral Pediatrics rotation on normal and abnormal development and developmental screening for medical residents
- Supervision of psychology post-doctoral fellows regarding neonatal care and developmental assessment and interventions with premature and disabled infants, toddlers and preschoolers
- Supervision and teaching of Master's level students in Early Intervention from University of Vermont in 2-3 month practicum rotations and personnel preparation program
- Nursing training for NICU nursing staff regarding fostering development of hospitalized infants, at DHMC and Santa Barbara Cottage Hospital, Ventura County Hospital and St. John's Hospital, Oxnard in California

### MAJOR RESEARCH INTERESTS

- Training in Early Start Denver Model curriculum for young children with suspicion of autism for CIS-EI, Vermont
- Consultation for young children with new diagnosis of autism/PDD, funded by State of Vermont, FITP 2004-present
- Partnering with Families and Community Care Providers to prepare them for the home care of their infants after an Intensive Care Nursery Stay: Funded by Butler Foundation, Oct. 2001-2003
- Developing Family-Centered Care Practices within the NICU: a Collaborative grant with University of California, Santa Barbara and Dartmouth Hitchcock Medical Center (1996-2001)
- Developing Written Information for families with limited English reading capability regarding issues of Prematurity and Disability, Doctoral Practicum II, 1994-95.
- Creating a Family-Centered Model of Care within a Tertiary Medical Center, Doctoral Practicum I, 1993
- Collaborative Services Project for Children with Genetically Determined Conditions HCEEP, Co-investigator, October 1988-1991.

### BIBLIOGRAPHY:

#### Audiovisual

- Andrew, C. (2003). Parenting your premature infant. DVD for Intensive Care nursery parents.
- Andrew, C (2005) Parenting tips, CBS The Early Show, January 3, 2005
- Andrew, C (2005) Website at Ittybitty Therapy.com, helpful hints, tips for parenting infants with disabilities
- Andrew, C (2005) Articles for websites for Sassy Baby products and for Softplay, Inc regarding infant play and learning

#### Publications

- Andrew, C. (2006). The Developing Brain: Building Relationships in the first year of life. EEIN Newsletter of NH
- Andrew, C. (2005-present). Web articles on child Development for Softplay Corporation
- Andrew, C. (2003). EEIN Newsletter on Prematurity.
- Andrew, C. (2000-2004). Development Matters. Monthly newsletter on developmental issues in the ICN, published by Children's Hospital at Dartmouth, Education council.
- Andrew, C. (2001). Baby Talk in the ICN and Taking Me Home, Chapters in the ICN Parent Handbook, published by the Parent Council, Children's Hospital at Dartmouth.
- Andrew, C. (2000-2001). Parenting Pearls. Series of short articles on issues in infant development and behavior Sassy Corporation website
- Andrew, C. (1998). When to Worry about Infants and Toddlers "At Risk". Focus on Infants and Toddlers. Olney, MD: Association for Childhood Education International.

Andrew, C. (1997). A Current Look at Early Intervention: The shared challenges and opportunities of those who touch the lives of young children with disabilities and their families. Birth to Three Vermont. Burlington: UVM.

Andrew, C & Tracy, N. (1996). First steps toward developing self-esteem and competence in infants and young children with disabilities. In Powers, L., Singer, G. & Sowers, J. (eds). Making our way: Promoting self-competence in children and youth with disabilities. Baltimore: Paul Brookes, Inc.

Andrew, C. (1996). Perspectives on Sensory Integration. Early Education and Intervention Network of New Hampshire Newsletter. Vol. 17(5).

Andrew, C. (1995). Baby Talk Series for Parents: In the ICN. Lebanon: Children's Hospital at Dartmouth

Andrew, C. (1995). Baby Talk Series for Parents: Taking Me Home. Lebanon: Children's Hospital at Dartmouth.

Andrew, C. (1993). The role of the family-centered early care and education professional in support during prenatal diagnosis of subsequent pregnancies, in process. Zero to Three, June 1993.

Gibbs, E.D., Moeschler, J., Graham, J., Andrew, C., Aloisio, S. and Sykas, A (1991). Readings and Resources: A Guide for Educational and Medical Professionals Caring for Children with Genetic and Prenatally Determined Conditions

Andrew, C and Graham, J.M. (1989) A Summary of Medical and Psychoeducational Aspects of 4p- (Wolf-Hirschhorn) Syndrome.

**SAMPLE INVITED PRESENTATIONS:** (Presented in chronological order, past 3 years only)

October 19, 2010. Cues and Clues in the first year. Invited Lecture Dorothy Campion Memorial Lecture series for Good Beginnings Program in Lebanon, NH

October 18, 2010. ESDM- the sequel; Putting the ESDM into practice, Northeast Kingdom CIS staff, St. Johnsbury, VT

August 9, 2010. ESDM Introduction: workshop for Family Place staff, Wilder, VT

July 26, 2010,. ESDM Introduction: workshop for CIS in Northeast Kingdom, VT, St. Johnsbury VT

March 29, 2010. Autism training for CIS St. Johnsbury, collaboration with Kate Rogers.

May 10, 2010. Autism 2 training; advanced concepts, for CIS St. Johnsbury

October 23, 2009. Social and emotional development in infants and toddlers, with Dina Desena, Lyndonville, VT

May 27, 2009. The Media is not the Message; workshop for Parent to Parent of VT, Burlington, VT

January 30, 2009. CSEFEL Module 2 for Northeast Kingdom Headstart, CUPS and FITP

January 15, 2009 . CSEFEL Module 1 for Northeast Kingdom Headstart, CUPS and FITP

November 6, 2008. CUPS workshop on early childhood behavioral supports, Chelsea, VT

October 22, 2007. Supporting Parents of prematurely born infants. DHMC, NICU nurses conference, Lebanon, NH

# Joseph T. Keenan, Ph.D.

NH Licensed Psychologist  
NH Certified School Psychologist

## EDUCATION

Ph.D. 1992 University of Pennsylvania Graduate School of Education (Dean's Fellowship)  
APA-Approved Program in Scientific and Professional Psychology  
Psychology in Education Division Specialization in School Psychology

M.A. 1982 Tufts University Department of Education Counseling Psychology

A.B. 1975 Vassar College

## EXPERIENCE: Direct Service

Dartmouth Medical School, Hanover NH (December 2003 - present). Instructor, Department of Psychiatry.

Independent Practice, Lancaster, NH (1995 - present). Specializing in the assessment and treatment of children's emotional, developmental, and behavioral problems, and in school psychology. Consultation to parents and school personnel. Current contracts: Weeks Medical Center; Lebanon School District; Plainfield School District; Plymouth School District; Newfound School District; Fall Mountain School District; NFI North Country Shelter. Authorized NH provider for NH Healthy Kids and all other major health maintenance organizations. Employing two full-time school psychologists, and one part-time licensed psychologist.

Weeks Medical Center, Lancaster NH (1995 - present). Psychologist, North Country Child Development Program, supported by NH Division of Health and Human Services, Bureau of Special Medical Services. Psychologist, Lakes Region Child Development Program, also supported by NH Division of Health and Human Services, Bureau of Special Medical Services. Developmental and diagnostic evaluations and consultations regarding children referred through the NH Child Development Network.

Weeks Medical Center, Lancaster NH (1995 - present). Consultation to medical staff and to parents regarding learning, emotional, and behavioral problems in children and adolescents, aged 2 to 18. One clinic day per week directing ADHD/Child Psychology Clinic.

Dartmouth-Hitchcock Medical Center, Lebanon NH (1996 - 2011). Department of Pediatrics (Child Development). Member of Child Development Clinical Evaluation Team. Instructor in Pediatrics (2004 - 2011).

Endowment for Health, Concord NH (2006). Member, Theme Advisory Committee for upcoming grant cycle: "Improving the Mental Health of New Hampshire's Children and Their Families" (2008-09) Principal Investigator: "The North Country Child Psychology/Psychiatry Project" Planning Grant (\$75,000+) through Weeks Medical Center.



North Country Education Foundation, Gorham, NH (1994-96). Chief Psychologist, providing psychological services to children and adolescents in Coös County.

Coös County Child Development Clinic, Berlin, NH (1994-96). Psychologist to former North Country site (Coös County Family Health Services) of the New Hampshire Child Development Services Network. Monthly developmental evaluations of preschool and school-aged children.

Cathance Psychological Services, P.A., Machias ME (8/92 - 8/94). Provided psychological services to schools, including Indian Township School, Woodland High School, and Woodland Elementary School.

Department of Pediatric Psychology, Children's Seashore House, Children's Hospital of Philadelphia (1988-89). Clinic-based psychology internship (750 hours). Psychological assessment of preschool and elementary school children with developmental problems. Psychological examiner for Neonatal Follow-up Clinic.

Delaware County Intermediate Unit, Nonpublic School Services, Media PA (1989-90). School-based psychology internship (750 hours). Psychological consultation to elementary and secondary school teachers regarding individual students. Psychoeducational assessment and counseling of referred students.

Penn Child Psychological Services Clinic, Philadelphia PA (1987-88). Practicum in school psychology (500 hours). Psychological assessment and treatment of children with developmental and behavioral difficulties.

Millbrook School, Millbrook NY (1982-87). Director of Counseling. Individual counseling of students in a private secondary boarding school. Primary responsibility for Human Relations and Sexuality Program, Peer Support Program, drug and alcohol education, and dormitory staff orientation. Taught Introduction to Psychology.

Stone Counseling Center, Wellesley College, Wellesley MA (1981-82). Counseling psychology internship (800 hours). Individual counseling of college students; intake evaluations and case presentations.

North Essex Mental Health Center, Haverhill MA (1980-81). Counseling psychology internship (400 hours). Individual and family counseling; intake evaluations.

#### **EXPERIENCE: Research**

Big Brothers/Big Sisters of America, Inc., Philadelphia, PA (1989-92). Principal investigator for an evaluation of a demonstration program for children of alcoholics in Maine, funded by a federal Office for Substance Abuse Prevention grant.

Office of Academic Support Services, University of Pennsylvania (1990-92). Principal investigator for an evaluation of the PreFreshman Program, including implementation analysis and a randomized design to assess impact.

Psychology in Education Division, Graduate School of Education, University of Pennsylvania (1987-89). Senior Research Assistant on a study assessing the validity of the Adjustment Scales for Children and Adolescents.



### **EXPERIENCE: Teaching**

Dartmouth Medical School (December 2003 – present). Annual presentation to residents in Department of Psychiatry on child development screening process.

Dartmouth Medical School, Department of Psychiatry (Spring, 2002). Presentations on the Assessment of AD/HD and Learning Disabilities to doctoral interns in psychology.

University System of New Hampshire, College for Lifelong Learning, Berlin NH (1994-96). Instructor for courses entitled "Theories and Techniques of Counseling," "Introduction to Psychology," "Abnormal Psychology," and "Children with Behavior Disorders."

Graduate School of Education, University of Pennsylvania (1989-90). Assistant Instructor in Psychology in Education Division with primary responsibility for designing and teaching "Psychological Services in Education," a core course in the master's degree program in psychological services. Advisor to master's degree students.

Dutchess County Board of Cooperative Educational Services, Poughkeepsie NY (July 1987, 1988, & 1989). Director of Student Life for Summer Scholars Program, a residential program at Vassar College for gifted/talented high school students.

Department of Education, Tufts University, Medford MA (1981-82). Teaching Assistant to the Director of the Counseling Psychology Program.

The Dutchess Day School, Millbrook NY (1977-80). Taught 6th and 7th grade, coached, and advised yearbook staff and student government.

Indian Mountain School, Lakeville CT (1975-77). Taught 6th through 8th grade.

### **AWARDS**

Dean's Fellowship, University of Pennsylvania Graduate School of Education (1987-89) for full-time study toward the Ph.D.

Eloise Ellery Fellowship, Vassar College (1980-82) in support of work toward the M.A. in Counseling Psychology at Tufts University.

## **PUBLICATIONS**

McDermott, P. A., Watkins, M. W., Sichel, A. F., Weber, E. M., Keenan, J. T., Holland, A. M., & Leigh, N. M. (1995). The accuracy of new national scales for detecting emotional disturbance of children and adolescents. *Journal of Special Education*, 29, 337-354.

Keenan, J. T. (1992). Mentorship and Resilience: An Evaluation of a Big Brothers/Big Sisters Program for Children of Alcoholics. Unpublished doctoral dissertation, University of Pennsylvania, Philadelphia.

## **RECENT PRESENTATIONS**

North Country Health Consortium, Coös County Family Support Project  
Mountain View Grand, Whitefield NH  
"Normal Child Development: How Interesting!" May 13, 2011

Pediatric Grand Rounds, Dartmouth Hitchcock Medical Center, Department of Pediatrics: "Notes from the Field: A Community-Based Child Development Perspective" October 24, 2007

New Hampshire Pediatric Society, May 25, 2005  
Pediatrics-Child Psychiatry Conference at Dartmouth-Hitchcock Medical Center  
"Child Psychology 101: What Every Practitioner Should Know"

Keynote Address: "Familiar Faces in the Nurse's Doorway" New Hampshire School Nurses Association Annual Meeting, April 12, 2003

Pediatric Grand Rounds, Dartmouth Hitchcock Medical Center, Department of Pediatrics: "When the World Isn't Safe: What Shall We Say to Our Children?" November 28, 2001

## **CURRENT LICENSURE AND CERTIFICATION**

1995 New Hampshire Board of Mental Health Practice (Psychologist)  
1994 New Hampshire State Board of Education (School Psychologist)

## **CURRENT PROFESSIONAL and BOARD MEMBERSHIPS**

Lancaster Rotary Club, President 2006-2007, Board of Directors 2005-2009  
American Psychological Association, Member  
New Hampshire Psychological Association, Member  
Lancaster Farmers' Market, Board of Directors  
Get in Shape Program (for obesity prevention) Advisory Board, Weeks Medical Center

James G. McGuire, M.D., F.A.A.P.

Curriculum Vitae

Certification and Licensure:

1. Board Certified:
  - Developmental and Behavioral Pediatrics 2009
  - General Pediatrics: No. 33373 1986 (permanent certificate)
  - Voluntary Recertification: 2000 and 2007
2. New Hampshire State License Number 9068 1993 - Present
3. New York State License Number 154003-1 1983 - 1995
4. National Board of Medical Examiners: 1981

Education:

The George Washington University  
College of Arts and Sciences  
Bachelor of Science: May 1975

The George Washington University  
School of Medicine and Health Sciences  
Doctor of Medicine: May 1980

Postgraduate Training:

Pediatric Residency  
The Children's Hospital of Buffalo  
July 1980 - June 1983

ADaPT (Assessing Developmental and Psychological Training) Program  
1995-1998: Director- Carl Cooley MD

A Mini-fellowship in Developmental and Behavioral Pediatrics  
designed to further educate the pediatrician in DB-Peds, and to  
enhance pediatric community involvement for children with  
special health care needs.

Professional Interests:

Developmental and Behavioral Pediatrics  
Care of Children with Special health Care Needs  
Anticipatory Guidance  
Feeding Relationship, Weight Concerns in Children  
Breastfeeding

### Practice History:

2012- Present	New Hampshire's Hospital for Children Director of Developmental and Behavioral Pediatrics Manchester, NH
2008- Present	State of NH Bureau of Special Medical Services Child Development Clinics Laconia, NH; Lancaster, NH; in Manchester, NH Consulting 3 days per month
2008- 2012	Child Development at Children's Hospital at Dartmouth (ChaD) Lebanon, NH Consulting one day per month.
2005 - 2012	New London Pediatric Care Center New London, NH In collaboration with Children's Hospital at Dartmouth and Dartmouth- Hitchcock Clinic, Lebanon Division
1993 - 2005	Dartmouth-Hitchcock Clinic Keene Division
1985 - 1993	Private Solo Practice Hornell, NY
1983 - 1985	Hornell Pediatric Group, PC (Dr. Bijon Chaudhuri- owner)

### Current Hospital Affiliations:

New Hampshire's Hospital for Children at Elliot Hospital 275 Mammoth Rd Manchester NH 03109	Active Staff	2012 -
New London Hospital New London NH 03257	Active Staff Consulting Staff	2005 -2012 2012 -

**Board Memberships (current):**

Crotched Mountain Rehabilitation Center	2005 – Present
Board of Trustees	
Quality Assurance Committee	
Programs and Services Committee	2005-2007
American Board of Pediatrics: Associate Board Member-	1997 - Present
PRCP Pilot Testing Committee-	1997 - 2005
Certifying Exam Writing Committee-	2006 – Present
Task Forces:	
Certifying Exam Content Specification review	(2009)
Maintenance of Certification/Exam Content Specification reconciliation	(2011/2012)

**Professorships:**

Dartmouth Medical School	
Adjunct Assistant Professor of Pediatrics	1993 - 2005
Associate Professor of Pediatrics	2005 – 2012

**Content Editor:**

For the book "Your Child's Weight- Helping without Harming" by Ellyn Satter

**Professional Society Memberships:**

1. American Academy of Pediatrics  
Section on Developmental and Behavioral Pediatrics  
Section on Breastfeeding
2. New Hampshire Pediatric Society
3. Northern New England Rural Pediatric Association
4. Academy of Breast-feeding Medicine  
Practice Guidelines Committee 1994 - 2005
5. Irish and American Pediatric Society

**American Academy of Pediatrics Affiliations:**

1. Committee on Disability (Chapter 1, District 2)  
(Hal Kanthor, M.D., Chair) 1990 - 1993
2. Rural Health Coordinator (New York Chapter 1) 1991 - 1993
3. Committee on Psychosocial Aspects of Family and Child Health  
(Sandy Mayer, M.D., Chair) 1992 - 1993
4. Leadership Group on Disability (N.H. Chapter)  
(Carl Cooley, M.D., Chair) 1994 - 2009
5. Medical Home Program for Children with Special Health Care Needs  
Contact Network 1997 - 2008  
Parent Partners project 2001 - 2006

## 1983-2012

New London Hospital	2005 - 2012
Ethics Committee	2005 - 2009
Physicians Advisory for Electronic Medical Record	2006 - 2012
Chair- Medical Section	2008
President-Elect Medical Staff	2008-2009
President Medical Staff	2009-2010
Dartmouth- Hitchcock Medical Center	1993 - 2012
Department of Child Development	2008 – 2012
Child Psychiatry Collaborative Rounds	2005 - Present

### Developmental and Behavioral Leadership and Practice Activities:

Medical Director: Cedarcrest - (Long-term Care Facility for children)	1995 - 1999
Medical Director: Rise Early Intervention Program	1996 - 2005
Keene School District (SAU 29)	1998 - 2005
Monthly Developmental Consults to Middle School and 4 Elementary Schools	

Board Member: Keene Health Alliance (CMC/ DH-Keene)	2000 - 2004
Partners in Health - program to enhance access to services for families with children with chronic illness	1996 - 1999
Building Bridges - interagency community team promoting access to recreation and community businesses for Special Needs Children	1996 - 1999
Speaker: <i>Adapting to Change</i> ( DHMC Conference on Disability)	9/17/95

Cheshire Medical Center, Keene, NH	1993 - 2005
Critical Care Committee	1994 - 2005
Infection Control committee	1995 - 1996
Quality Improvement Committee	1997 - 1998
Chair- Dept of Pediatrics	1996 - 1999
Professional Affairs Committee	1999 – 2005

Dartmouth- Hitchcock Clinic- Keene Division	1993 - 2005
Patient Education Coordinator	1994 - 2005
Telephone Advice/ Triage Coordinator	1994 - 1996
Baby Friendly/Couplet Care Project Team	1994 - 2001
Dartmouth Pediatric Prevention Project Coordinator	1994 - 1996
Chair- Dept of Pediatrics	2000 – 2004

### III. 1983-1993: Practice in Hornell, NY

#### Developmental and Behavioral Leadership and Practice Activities:

Medical Director: Association for Retarded Citizens' Adult Intermediate Care Facility ( <i>Paid</i> )	1987 - 1993
Association for Retarded Citizens, Special review Committee	1987 - 1993
Board: Community Services for Steuben County, N.Y.	1986 - 1993
Chair: Subcommittee for the Mentally Retarded and Developmentally Disabled of the Community Services Board	1986 - 1993
Steuben County Task Force on Child Abuse	1985 - 1993
Steering Committee for "Kaleidoscope"- Regional Council on Children with Special Health Care needs (AAP representative)	1991 - 1993
Board of Directors: The Children's Home (Day Care)	1992 - 1993
Speaker: <i>Coordination of Care for Children with Special Needs</i> Strong Memorial Hospital, Rochester, NY	9/16/92
St. James Mercy Hospital, Hornell, New York	1983 - 1993
Chair, Department of Medicine	1989
Chair, Credential Committee	1990 - 1991
Secretary of the Medical Staff	1990 - 1991
Member, Board of Directors	1990 - 1993
Chair, Medical Care Evaluation Committee	1992 - 1993
President-Elect, Medical Staff	1992 - 1993
Board of Directors	1992 - 1993
Pediatrics Supervisor of Rural Clinics:	1983 -1993
MacDonald Medical Center, Woodhull, N.Y. Provider	
Greenwood Health Clinic, Greenwood, N.Y. Supervisory	
Troupsburg Health Clinic, Troupsburg, N.Y. Supervisory	
College Physician:	
SUNY, Alfred State College	1986 - 1993
Alfred University, Alfred, N.Y.	1986 - 1993
School Physician:	
Greenwood Central School, Greenwood	1988 - 1993
Arkport Central School, Arkport, N.Y.	1989 - 1993
Miscellaneous Activities:	
Columnist: <i>Vital Signs</i> , monthly newspaper article on Pediatric topics in <i>Hornell Sentinel</i>	1988 - 1993
Workshop Speaker: Le Leche League conference	5/8/93
Coordinator: Asthma Camp	9/12/92

JGM

Rev: 01/13



## **Community Based Care Coordination**

- Janet Clark, Director of Special Medical Programs
- Tracy Gassek, Care Coordinator
- Pat McLean, RN M.Ed., Care Coordinator
- Mishelle Bortnick, Care Coordinator
- Heather Hudson, Program Assistant

## TRACY GASSEK

**OBJECTIVE:** To obtain a position as a Social Worker/Care Coordinator

**QUALIFICATIONS:** Care Coordinator experienced in working with families of children with special health care needs. Previous work experience includes: Social Worker with the Department of Social Services in Massachusetts, Community Health Center and Pediatric clinic experience and active participation on a medical home team.

**EDUCATION:** University of New Hampshire: BA Psychology

### **EMPLOYMENT:**

October 2001 to Present

Child Health Services: Hillsborough County Community Based Care Coordinator

Provides care coordination for families of children with special health care needs in Hillsborough County. Duties include assessing needs of family's in a comprehensive manner, which is reflected in a service plan for each child. Collection and evaluation of outcome data and measurement of family progress as well as reporting to SMS nurse managers regarding services, progress and needs. Promotion of community-based systems of care and linkages to appropriate medical homes is done to ensure comprehensive coordinated care for each child.

February 2001 to October 2001

Lamprey Health Care: Community Health Worker/Medical Home Care Coordinator

Responsibilities included care coordination and referral to supportive services for all patients from pediatrics to the elderly. Coordinated team for Medical Home Project. Recruited parent partners for team and facilitated monthly meetings. Trained to provide pregnancy testing and HIV counseling. Experience using electronic medical record managed by "Logician" software.

August 1999 to February 2001

Department of Social Service- State of Massachusetts: Social Worker

Case Management for children and families having open cases with DSS or for whom the Department had custody. Duties included home visitation, court reports, and management of case records, referrals for supportive services, coordination of placement for children in residential and foster care settings, development and review of service plans, and assessing families on an ongoing basis in regard to safety and risk.

August 1996 to August 1999

Child Health Services: Social Worker/Family Support Worker

Social services support for low-income families of CHS: a pediatric clinic in Manchester, NH embracing a bio-psychosocial approach to health. Family Support Workers are responsible for clinic coverage as well as family based services for high-risk families. Other duties included coordination of health insurance coverage for low-income families, intake and registration, family assessments and referrals to outside agencies. Special project included coordination of enrichment program for the children and families of CHS.

June 1996 to January 1998

Brookside Hospital: Mental Health Worker/Family Stabilization Team

Responsibilities included counseling for all hospitalized patients including teens, children and chemically dependent adults. Other duties included work with Family Stabilization Team who addressed the needs of children after hospital discharge. This position included care coordination for families and development of service plans to reduce repeat hospitalizations.

References available upon request

## VITAE

**Name: McLean, Pat**

### Education

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

### PROFESSIONAL EXPERIENCE:

2006- Present Community Care Coordinator for Special Medical Services at Child Health Services, Manchester NH

This position involves working with families who have children with special health care needs birth to 21 years. Coordinators promote effective use of medical, educational, and community resources to maximize each child's health potential.

2004- Present 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, Allenstown, 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

## **MISHELLE DECATO BORTNICK**

### **OBJECTIVE:**

To obtain a leadership role as a Care/ 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 2008-Present: Family Support Therapist/Case Manager. Riverbend Children's Program.** Provide 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 Parent Baby Adventure Program.** Facilitator of parenting

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 - VNA Partners in Health, Manchester, NH.**

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/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.

Facilitate Monthly Partners In Health Caregiver Support Group and Sibshop.

**REFERENCES:**

Furnished Upon Request

## Epilepsy

- Janet Clark, Director of Special Medical Programs
- Susan Moore, RN, Epilepsy Nurse Coordinator
- Judith Coughlan, RN, Epilepsy Nurse Coordinator



**Education:** Bachelor of Science Degree, Health Policy and Planning.  
University of New Hampshire, College of Life Long Learning, Concord, NH June 1999  
Associate of Science Degree, Nursing.  
New Hampshire Technical Institute, Concord, NH May 1985  
Part time Nursing Curriculum. University of New Hampshire, Durham, NH July 1982

**Achievements:** Graduated Summa-Cum-Laude, College of Life Long Learning. Concord, NH June 1999  
Licensed Registered Nurse. State of New Hampshire

**Experience:** Child Health Services. Manchester, NH October 1999 to present  
Contracted Nurse Coordinator for the NH Division of Public Health -Manage  
specialty clinics for children with neuromotor disorders. Duties include  
care management, organization of clinics, maintenance of records, review  
of requests for funding and issuance of authorization when appropriate

State of New Hampshire, Special Medical Services Bureau. Concord, NH 1985 to 1999  
Clinical Nurse Coordinator II. -Manage, schedule and coordinate Neuromotor  
Clinics in the Lebanon and seacoast areas of the state. Case manager for  
pediatric clients with orthopedic and neurological issues.  
Public Health Nurse Coordinator I. -Coordinate, maintain, screen, assess and construct  
health care plans for clients with cystic fibrosis, nutrition issues and various  
special health care needs.  
Newborn screening Program Coordinator. -Coordinate daily activities of the screening  
program for inborn errors of metabolism and other disorders for all infants born  
within the State of New Hampshire. This includes the follow-up of questionnaire  
results, case management of detected infants and directives to hospitals and  
physicians.

Concord Hospital. Concord, NH 1984 to 1985  
Certified Nurses Aid and Graduate Nurse. -Worked in both capacities for various  
units.

**Presentations:** 1998 Grand rounds for physicians and staff of Dartmouth Hitchcock Medical Center.  
1986 - 1996 Visitations and presentations to hospitals throughout the state of New Hampshire  
regarding the Newborn Screening policies and practices.  
1990 - 1996 Updates and presentations for the New England Metabolic Collaborative,  
Maternal PKU Committee and the New England Genetics Group.

Judith H. Coughlan

Qualifications: Extensive experience with case management for children at Anthem Blue Cross/Blue Shield and pediatric care coordination with Special Medical Services (NH's agency for Children with Special Health Care Needs). Special focus on and interest in collaboration with agencies and support organizations to optimize resources available to the families and children I worked with.

Education: Bachelor of Science in Nursing: Simmons College, Boston, Mass.

Certification: Commission for Case Manager Certification; April 29, 2006 through May 31, 2011  
Number: 00095296

Employment:

3/02 through 2/09: Anthem Blue Cross Blue Shield, 3000 Goffs Falls Rd., Manchester, NH  
Nurse Case Manager (full time) primarily pediatrics, for 60-65 members in many states; most were in NH and Maine.

Case management process includes: assessment, creation of individual care plans, coordination of services, monitoring and reassessment as well as benefit management, documentation and communication. Strong focus on motivational interviewing to support members in reaching goals selected with the CM. Average length of member/parent CM participation was 6-9 months.

Some home visits and team meeting participation is part of the job. Most CM is done telephonically.

I was involved in the Hood Center (Dartmouth Medical School, Lebanon, NH) Enhanced Care Coordination project funded by HRSA for the entire duration of my employment at Anthem.

Fall, 1988 through 3/02:

Full time Nurse Clinical Coordinator; Special Medical Services; Office of Community & Public Health, State of NH, Concord, NH.

Coordinator for Concord Neuromotor Program, running clinics 28 times/year. Coordination of pediatric, physical therapy and orthopedic recommendations as well as implementation of a supportive plan of care. Caseload of 120 children (2-21 years) with cerebral palsy and other neuromuscular conditions. Close collaboration with NH agencies, schools, nutritionists and primary care physicians on behalf of children.

1981 through 1988:

Part time clinical nurse (16-20 hours/week) @ Child Health Services; coordination of pediatric clinics and follow up of ongoing medical issues.

1981- 1983: above job included part time day care nurse at Manchester Child Care Center.

Previous to 1981: available upon request.

Community Activities/Volunteer Work:

Eucharistic Minister : St. Peter's Church, Auburn, NH since 1982

Board member: Francis Warde House; Sister's of Mercy, Manchester NH since 2004

Board member: NH Lung Association: 1978 through 2002

Camp Superkids (camp for children with asthma at Camp Coniston, Grantham, NH); 1986- 2002

References: available upon request

## Neuromotor

- Janet Clark, Director of Special Medical Programs
- Anne T. Burgess, RN, CDE, Neuromotor Nurse Coordinator
- Susan Moore, RN, Neuromotor Nurse Coordinator
- Judith Coughlan, RN, Neuromotor Nurse Coordinator
- Evelyn Gibney, Program Assistant
- Gregory Melkonian, MD
- Paul Urbanek, MD

## Anne T. Burgess, RN, CDE



### Summary of Qualifications:

Over 25 years of experience in clinical nursing and education as well as operating room nursing. Effectively educated and managed children, parents, physicians, and coworkers relating to Diabetes and Endocrine diseases. Presented seminars and presentations to educate on current issues as well as introducing new technologies.

### Experience:

#### **Pediatric Diabetes and Endocrinology Nurse Clinician**

Children's Hospital at Dartmouth Manchester, NH 1996 – 2003

- Responsible for coordinating care of complex Endocrine patients
- Evaluated and obtained history of diabetic and endocrine patients, as well as presenting to Attending Physician
- Educated and managed Type I and II diabetics of children and young adults
- Triage emergency phone calls
- Coordinated and managed schedule of attending physician
- Evaluated laboratory results and communicated abnormalities requiring immediate attention
- Developed teaching tools as well as educated Student Nurses, Nurses, and Primary Care Physicians in diabetic and endocrine diseases
- Research and development of personal skills and knowledge of new technology relating to Diabetes and Endocrinology

#### **Clinical Coordinator**

Phizer-Pharmacia 1999 – present

- Coordinate and test Alpha and Beta software
- Create and present software seminar presentations in small and large group settings

#### **Pediatric Nurse Clinician**

Dartmouth Hitchcock Clinic Manchester, NH 1995 – 1996

- Responsible for telephone triage, nurse visits, and patient education

#### **Elementary and High School - School Nurse**

Department of Health Manchester, NH 1994 – 1995

#### **Elementary School Nurse**

Saint Casimir School Manchester, NH 1986 – 1994

#### **Operating Room Staff Nurse**

Southern NH Medical Center Manchester, NH 1975 – 1978

#### **Team Leader – Operating Room, Post-Operative Care Unit**

Carney Hospital Boston, MA 1973 – 1975

#### **Operating Room Staff Nurse**

Halifax District Medical Center Daytona Beach, FL 1972 – 1973

#### **Assistant Head Nurse – Neurosurgical Operating Room – Harvard Neurosurgical Service**

Boston City Hospital Boston, MA 1968 – 1972

Designations:

Certified Diabetes Educator	1997 – present
New Hampshire State Registered Nurse Licensee	1976 – present
Massachusetts State Registered Nurse Licensee	1968 – present
Diplomat in Nursing – Boston City Hospital	
GPA : 3.75	Rank : 8 of 99

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, Marju Orho-Melandar, 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, Marju Orho-Melandar, PhD, Anne Burgess, RN, and Joseph I. Wolfsdorf, MB, BCh. Glycogen Synthase Deficiency (Glycogen Storage 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, CDE, 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 2003)

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

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

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

New Dilemma for the School Nurse! Carbohydrate Counting, Correction Factor, Lantus Insulin and the Insulin Pump:

Manchester, NH Health Dept: School Nurse Staff Development Meeting (Mar 2002)

Raymond, NH School Dept: Regional School Nurse Staff Development Meeting (Apr 2002)

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

And what is this? CGMS (Continues Glucose Monitoring System) in the School Setting:  
Manchester, NH Health Department: Regional School Nurse Workshop (Nov 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 (Apr 2000)

Saint Louis, MO, Pfizer-Pharmacia – Pediatric Endocrinology Nursing Society Nurse Enrichment Day (Apr 1999)

## CURRICULUM VITAE

**DATE PREPARED:** February 15, 2013

**NAME:** GREGORY J. MELKONIAN, DVM, MD

### **EDUCATION:**

5/1970	Cornell University Veterinary Medicine (DVM)	Ithaca, NY
5/1973	University of Vermont MD	Burlington, VT

### **POST-DOCTORAL TRAINING:**

7/1973-6/1974	General Surgery Internship University of Vermont Medical Center	Burlington, VT
7/1974-6/1977	Orthopaedic Residency University of Vermont Medical Center	Burlington, VT
8/1977-7/1978	Clinical Fellowship in Pediatric Orthopaedics Rancho Los Amigos, University of Southern California	Downey, CA

### **ACADEMIC APPOINTMENTS:**



11/05-present	<b>Instructor in Orthopaedic Surgery</b> Harvard Medical School	<b>Boston, MA</b>
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#### **FACULTY APPOINTMENTS:**

1982-present	<b>Special Medical Services</b> Chief/Director of Orthopaedics	<b>Concord, NH</b>
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1983-present	<b>Cedarcrest Home for Children</b> Orthopaedic Consultant	<b>Keene, NH</b>
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#### **HOSPITAL APPOINTMENTS:**

11/2005-present	<b>Children's Hospital, Boston</b> Attending Physician in the Department of Orthopaedic Surgery	<b>Boston, MA</b>
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8/1978-2/2006	<b>Concord Hospital</b> Active Surgeon	<b>Concord, NH</b>
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2/1990-2/2006	<b>Elliot Hospital</b> Courtesy	<b>Manchester, NH</b>
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#### **HONORS AND AWARDS:**

1964	National Honor Society, Spaulding High School, Barre, VT
1964	Highest Male Graduate (#3), Spaulding High School, Barre, VT
1964	Letters in Skiing and Golf, Spaulding High School, Barre, VT
1964	Dean's List, Cornell University, School of Veterinary Medicine
1989	"Cerebral Palsy Upper Extremity" Award, Cerebral Palsy Academy

#### **MEMBERSHIPS:**

	American Medical Association
	Delta Tau Delta Fraternity
	New England Orthopaedic Society
	Omega Tau Sigma Fraternity
1978	New Hampshire Medical Society
1978	New Hampshire Orthopaedic Society
1979	American Association for Cerebral Palsy and Developmental Medicine
1981	American Academy of Orthopaedic Surgeons
1988	Pediatric Orthopaedic Society of North America
2010	Mass Medical Society

## **PART II: RESEARCH, TEACHING, AND CLINICAL CONTRIBUTIONS**

### **D. Report of Teaching**

#### **1. Local Contributions**

##### **a) Local Seminars and Rounds**

**October 18, 1978**

Title: Concord Hospital Teaching Conference – "Orthopaedic Management of Muscular Dystrophy."

Role: Lecturer

**August 21-30<sup>th</sup>, 1981**

Title: Orthopaedic Travel Study Club, Portsmouth, NH – "Head Injuries in Children" and "Revaluation of a Cerebral Palsy Patient and Causes."

Role: Lecturer

#### **2. Regional, National, International Contributions**

**1978** Rancho Los Amigos, University of Southern California, Downey, CA  
"Dynamic Electromyography in the Upper Extremity in Cerebral Palsy."

**1978** Annual Meeting of the American Academy of Cerebral Palsy, Toronto, Ontario  
"Dynamic Electromyography in Neuromuscular Disease."

**1979** American Academy of Orthopaedic Surgeons, San Francisco, CA  
"Use of Dynamic Gail Electromyography in Neuromuscular Disease Patients."

**2008** Cerebral Palsy: Multidisciplinary Review and Update, Boston, MA  
"Managing Spasticity and Preventing Deformity; Selective Treatment: Botox, Phenol." 24 Faculty and 143 Attendees.

**2010** Cerebral Palsy: Review and Update, Boston, MA  
"Cerebral Palsy Surgery for the Non-Orthopaedist." 32 Faculty Member and 75 Attendees.

### **LICENSURE AND CERTIFICATION:**

7/1974

National Board of Medical Examiners

11/1979

American Board of Orthopaedic Surgery

Massachusetts State Medical License  
Vermont State Medical License  
New Hampshire State Medical License

**PART III: BIBLIOGRAPHY**

"Dynamic Electromyographic Analysis of the Lower Extremity in Duchenne's Muscular Dystrophy." *Foot Ankle*. 1:78, 1980.

"Dynamic Electromyographic Analysis of the Upper Extremity in Cerebral Palsy." *J. Hand Surgery*. 4:424, 1979.

## CURRICULUM VITAE

PAUL JOSEPH URBANEK, M.D.

[REDACTED]  
[REDACTED]  
[REDACTED]

### WORK ADDRESS:

Concord Orthopaedics, PA  
264 Pleasant Street  
Concord, NH 03301  
(603) 224-3368

Birth Date:

April 3, 1956 in Framingham, MA

Citizenship:

United States

Marital Status:

Married

### MILITARY STATUS:

None

### EDUCATION:

College:

University of New Hampshire  
Durham, NH  
BS - Chemical Engineering  
1974-1978

University of Cincinnati  
Cincinnati, Ohio  
MS - Chemistry  
1979-1981  
Advisor: George Kreishman, Ph.D.

Medical School:

University of Cincinnati  
College of Medicine  
Cincinnati, Ohio  
MD  
1981-1985

**Post-Doctoral Training:**

Rhode Island Hospital/Brown University  
Providence Rhode Island  
Surgical Intern 1985-1986  
Chairman: Donald S. Gann, M.D.

Rhode Island Hospital/Brown University  
Providence, Rhode Island  
Orthopaedic Research Fellowship 1986-1987  
Advisor: John Sandy, Ph.D. and James H.  
Herndon, M.D.

Rhode Island Hospital/Brown University  
Providence, Rhode Island  
Orthopaedic Surgery Residency 1987-1991  
Chairman: Michael G. Ehrlich, M.D.

Texas Scottish Rite Hospital for Children  
Dallas, Texas  
Pediatric Orthopaedic & Scoliosis Fellowship  
1991-1992  
Chairman: John A. Herring M.D.

**MEDICAL LICENSES:**

New Hampshire - [REDACTED], 5/6/92  
Rhode Island - [REDACTED] (Inactive, in good  
standing), 9/17/86

**CERTIFICATION:**

American Board of Orthopaedic Surgery  
7/15/94; re-certification 2003 effective to 2014

**ACADEMIC APPOINTMENTS:**

Assistant Professor of Surgery (Orthopaedics)  
and Pediatrics  
Dartmouth Medical School  
Hanover, New Hampshire 1992 -1997

**PROFESSIONAL POSITIONS:**

**Medical:**

Pediatric Orthopaedics/Pediatric Spinal Deformities/Spine Surgery  
Concord Orthopaedics  
264 Pleasant Street  
Concord, NH 03301 1997-

Pediatric Orthopaedics/Pediatric Spinal Deformities  
Dartmouth Hitchcock Clinic  
Dartmouth/Hitchcock Medical Center 1992 - 1997  
One Medical Center Drive  
Lebanon, NH 03756

Pediatric Orthopaedics  
Elliot Hospital  
One Elliot Way  
Manchester, NH 03103-3599 Privileges effective 7/01/07

Specialty Clinics:

NH Bureau of Special Medical Services  
Lebanon NH Clinic 1992 - 1998  
Manchester NH Clinic 1997 - present  
Exeter NH Clinic 1998 - present  
Myelomeningocele Clinic  
Dartmouth Hitchcock Med Ctr. 1992 - 1998  
NH Muscular Dystrophy Association  
Lebanon 1992 - 1997

Premedical:

Medicolegal Assistant  
Merrell-Dow Pharmaceutical Company  
Cincinnati, Ohio 1982 (summer)

Chemical Engineer  
PEDCo. International  
Cincinnati, Ohio 1981

Teaching Assistant in Chemistry  
University of Cincinnati  
Cincinnati, Ohio 1980-81

Assistant Technical Brand Manager  
Procter & Gamble Company  
Cincinnati, Ohio 1978-79

Summer Engineer Intern  
Rockwell International Company  
Dallas, Texas 1977

**PROFESSIONAL AWARDS:**

Haffenreffer Fellowship Award 1989  
Department of Orthopaedics  
Rhode Island Hospital/Brown University

Henry Höchstetter Award for Excellence in Teaching  
University of Cincinnati  
Department of Chemistry 1980

**MEMBERSHIPS:**

Pediatric Orthopaedic Society of North America 1996 -  
New Hampshire Medical Society 1992 -  
New Hampshire Orthopaedic Society 1992 -  
American Medical Association 1992 -  
Fellow, American Academy of  
Orthopaedic Surgeons 1994 -

**COMMITTEES:**

Concord Orthopaedics Professional Association  
Executive Committee 2004 - present  
Medical Advisory Board Member - Anthem Blue Cross/Blue  
Shield 1998 - 2001  
Medical Records Committee Member - Concord Hospital  
1999 - present

The Hitchcock Clinic, Lebanon, NH  
Managed Care Provider Operations Work Group  
Summer, 1994

The Hitchcock Clinic, Lebanon, NH  
Managed Care Provider Operations Work Group  
(Internal Model) Fall, 1994

**CONSULTANT REVIEWER:**

Spine Journal; Editor Janes Weinstein 1996 - 2008

**TEACHING ASSIGNMENTS:**

Scientific Basis of Medicine II: Pediatric Orthopaedics  
Dartmouth Medical School 1993-1998



**RESEARCH INTERESTS:**

3-D Computer Modeling of Child's Distal Humerus  
1995 - 1996

**VOLUNTEER ORGANIZATIONS:**

Granite State Symphony Orchestra	
Board of Directors	2003-present
President	2005-2007
Board Member, David's House	1995-1996
Cub Scout Pinewood Derby Coordinator	2002, 2003

**COURSES & MEETINGS ATTENDED:**

Orthopaedic Morbidity and Mortality  
Concord Hospital 2011

C.P.O.E. Training with Thomas Slowe  
Elliot Hospital Physician Education Department 2010

Medical Records/Orthopaedic M and M  
Concord Hospital 2010

Pediatric Orthopaedic Examination Scored AAOS  
2010

Musc Trauma Examination Scored and Recorded AAOS  
2010

Board Maintenance of Certification Preparation  
Cambridge, MA 2010

Adolescent Idiopathic Scoliosis: Understanding the  
deformity and current treatment  
Pediatric Orthopaedic Society of North America 2009

POSNA Annual Meeting  
Thursday Afternoon Symposia  
Pediatric Orthopaedic Society of North America 2009

POSNA Annual Meeting  
Pediatric Orthopaedic Society of North America 2009  
Boston, MA

European Paediatric Orthopaedic Society 27 <sup>th</sup> Annual Meeting of EPOS	2008
Spring Neuromotor Program Seminar Elliot Hospital	2007
Texas Scottish Rite Hospital for Children 29 <sup>th</sup> Annual Brandon Carrell Visiting Professorship	2007
Texas Scottish Rite Hospital for Children 2 <sup>nd</sup> Annual Spine Meeting	2005
Pediatric Orthopaedic Society Annual Meeting, Ottawa, Canada	2005
Spring Neuromotor Program Seminar Concord Hospital	2004
Pediatric Orthopaedic Society of North America Annual Meeting, St. Louis, MD	2004
Pediatric Orthopaedic Society of North America Annual Meeting, Amelia Island, FL	2003
Pediatric Orthopaedic Society of North America Annual Meeting, Salt Lake City, UT	2002
Texas Scottish Rite Hospital for Children Brandon-Carrell Lecture	2002
Texas Scottish Rite Hospital 23 Annual Brandon-Carrell Visiting Professorship Dallas, TX	2001
Concord Hospital Trauma Care: Tools for Success – The Pediatric Challenge Concord, NH	2001

Pediatric Orthopaedic Society of North America Annual Meeting, Cancun, Mexico	2001
Texas Scottish Rite Hospital for Children Brandon-Carrell Lecture	2000
Pediatric Orthopaedic Society of North America Annual Meeting, Orlando, FL	1999
Pediatric Orthopaedic Society of North America Annual Meeting, Orlando, FL	1998
Scoliosis Research Society Annual Meeting St. Louis, MO	1997
Pediatric Orthopaedic Society of North America Annual Meeting Banff, Alberta, Canada	1997
Branden Carrell Lecture Texas Scottish Rite Hospital for Children	1997
Orthopaedic Trauma Association Annual Meeting, Boston, MA	1996
Pediatric Orthopaedic Society of North America Annual Meeting, Phoenix, AZ	1996
Academic Orthopaedic Society Meeting Chicago, IL	1996
3rd Annual Newington Children's Orthopaedic Conference Newington Children's Hospital Newington, CT	1995
31 <sup>st</sup> Annual Joseph S. Barr, MD, Visiting Consultant Brattleboro, VT	1995
Pediatric Orthopaedic Society of North America Annual Meeting, Miami, FL	1995

Branden Carrell Lecture Texas Scottish Rite Hospital for Children	1995
32nd Annual Newington Children's Orthopaedic Conference Newington Children's Hospital Newington, CT	1994
Pediatric Orthopaedic Society of North America Annual Meeting, Memphis, TN	1994
Branden Carrell Lecture Texas Scottish Rite Hospital for Children Dallas, TX	1994
A.A.O.S. Comprehensive Review Course for Orthopaedic Surgeons Chicago, IL	1994
Branden Carrell Lecture Texas Scottish Rite Hospital for Children Dallas, TX	1993
Pediatric Orthopaedic Society of North America Annual Meeting, Greenbriar, WV	1993
Branden Carrell Lecture Texas Scottish Rite Hospital for Children Dallas, TX	1992
Pediatric Orthopaedic Society of North America Annual Meeting, Newport, RI	1992
Southwestern Medical Center Orthopaedic Review Course Dallas, TX	1992
American Academy of Orthopaedic Surgeons Annual Meeting, Washington, DC	1992
The Ilizarov Method: Treatment of Pseudoarthroses	

Mal-Unions and bone Defects Texas Scottish Rite Hospital Dallas, TX	1992
Basic Science in Orthopaedic Surgery: The Newport Course Newport, RI	1991 -
Southwestern Medical Center Orthopaedic Review Course Dallas, TX	1991
Infections in Orthopaedic Surgery Phoenix, AZ	1990
American Academy of Orthopaedic Surgeons Annual Meeting, New Orleans, LA	1990
Basic Science in Orthopaedics Harvard Combined Orthopaedic Residency Faculty Boston, MA	1990
The Ilizarov Method: Treatment of Pseudoarthroses, Mal-Unions and Bone Defects Hospital for Joint Diseases New York, NY	1989
AO/ASIF Basic Course Davos, Switzerland	1988
Review Course in Hand Surgery American Society for Surgery of the Hand New York, NY	1988
Prosthetics/Orthotics Comprehensive Course Northwestern University Chicago, IL	1988
Basic Science in Orthopaedics Harvard Combined Orthopaedic Residency Faculty Boston, MA	1988

Orthopaedic Research Society Meeting  
Atlanta, GA

1988

Orthopaedic Research Society Meeting  
San Francisco, CA

1987

**Invited Lecturer/Presentations:**

1. "Pediatric Orthopedics for Primary Care", Northeast Regional Nurse Practitioner Conference, Boston College, May 2008
2. "Tools for Success: Tricks of the Trade", Grappone Conference Center, Concord Hospital, April 2007.
3. "Lateral Condyle Non-Union" Branden Carrell Lecture, Texas Scottish Rite Hospital for Children, June 1997.
4. "Evaluation of the Limping Child", NH Bureau of Special Medical Services, Invited Speaker, June, 1997.
5. Dartmouth-Hitchcock Pediatric Lecture Series; "Evaluation of the Limping Child," Nashua, Manchester, Concord, Dover, Keene, 1996.
6. "Evaluation of the Limping Child," "Pediatric Orthopaedic Workshop." Invited speaker, Contemporary Issues in Office Pediatrics, Waterville, NH, February, 1996.
7. "Pediatric Orthopaedics for the Primary Care Provider." Invited speaker, New Hampshire Medical Association Annual Convention, Dixville North, NH, June, 1995.
8. "Osteotomy for Cubitus Varus." Branden Carrell Lecture, Texas Scottish Rite Hospital for Children, June, 1995.
9. St. Anselm's Ambulatory Care Nursing Conference, Pediatric Orthopaedic
10. "Tools for Success: Tricks of Trade." Invited speaker at Concord Hospital

Commission on Continuing Education in Concord, NH April 19, 2007.

11. Elliot Hospital Grand Rounds Speaker. "Pediatric Orthopaedic Trauma for Primary Care Caregivers" October 2007

## BIBLIOGRAPHY

### Peer-Reviewed Journals:

1. Froehlich JA, Dorfman GS, Cronan JJ, Urbanek PJ, Herndon JH, Aaron RK: Compression Ultrasonography for the Detection of Deep Venous Thrombosis in Patients Who Have a Fracture of the Hip. A Prospective Study. JBJS, Vol. 71-A, pp. 249-256, February, 1989.
2. Dorfman GS, Froehlich JA, Cronan JJ, Urbanek PJ, Herndon JH: Lower-Extremity Venous Thrombosis in Patients with Acute Hip Fractures. Am Jnl of Rad, 154:851-855, April, 1990.
3. Flannery C, Urbanek PJ, Sandy J: The Effect of Maturation and Aging on the Structure and Content of Link Protein in Rabbit Articular Cartilage. J. Ortho Research, Vol. 8:78-85, January, 1990.
4. Urbanek PJ: "Do the Profs Practice What our Prof Preaches?" In Public Speaking, G Rodman; Hold, Rinehart, Winston, p. 110-115, 1978.
5. Urbanek PJ: "Temperature Dependence of the Production of Penicillinase in B. cereus." Master's Thesis, University of Cincinnati, 1981.
6. Dartmouth-Hitchcock Pediatric Lecture Series. "Pediatric Orthopaedic Trauma." Nashua, Manchester, Exeter, Concord, Dover, 1995.
7. "3-D Computer Analysis of Baumann's Angle." 32nd Annual Newington Children's Orthopaedic Conference. Newington Children's Hospital, Newington, CT; October, 1994
8. "Cerebral Palsy, An Orthopaedist's View." Contemporary Issues in Office Pediatrics Conference. Waterville Valley, NH; 1994.
9. DHMC Pediatric Lecture Series, "Cerebral Palsy." Nashua, Manchester, Exeter, Concord, Dover; 1994.



10. "3-D Computer Analysis of Distal Humerus." Texas Scottish Rite Hospital, Branden Carrell Lecture; June, 1994.
11. "Developmental Hip Dysplasia." Orthopaedics Grand Rounds. Nashua Memorial Hospital. Nashua, NH, 1994.
12. DHMC Pediatric Lecture Series. "Scoliosis." Nashua, Manchester, Exeter, Concord, Dover; 1993.
13. "Pediatric Orthopaedic Trauma." Topics in Emergency Medicine Symposium; Faculty. Hanover, NH; 1993.
14. "Developmental Hip Dislocations." Pediatric Grand Rounds, DHMC; 1993.
15. "Scoliosis; and "Trauma Workshop" Office Pediatrics of the 90's Conference. Waterville Valley, NH; 1993.
16. "Congenital Hip Dislocations." Orthopaedic Grand Rounds, DHMC, Lebanon; NH; 1993.
7. "Management of Hip Dislocations with Fracture of Femoral Head." Grand Rounds; Rhode Island Hospital/Brown University; 1990.
18. "Supracondylar Humerus Fracture in the Child, with Complications." Grand Rounds; Rhode Island Hospital/Brown University; 1989.
19. "Giant Cell Tumors of Bone." Grand Rounds; Rhode Island Hospital/Brown University; 1989.
20. "Intraarticular Distal Radius Fractures and Malunion." Grand Rounds; Rhode Island Hospital/Brown University; 1988.

#### Abstracts:

1. Froehlich JA, Dorfman GS, Cronan JJ, Urbanek PJ: "Efficacy of Perioperative Screening of the Hip Fracture Patients for the Detection of Deep Venous

Thrombosis." AAOS Scientific Program, p. 201, New Orleans, LA, February 12, 1990.

2. Urbanek PJ, Bertrand S, Drvaric DM, Roberts JR: "Radiographic Analysis of Distal Radius: Effects of Rotation." Presented at New England Orthopaedic Society, June 6, 1988.
3. Flannery C, Urbanek P, Sandy J: "Age Related Studies on Link Protein in Rabbit Articular Cartilage." Transactions of 34th Annual Meeting Orthopaedic Research Society, Vol. 13, p. 150; Atlanta, GA; February 2, 1988.

## **Nutrition**

- Janet Clark, Director of Special Medical Programs
- Kimberly Lovely MPH RD LD, Intake and Referral Coordinator
- Honey Weiss MS RD LD, Nutrition Network Coordinator
- Marge Hayner MS RD LD
- Liz Johnston MPH RD LD
- Lesley Platts RD LD CNSC
- Michelle Scott MA RD LD IBCLC
- Marisa Smith RD LD
- Cynthia Kahn MD, Pediatric Consultant
- Heather Hudson, Program Assistant

Kimberly A. Lovely MPH RD LD

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PROFESSIONAL SUMMARY

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**Registered and Licensed Dietitian Nutritionist**

• **Pediatric Nutrition Consultant**

1997- present

**Nutrition, Feeding & Swallowing Program**

- Providing nutrition assessments, nutrition care planning, follow up, education and consultation with health care providers, early intervention programs and schools for children with special health care needs.
- Behavioral Feeding Team Pilot Program 2007-present

• **Referral and Intake Coordinator**

2004- present

• **Nutrition, Feeding & Swallowing program 2004- present**

Coordination of referrals including; determining eligibility, assignment to community based Nutritionist, managing third party reimbursement.

Co- management of Nutrition, Feeding & Swallowing Program including supervision of Network of Community based Nutrition Providers and all program activities pertaining to program operation.

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CREDENTIALS

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**Certified Registered Dietitian**

1993

**License, State of New Hampshire**

2003

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EXPERIENCE

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**Consultant Dietitian**

1996-1997

*Hanover Hill Health Care Center, Manchester, NH*

**Consultant Dietitian / Nutritionist**

1993-1996

*Washtenaw County Community Mental Health, MI*

*Livingston County Community Mental Health, MI*

*Lenawee County Community Mental Health, MI*

**Consultant Dietitian**

1993-1996

*The Gilbert Residence, Ypsilanti, MI*

**Clinical Dietitian**

*Chelsea Community Hospital*

**Nutrition Instructor**

1994-1996

*Michigan Heart and Vascular Institute*

**Research Dietitian**

1993

*Henry Ford Hospital*

**Clinical Dietitian**

1989-1992

*Cape Breton Regional Hospital*

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**EDUCATION**

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<b>Masters of Public Health in Human Nutrition</b> <i>The University of Michigan</i>	1992-1994
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<b>Graduate Clinical Nutrition Internship</b> <i>Sunnybrook Health Sciences Center</i> <i>The University of Toronto</i>	1988-1989
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<b>Bachelors of Science in Human Nutrition</b> Mount Saint Vincent University Halifax, Nova Scotia, Canada	1985-1988
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<b>Bachelors of Science- Chemistry Program</b> Mount Allison University Sackville, New Brunswick, Canada	1983-1985
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**AFFILIATIONS**

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<b>American Dietetic Association</b>	1993-present
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<b>New Hampshire Dietetic Association</b>	1997-present
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<b>Pediatric Nutrition Practice Group</b>	2005-present
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**COMMUNITY SERVICE**

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<b>Deacon</b> <i>Bedford Presbyterian Church</i> <i>Coordinator of meal ministry for families in need</i>	2006-present
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References on Request

## Honey Weiss MS RD LD

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### PROFESSIONAL SUMMARY

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#### Registered and Licensed Dietitian

Nutrition Network Coordinator for the Nutrition, Feeding and Swallowing Program at Child Health Services. Serves as a nutrition provider for the same agency evaluating and educating children with special health care needs. Has developed a series of education materials for children with special health care needs, developed a policy & procedure manual and QA tools. Public speaking at schools, community agencies on various pediatric nutrition related topics. This included at risk/overweight children, food allergies, autism, and pediatric nutrition assessment. Wrote and teaches a multidisciplinary 8 week class for overweight teenagers with special health care needs and their parents.

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### CREDENTIALS

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Dietetic Registration Exam	1982
License, State of New Hampshire	2003
Certified Pediatric Counselor for at risk and overweight clients	2006

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### EXPERIENCE

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<b>Nutrition Network Coordinator</b> <i>Child Health Services, Manchester, NH</i>	2004-current
<b>Pediatric Nutrition Consultant</b> <i>Child Health Services, Manchester, NH</i>	1990-current
<b>Nutrition Consultant</b> <i>Manchester Mental Health Center, Manchester, NH</i>	1989-2002
<b>Dietitian</b> <i>Bedford Nutrition Consultants, Bedford, NH</i>	1989-1995
<b>Pediatric Renal Dietitian</b> <i>St Christopher Hospital for Children</i>	1986-1989
<b>Pediatric Renal Dietitian</b> <i>University of Michigan Hospital, Ann Arbor, Michigan</i>	1985-1986
<b>Renal Dietitian</b> <i>Misericordia Hospital, Philadelphia, PA</i>	1982-1985

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### EDUCATION

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<b>Masters in Clinical Nutrition</b> <i>Drexel University, Philadelphia, PA</i>	1985
<b>Bachelor of Science in Clinical Nutrition Coordinated Undergraduate Program</b> <i>Syracuse University, Syracuse, New York</i>	1982

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### AFFILIATIONS

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<b>American Dietetic Association</b>	1982-Current
<b>Pediatric Practice Group</b>	1999-Current
<b>Northern New England Cystic Fibrosis Consortium</b>	1992-Current
<b>New Hampshire Dietetic Association</b>	1989-Current

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COMMUNITY SERVICE

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**Guiding Eyes for the Blind**

1996-Current

*Yorktown Heights, New York*

- Puppy Raiser for Guiding Eyes for the Blind. Currently raising 9<sup>th</sup> puppy for the agency.

References on Request



## Margaret L. Hayner, MS, RD, LD

### Summary of Qualifications:

Provided nutrition assessment and counseling services over the past 37 years for individuals with a wide range of medical and nutritional needs including:

- Children with special needs in the states of New Hampshire and Maine
- Pregnancy and Lactation
- Eating Disorders, Obesity and Weight Management
- Diabetes including Type I, Type II, Gestational Diabetes and Metabolic Syndrome
- Cardiac and Hyperlipidemias
- Hypertension
- Digestive Diseases and Syndromes

In addition:

- Conducted nutrition education in-services and seminars for community groups
- Developed nutrition education materials and brochures
- Administered nutrition education programs including hiring, training and supervision of paraprofessional staff
- Produced reports for regional radio stations.
- Directed food service program for an adult medical daycare program

### Education:

M.S. 1983 University of New Hampshire, Human Nutrition

B.S. 1975 University of New Hampshire

Major: Human Nutrition and Dietetics

Minor: Business Administration

### Professional membership:

Member, American Dietetic Association

Member, New Hampshire Dietetic Association

### Community Activities:

Member, Board of Directors, Portsmouth Prenatal Clinic (1989-1991)

### Professional Experience:

July 1995 To present	Business Owner/Nutrition Consultant Seacoast Nutritional Services Portsmouth, NH 03802
October 1989 To present	Garrison Women's Health Center, Nutrition Consultant Dover, New Hampshire
September 1988 To present	Harbour Women's Health Center, Nutrition Consultant Portsmouth, New Hampshire
April 1991 To present	Special Medical Services, Regional Nutritional Consultant Department of Health and Human Services, Concord, NH 03301
May 1996 To April 2012	Child Development Services of York County Arundel, Maine
October 1989 To July 1998	Wentworth-Douglass Hospital, Breastfeeding Class Instructor Dover, NH 03820

- September 1995  
To July 1998
- Tri-Area Visiting Nurses Association, Nutrition Consultant  
Somersworth, NH 03878
- April 1993  
To October 1996
- Salmon Falls Family Health Care, Nutrition Consultant  
Somersworth, NH 03878
- September 1996  
To February 1997
- Center for Eating Disorders Management, Nutrition Consultant  
Dover, NH 03820
- December 1992  
To January 1996
- Seacoast Cardiology Associates, Nutrition Consultant  
Dover, NH 03820
- September 1988  
To present
- Nutrition Consultant, Private Practice  
Referrals from area medical practices including:
- |                            |   |
|----------------------------|---|
| Exeter Pediatrics, Exeter  | Portsmouth Family Practice              |
| Coastal Pediatrics         | Salmon Falls Family Healthcare          |
| Rochester Pediatrics       | Garrison Women's Health                 |
| Lilac City Pediatrics      | Harbour Women's Health                  |
| Kingston Pediatrics        | Hampton OB/GYN Professional Association |
| Dover Pediatrics           | Bellamy Health                          |
| Plaistow Pediatrics        | Allergy Associates                      |
| YorKids Pediatrics         | Hampton Medical Group                   |
| Portsmouth Family Practice | Barrington Health Center                |
| Dover Family Practice      | Strafford Medical Associates            |
| Kittery Family Practice    | Portsmouth Internal Medicine            |
| Hilltop Family Practice    | Dover Internal Medicine                 |
| Hampton Pediatrics         | York Family Practice                    |
| Portsmouth Pediatrics      | Family Care of Somersworth              |
| Durham Family Health       | Rochester Hill Family Practice          |
| Woodbury Family Practice   | Whole Life                              |
| Lamprey Family Practice    | SkyHaven Internal Medicine              |
| Lee Family Practice        | Beacon Internal Medicine                |
- May 1984  
To October 1989
- Portsmouth Prenatal Clinic, Nutritionist  
Portsmouth, New Hampshire 03801
- April 1986  
To August 1998
- Homemakers of Strafford County, Nutritionist/Program Coordinator  
Rochester, New Hampshire 03878
- April 1983  
To September 1985
- Newmarket Regional Health Center  
Newmarket, NH 03857
- September 1982  
To December 1984
- Strafford County WIC Program  
Rochester, NH 03867
- December 1978  
To August 1982
- University of New Hampshire, Cooperative Extension Service  
Strafford County EFNEP Program Coordinator  
Dover, New Hampshire, 03820
- April 1976  
To June 1979
- Homemakers of Strafford County  
Homemaker/Home Health Aide; Nutrition Advisor  
Dover, New Hampshire 03820
- Publications:
- "Building Healthy Babies", WIC Prenatal Nutrition Pamphlet  
"An Apple A Day", EFNEP brochure  
"It's No Mystery: Healthy Mothers Have Healthy Babies", Portsmouth Prenatal Clinic brochure

References available upon request.

## **Lesley Platts Robie, RD, LD**

### **Profile**

Registered dietitian who consults for Nutrition, Feeding and Swallowing program. The is a collaborative program between Child Health Services; SERESC, and the State of New Hampshire serving children with special health care needs birth through 21 years. The program is community based and using a family directed model. Lesley has 11 years experience working with in this population. In her roles, she has participated in the development of education materials, the Special Meals Prescriptions Form for modified participation in school/daycare meals and snacks. In addition to her work with this population Lesley also works as a clinical dietitian at an acute care facility with specialty in critical care, nutrition support, and gastrointestinal surgery. As part of this position she has developed a comprehensive quality assurance program for nutrition support administration, participated in an international nutrition outcomes survey and worked to strengthen multidisciplinary relationships to improve the safety of nutrition support administration.

### **Education**

<i>August 1995</i> <i>To May 1997</i>	<b>University of New Hampshire</b> Bachelor of Science in Nutritional Sciences, Summa Cum Laude	Durham, NH
<i>August 1993</i> <i>To August 1995</i>	<b>Plymouth State College</b> Associates of Arts in General Studies, Cum Laude	Plymouth, NH

### **Work Experiences**

<i>July 2005</i> <i>To present</i>	<b>Child Health Service</b> Pediatric Nutrition Consultant	Manchester, NH
<i>May 1998</i> <i>To present</i>	<b>LRGHealthcare</b> Clinical Dietitian	Laconia, NH
<i>July 1998</i> <i>To July 2005</i>	<b>State of NH—Special Medical Services</b> Regional Nutrition Consultant	Concord, NH
<i>January 1997</i> <i>To May 1997</i>	<b>University of New Hampshire</b> Teacher's Assistant for Nutritional Assessment Lab	Durham, NH

### **Board Certification**

<i>September 2004</i>	Certified Nutrition Support Dietitian Certificate No. 1033582
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### **Memberships**

ASPEN  
Dietitians In Nutrition Support Practice Group  
New Hampshire Nutrition Support Network  
Pediatric Nutrition Practice Group

### **Presentations from 2007 to present**

*November 2008:* Blender Bliss Food Lab; presented to the Nutrition, Feeding and Swallowing program,

*November 2008:* Tube Feeding Update: New Practice Guidelines, Managing Very Low Calorie Needs, Supplement, and Blenderized Feedings; presented to the Nutrition, Feeding and Swallowing program, a state wide group of dietitians, occupational therapist, and speech therapist in New Hampshire.

## Curriculum Vitae

Michelle I. Scott  
603 878-1680

**Masters Degree, Nutrition Science—Syracuse University, 1995**

**Bachelors Degree, Community Nutrition—State University of New York, 1983**

**American Dietetic Association Registered Dietitian since 1995**

**Board Certified Lactation Consultant since 1990**

**American Dietetic Association, Certified Specialist in Pediatrics, 2003-2008**

**WellSpring Nutrition and Lactation Services** Nutritionist/Outreach **11/02 - present**  
for Cleft Lip and Palate of New Hampshire

**Nashua Pediatrics Inc, Lactation Consultant** **7/01 - present**

**Bureau of WIC Nutrition Services, NH State Administrative Office** **5/00 - 10/00**  
NH State Nutrition Coordinator (interim)

**Elliot Hospital, Manchester, NH and So NH Medical Center, Nashua** **1999-2010**  
Childbirth Education Dept, Lactation Educator

**Special Medical Services Bureau, NH Dept of Health/Human Services** **1997 - present**  
Dietitian for Children with Special Needs, and lactation specialist

**WIC Program/Southern New Hampshire Services, Manchester, NH** **1996 -1999**  
Breastfeeding/Peer Counselor Coordinator and Nutritionist

**Marriott Corporation, New Hartford, NY** **1995 - 1996**  
Dietitian for Residential Care Facility

**Syracuse University, Syracuse, NY**  
Applied Preprofessional Practice Program/American Dietetic Association **1994 - 1995**

**Women, Infants, and Children Program (WIC), Utica, NY** **1983 - 1994**

Breastfeeding Education Coordinator/Nutritionist (1990 -1994)  
Supervising Nutritionist (1985 -1990)  
Nutritionist (1983 -1984)

Michelle I. Scott

Professional Organizations

American Dietetic Association

International Lactation Consultants Association

New Hampshire Dietetic Association

New Hampshire State Breastfeeding Task Force

### **Professional Presentations and Workshops**

- **Peer Counseling in the WIC Setting** for the New York State Health Department's statewide Breastfeeding Conference, 1990.
- **Common Problems--Explanation and Management** a breastfeeding workshop for the New York State WIC Association Conference, 1994.
- **Milk Overproduction—An Undiagnosed, but Frequent Problem** a workshop for the New York State WIC Association Conference, 1995.
- **Prenatal Nutrition for Perinatal Nurses** for St. Elizabeth School for Nursing, Utica, NY 1995
- **Workshops for Maternal Child Health Grant for NY State** presented regional workshops throughout the state. Wrote skits demonstrating common barriers to breastfeeding to be presented between lectures during day-long lectures, 1994.
- **Early Childhood Nutrition** seminars for Cornell Cooperative Extension Expanded Food and Nutrition Education Program, 1990.
- **Barriers to Breastfeeding** a seminar for nurses, and other health professionals for March of Dimes, Syracuse, NY 1992.
- **Vitamins and Minerals for Prenatal Women** training for health professionals for Central NY Region Health Department and March of Dimes, 1995.
- **Coordinated New Hampshire 1997 State WIC Conference** for the Promotion, Protection and Support of Breastfeeding. Served on the planning committee for this conference in 1998 and 1999.
- **Dietitians as Lactation Consultants** Speaker at the 1997 American Dietetic Association National Conference, Boston, MA.
- **Nutrition and Breastfeeding: FAQ from Chocolate to Broccoli** NH WIC Conference for the Promotion, Protection, and Support of Breastfeeding, 2000

**Michelle Scott**

### Professional Publications/Writing

- **Book Reviewer for Journal of Human Lactation** 1998. To 2004
- **American Dietetic Association/Pediatric Practice Group publication: ADA Pediatric Manual** author of chapter on Normal Infant Nutrition
- **Core Curriculum for Lactation Consultant Practice** 2<sup>nd</sup> Edition Chapter on Nutrition for Breastfeeding Women 2005, and revisions/update 2011 for 3<sup>rd</sup> edition

### Community Workshops and Presentations

- **Founded Breastfeeding Network** In 1992, together with the WIC Director of 2 nearby counties, established the Mohawk Valley Breastfeeding Network, Inc. In 1998, helped organized the Nashua Breastfeeding Coalition with Nashua area hospitals and agencies.
- **Spokesperson** Served annually as spokesperson for WIC and Mohawk Valley Breastfeeding Network on TV and radio to discuss breastfeeding and answer questions. 1989-92
- **Coordinated** WIC nutrition education with Cooperative Extension EFNEP to promote cooperation and improve services. 1987-92
- **Modifying Recipes for Better Health** for the Health and Nutrition Forum of Oneida County, NY at Mohawk Valley Community College, 1992.
- **Nutrition for Pregnant, Breastfeeding and Parenting Teens** for the Catholic Charities Teen Program in both Rome and Utica, 1988-94. A series of classes repeated every three months.
- **Trail Nutrition** a program presented to Girl Scouts, for the Department of Environmental Conservation, and for the Adirondack Mountain Club. Presentations statewide, repeated one or two times a year, 1989-95.
- **Proteins—Getting Enough and Complimenting Them!** A presentation for the YWCA as a part of their Culinary Hearts Kitchen Course. 1992.
- **Feeding Your Picky Eater—The Healthy Way** Program presented for Hollis Library, 1998.

# MARISA L. SMITH

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## CREDENTIALS:

Register and licensed dietician in the state of New Hampshire.

## EDUCATION:

**Virginia Polytechnic Institute and State University** – Blacksburg, VA

B.S. Human Nutrition, Food, and Exercise – Dietetics Option Overall GPA 3.2

**Keene State College Dietetic Internship & Masters Courses**- Keene, NH

M.S. Dietetics & Nutrition Practicum Hours- (9/03-5/05)

## PROFESSIONAL EXPERIENCES:

**Dietitian Special Medical Services:** Dept. of Health and Human Services, Manchester NH, 2005-present

- Conduct nutrition evaluations and care plans for children with health/nutrition related problems in southwestern NH.
- Provide nutrition education to clientele through verbal and written education.
- Attend employee nutritional trainings that involve lectures and hands-on activities.

**WIC Nutritionist:** Southwestern Community Services Keene NH, 8/02- 8/04

- Provide nutritional counseling and education to participants.
- Construct WIC newsletters containing informative health advice.
- Development and coordination of wellness activities within the agency.

**Intern:** Monadnock Community Hospital, Peterborough NH, 8/04-1/05

- Medical nutrition therapy for ICU, Pediatrics, OB and Oncology units.
- Constructed individualized diets and personalized wellness counseling.
- Provided in/out patient health counseling for people with various needs.
- Conducted nutritional screenings, assessments and recommendations.

## ACCOMPLISHMENTS AND ACTIVITIES:

**Action Against Hunger Member** (2006-current)

- Volunteer with various programs to aid in providing food to the needy.

**Healthy Heart Program** (2006-current)

- Conducted a nutrition education program in local elementary schools.

**Wellness Committee Member** (2002-2004)

- Participate in activities and wrote the health section for the SCS company newsletter.

**March Into May: Worksite Wellness Program** (2003)

- 2004 worksite leader and coordinator for a ten-week workplace exercise program.

**Nutrition Education Task Force Member** (2002-2004)

- Reviewed and revised new health educational pamphlets.

**Student Dietetic Association Member** (1999-2002)

- Volunteered for various community programs, and raised money for local charities.

**Americorps Volunteer** (2003-2005)

- Peer educator, participated in community programs for health awareness.

**Keene State College Dietetic Internship** (2003-2005)

- Interned in various community, foodservice and clinical sites in the community.

## HONORS & CERTIFICATIONS:

Dean's List Virginia Tech

National Student Exchange Program participant



**Child Health Services  
Board of Directors  
2013-2014**

Andrea G. Chatfield, Esq.  
Kathleen A. Davidson, Esq.  
Laurie Glaude, PHR  
Ted Krantz  
Gary Lindner, DMD  
Robert MacPherson  
Christine Madden  
Denise McDonough  
Brian McLaughlin  
John M. Mercier  
Steven Paris, M.D.  
Timothy Riley  
Norman Turcotte

# State of New Hampshire

## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Child Health Services is a New Hampshire nonprofit corporation formed July 23, 1979. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 1<sup>st</sup> day of April A.D. 2013

A handwritten signature in dark ink, appearing to read "Wm Gardner", written in a cursive style.

William M. Gardner  
Secretary of State

FACT SHEET

DIVISION OF COMMUNITY BASED CARE SERVICES  
BUREAU OF DEVELOPMENTAL SERVICES  
SPECIAL MEDICAL SERVICES SECTION

CIVIL RIGHTS COMPLIANCE

1. Name of Applicant Agency (legal): Child Health Services
2. Address (mailing):  
1245 Elm Street  
Manchester, NH 03101
3. Telephone Number: 603-668-6629
4. Name of Agency Board Chairperson/  
President Steven Paris, MD
5. Name of Agency Director: Lisa DiBrigida, MD
6. Is the Agency exempt from Federal Income Tax 501 (c) (3)? Yes ☒ No ☐
7. Civil Rights Information
  - a. Does the agency have a non-discrimination notice posted in client service areas?  
Yes ☒ No ☐
  - b. Does the agency have a procedure for obtaining race/ethnic data?  
Yes ☒ No ☐
  - c. Does the agency have a procedure for obtaining primary language data?  
Yes ☒ No ☐
  - d. Is the agency handicapped accessible?  
Yes ☒ No ☐
  - e. If not accessible, is alternate site available?  
Yes ☐ No ☐
  - f. Does the agency have a procedure for communicating with persons with Limited English Proficiency (LEP)?  
Yes ☒ No ☐
  - g. Does the agency have a procedure for communicating with handicapped persons?  
Yes ☒ No ☐



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/6/2013

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

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

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

**COVERAGES**

CERTIFICATE NUMBER: CL1292072344

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			PAS000105207	9/7/2012	9/7/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N N/A			3102801035 (3a.) NH All officers included	9/7/2012	9/7/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Refer to policy for exclusionary endorsements and special provisions. 10 Day Cancellation for Non-Payment of Premium

**CERTIFICATE HOLDER****CANCELLATION**

NH Department of Health & Human Services  
29 Hazen Drive  
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

Kari Reeves/KAS

*Kari A. Reeves*