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Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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March 25, 2013

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section to exercise a contract renew and amend option with Central New Hampshire VNA & Hospice, Purchase Order #1020796, Vendor #177244-B002, 780 Main Street, Laconia, New Hampshire 03246, by increasing the Price Limitation by \$141,912.00 from \$141,912.00 to \$283,824.00 to provide home visiting services to pregnant women in accordance with the Healthy Families America model, and extend the Completion Date to June 30, 2015, effective July 1, 2013 or the date of Governor and Executive Council approval, whichever is later. This Agreement was originally approved by Governor and Executive Council on January 11, 2012 item #54. Funds are anticipated to be available in SFY 2014 and SFY 2015 upon the availability and continued appropriation of funds in the future operating budget, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES,
ACA HOME VISITING

100% FED

Fiscal Year	Class/Object	Class Title	Job Number	Current Modified Budget	Increased (Decreased) Amount	Revised Modified Budget
SFY 2012	102-500731	Contracts for Prog Svc	90004104	\$70,956		\$70,956
SFY 2013	102-500731	Contracts for Prog Svc	90004104	\$70,956		\$70,956
SFY 2014	102-500731	Contracts for Prog Svc	90004104		\$70,956	\$70,956
SFY 2015	102-500731	Contracts for Prog Svc	90004104		\$70,956	\$70,956
			Total	\$141,912	\$141,912	\$283,824

EXPLANATION

Funds in this amendment will be used to support home visiting services in the Carroll County for families at risk for poor health outcomes and child maltreatment. This voluntary home visiting program will follow an evidence-based model and curriculum, proven through research to improve outcomes for health, reduce child maltreatment and improve family economic self-sufficiency. Home visitors provide support and education to families in their homes. Each family receives an assessment of their strengths and needs, and home-visiting

services are provided in accordance with those individual assessments. Families and home visitors discuss prenatal health, child development, positive parenting practices, health and safety concerns, family planning and smoking cessation.

Carroll County was identified as an at-risk community during the 2010 Home Visiting Needs Assessment. By targeting the delivery of Home Visiting New Hampshire – Healthy Families America in communities that were identified as having the highest risk population, the program will reduce differences in health outcomes. The following information concerning Carroll County was used to make this determination. Most of this data is from 2008, the most recent year for which data was available.

- Carroll County has the highest countywide child poverty rate (15.3%).
 - 19.9% of children receive food stamps (SNAP)
 - 27.6% of infants and children from birth – age 4 participate in WIC
 - 37.7% of children are enrolled in Medicaid or CHIP
 - Infant Mortality Rate: 5.6 per thousand
 - 4.3% of children receive Community Mental Health Services
 - 1.5% of students are homeless
- Carroll County has the highest countywide percentage of children in single-parent families (29.2%)
- 70.2% of young children in Carroll County have all care giving parents in the workplace
- Carroll County has the highest ratio of Apartment Rent/Family Income at 18.9% and the lowest average weekly wage in the state at \$587.
- Carroll County has the lowest percentage of jobs paying a livable wage for families with two parents working (47%), as well as families with one parent working (16%).
- Annual number of substantiated child maltreatment victims: 5.5 per 1,000 children age 0 to 17, compared to a statewide rate of 3.3 per 1,000 children
- Carroll County has the highest rate in New Hampshire of court-involved youth ages 7-17: 11.8 per 1,000
- Juvenile Arrests for Serious Crimes: 91 per 10,000 youth (ages 10-16)
- 16.4% of students require special education services
- 10.4% of live births were premature
- 6.8 cases of domestic violence per thousand

Should Governor and Executive Council not authorize this Request; families will not receive home visiting services that have been shown to improve conditions for young families leading to healthy and productive communities. In addition, New Hampshire will not fulfill its requirement to provide services as outlined in federal legislation.

Central New Hampshire VNA & Hospice was selected for this project through a competitive bid process. The Request for Proposals was posted on the Department of Health and Human Services web site on June 30, 2011 soliciting proposals from the following geographic areas: Carroll County, Coos County, the city of Manchester, Stafford County and Sullivan County. In addition, emails were sent to community agencies and various list serves, which provided broad distribution throughout the state.

In response to the Request for Proposals to provide Home Visiting New Hampshire-Healthy Families America services in five geographic areas, six proposals were submitted. A committee of seven reviewers evaluated the proposals, including four Department of Health and Human Services personnel and three external reviewers. Each reviewer had between two and seventeen years experience providing direct services in the community and/or managing programs that serve children and families. Areas of specific expertise include Maternal and Child Health; Law; Injury Prevention; Child Abuse Prevention; and Women, Infants and Children Nutrition. Proposals were scored taking an average of all reviewers' scores. Reviewers recommended funding

four proposals to serve four of the five geographic areas. The proposal from Central New Hampshire VNA & Hospice was selected to serve Carroll County. Two proposals scored poorly and were not recommended for funding. As a result, a new Request for Proposals has been released to solicit services in Strafford County. The Request for Proposals scoring summary is attached.

As referenced in the original letter approved by Governor and Executive Council on January 11, 2012, item #54, and in the Request for Proposal, Renewals Section, this competitively procured Agreement has the option to renew for two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. The Division is exercising this renewal option. These services were contracted previously with this agency in SFY 2012 and SFY 2013 in the amount of \$141,912. This represents level funding.

As with any start up program, it's difficult for new agencies to meet all targets in the first year of seeing families. This agency didn't meet all targets in SFY 2012. However, Central New Hampshire VNA & Hospice is on track to reach these targets in SFY 2013, and become a nationally accredited Healthy Families America program in year 3, as required in the scope of this agreement.

Performance Measure #1: 90% of women enrolled in Home Visiting New Hampshire – Healthy Families America will receive at least one Edinburgh Post Natal Depression Scale screening between six and eight weeks after giving birth.

Performance Measure #2: 90% percent of families will receive a Healthy Homes One-Touch assessment by the birth of their child.

Performance Measure #3: 90% of children will receive further evaluation after scoring below the "cutoff" on the Ages & Stages Questionnaire, 3rd ed., which is a developmental screening tool.

Area served: Carroll County.

Source of Funds: Source of Funds is 100% Federal Funds from United States Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

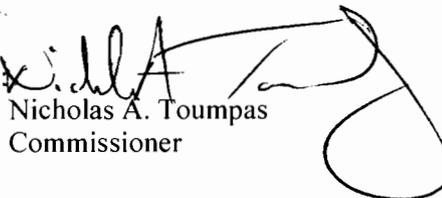
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD
Director

Approved by



Nicholas A. Toumpas
Commissioner

JTM/PT/DD/sc

Home Visiting NH - Health Families America
To provide home visiting services with fidelity to the HFA Model to families in identified at-risk communities.

Program Name
Contract Purpose
RFP Score Summary

Max Pts	Behavioral Health and Developmental Services of Strafford County, 113 Crosby Road Suite 1, Dover, NH 03820	The Family Resource Center at Gorham, 123 Main Street, Gorham, NH 03581	Good Beginnings of Sullivan County, 169 Main Street, Claremont, NH 03743	Central New Hampshire VNA & Hospice, 780 North Main Street, Laconia, NH 03246	The HUB Family Support Center - (Healthy Universal Beginnings), 23 Atkinson Street, Dover, NH 03820	Child and Family Services, 464 Chestnut Street, Manchester, NH 03105	Bidder Name, Town, St	Bidder Name, Town, St
30	20.00	30.00	26.00	21.00	21.00	25.00	0.00	0.00
50	34.00	49.00	46.00	39.00	32.00	43.00	0.00	0.00
15	7.00	14.00	14.00	11.00	11.00	13.00	0.00	0.00
5	4.00	4.00	4.00	5.00	4.00	4.00	0.00	0.00
100	65.00	97.00	90.00	76.00	68.00	85.00	0.00	0.00

BUDGET REQUEST								
Year 01	143,098.00	71,344.00	78,403.00	64,286.00	143,098.00	175,320.00	-	-
Year 02	143,098.00	71,344.00	78,403.00	64,286.00	143,098.00	175,320.00	-	-
Year 03	-	-	-	-	-	-	-	-
TOTAL BUDGET REQUEST	286,196.00	142,688.00	156,806.00	128,572.00	286,196.00	350,640.00		
BUDGET AWARDED								
Year 01	-	\$78,323.00	\$85,690.00	\$70,956.00	-	\$188,826.00	-	-
Year 02	-	\$78,323.00	\$85,690.00	\$70,956.00	-	\$188,826.00	-	-
Year 03	-	\$0.00	\$0.00	\$0.00	-	\$0.00	-	-
TOTAL BUDGET AWARDED		\$156,646.00	\$171,380.00	\$141,912.00		\$377,652.00		

RFP Reviewers	Name	Job Title	Dept/Agency	Qualifications
1	Anna Thomas	Deputy Public Health Director	Manchester Health Dept	The reviewers have between two and seventeen years of experience in public health and/or family support programs. Areas of expertise include Maternal and Child Health; Injury Prevention; Women, Infants and Children Nutrition; Child Abuse Prevention and Law.
2	Lissa Sirois	Breastfeeding Promotion Coord.	DHHS/DPHS/WIC	
3	Rhonda Siegel	IP Program Manager	DHHS/DPHS/MCH	
4	Laura Milliken	Director	Early Childhood Adv.Council	
5	Kim Firth	Program Director	Endowment for Health	
6	Andrea Goldberg	Prevention & Community Support Spec	DHHS/DCYF	
7	Jessica Locke	Credentialing Specialist	DHHS/DCYF/CDB	

EXERCISE OF OPTION TO RENEW AND AMEND ONE

This Agreement (hereinafter called the “Renew and Amend One”) dated this 25th day of JAN, 2013 by and between the State of New Hampshire acting by and through its Division of Public Health Services of the Department of Health and Human Services, (hereinafter referred to as the “Division”) and the Central New Hampshire VNA & Hospice, Purchase Order Number 1020796, a corporation organized under the laws of the State of New Hampshire, with a place of business at 780 North Main Street, Laconia, New Hampshire 03246 (hereinafter referred to as the “Contractor”).

WHEREAS, pursuant to an agreement (hereinafter called the “Agreement”) dated January 11, 2012, Item #54, the Contractor agreed to perform certain services upon the terms and conditions specified in the Agreement and in consideration of payment by the Division of certain sums as specified therein;

WHEREAS, pursuant to the provision of Exhibit C, #17 of the Agreement, the Agreement may be renewed for a period of two additional years, pending availability of funding, the agreement of the parties, and approval by Governor and Council;

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

WHEREAS, the Provider and the Division have agreed to Exercise the Option to Renew and Amend the Agreement in certain respects;

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

Contractor Initials: 
Date: 1-25-13

1. **Exercise Of Option To Renew and Amend For Two Additional Years:**

The Agreement is hereby amended as follows:

Amend Section 1.7 of the General Provisions by extending the completion date to June 30, 2015.

Amend Section 1.8 of the General Provisions by increasing the Price Limitation by \$141,912 from \$141,912 to \$283,824.

Exhibit A – Scope of Services

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

Exhibit B – Contract Price

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

The contract price shall increase by \$70,956 for SFY 2014 and \$70,956 for SFY 2015. The contract shall total \$283,824 for the contract term.

Funding in the amount of \$141,912 is available from 010-090-5896-102-500731, 100% Federal Funds from the US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, CFDA #93.505.

2. **Effective Date of Renew and Amend:**

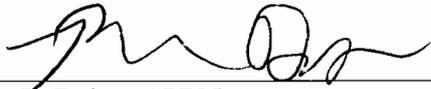
This Renew and Amend shall take effect on July 1, 2013 or the date of Governor and Council approval, whichever is later.

3. **Continuance of Renewal Agreement:**

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

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

**STATE OF NEW HAMPSHIRE
Division of Public Health Services**

By:  4/1/10
Lisa L. Bujno, APRN *Brax S. Dupre* Date
Bureau Chief

By:  1-25-13
John Giere, Board President Date
Central New Hampshire VNA & Hospice
Legal Name of Agency

STATE OF NEW HAMPSHIRE
COUNTY OF BELKNAP

On this the 25th day of January 2013, before me, Elizabeth C. Long,
(name of notary)
the undersigned officer, John Giere personally appeared who acknowledged him/herself
(contract signatory)
to be the President of the Central New Hampshire VNA & Hospice,
(signatory's title) (legal name of agency)
a corporation, and that he/she, as such President, being authorized so to do,
(signatory's title)
executed the foregoing instrument for the purposes therein contained, by signing the name of the
corporation by him/herself as President of the Central New Hampshire VNA & Hospice.
(signatory's title) (legal name of agency)
In witness whereof I hereunto set my hand and official seal.

Elizabeth C. Long
Notary Public/Justice of the Peace

My Commission expires: 9-9-14

Approved as to form, execution and substance:

OFFICE OF THE ATTORNEY GENERAL

By: Jeanne P. Herrick
Assistant Attorney General

Date: 11 Apr. 2013

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

OFFICE OF THE SECRETARY OF STATE

By: _____

Title: _____

NH Department of Health and Human Services

**Exhibit A-1
Scope of Services**

Home Visiting New Hampshire – Healthy Families America

CONTRACT PERIOD: July 1, 2013 or date of G&C approval, whichever is later, through June 30, 2015

CONTRACTOR NAME: Central New Hampshire VNA & Hospice

ADDRESS: 780 North Main Street
Laconia, New Hampshire 03246

Chief Executive Officer: Margaret Franckhauser

TELEPHONE: 603-524-8444

The Contractor shall:

I. General Provisions

A. Eligibility and Income Determination

1. The Contractor shall provide home visiting services to pregnant and parenting women with children up to age three according to the priorities described in the Healthy Families America Home Visiting Model.
2. Priority shall be given to participants who:
 - Are first time mothers;
 - Have low incomes;
 - Are pregnant women who have not attained age 21;
 - Have a history of child abuse or neglect or have had interactions with child welfare services;
 - Have a history of substance abuse or need substance abuse treatment;
 - Are users of tobacco products in the home;
 - Have, or have children with, low student achievement;
 - Have children with developmental delays or disabilities;
 - Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.
3. The Contractor shall provide documentation of income determination and need to inform clients of Medicaid and/or to assist with applications.
4. *The Contractor shall bill all other payers including private insurance and Medicaid for all reimbursable services rendered.*

B. Numbers Served

Services are to be provided to a minimum number of individuals, as outlined in the table below, throughout the contract term.

Area to be served:	Minimum
Carroll County	15
Coos County	17
Manchester, City of	46
Strafford County	37
Sullivan County	19

C. Culturally and Linguistically Appropriate Standards of Care

The Department of Health and Human Services (DHHS) recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, the Division of Public Health Services (DPHS) expects that Contractors shall provide culturally and linguistically appropriate services according to the following guidelines:

1. Assess the ethnic/cultural needs, resources and assets of their community.
2. Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
3. When feasible and appropriate, provide clients of limited English proficiency (LEP) with interpretation services. Persons of LEP are defined as those who do not speak English as their primary language and whose skills in listening to, speaking, or reading English are such that they are unable to adequately understand and participate in the care or in the services provided to them without language assistance.
4. Offer consumers a forum through which clients have the opportunity to provide feedback to providers and organizations regarding cultural and linguistic issues that may deserve response.
5. The Contractor shall maintain a program policy that sets forth compliance with Title VI, Language Efficiency and Proficiency. The policy shall describe the way in which the items listed above were addressed and shall indicate the circumstances in which interpretation services are provided and the method of providing service (e.g. trained interpreter, staff person who speaks the language of the client or language line).

D. State and Federal Laws

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

1. The Contractor shall report all cases of communicable diseases according to New Hampshire RSA 141-C and He-P 30, effective 01/05.
2. Persons employed by the Contractor shall comply with the reporting requirements of New Hampshire RSA 169:C, Child Protection Act; RSA 161:F46, Protective Services to Adults and RSA 631:6, Assault and Related Offenses.

E. Relevant Policies and Guidelines

1. The contractor shall maintain the confidentiality of public assistance clients and use the information only for program administration purposes.
 - a) All staff must understand that the receipt of this information is confidential and cannot be disclosed except in direct administration of the program.
 - b) All staff must adhere to the Division of Family Assistance confidentiality policy in the General Manual and sign a statement saying that they agree to uphold the confidentiality standards. Failure to maintain confidentiality shall result in disciplinary actions.
2. Receipt of public assistance and other confidential information may be shared as a part of the medical record only with the properly signed release of information from the client.

F. Publications Funded Under Contract

1. The DHHS and/or its funders will retain COPYRIGHT ownership for any and all original materials produced with DHHS contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
2. All documents (written, video, audio) produced, reproduced or purchased under the contract shall have prior approval from DPHS before printing, production, distribution, or use.
3. The Contractor shall credit DHHS on all materials produced under this contract following the instructions outlined in Exhibit C-1 (5).

G. Subcontractors

If services required to comply with this Exhibit are provided by a subcontracted agency or provider, the DPHS, Maternal and Child Health Section (MCHS) must be notified in writing prior to initiation of the subcontract. In addition, subcontractors must be held responsible to fulfill all relevant requirements included in this Exhibit.

II. Minimal Standards of Core Services

A. Service Requirements

1. Implement Healthy Families America home visiting model with fidelity using the 12 Critical Elements:
 - a. Service Initiation
 - i. Initiate services prenatally.

- ii. *Use the standardized screening tool and the Parent Survey, to systematically identify families who are most in need of services.*
 - iii. Offer services voluntarily and use positive outreach efforts to build family trust.
- b. Service Content
- i. Offer services to participating families until the child's third birthday, using well-defined criteria for increasing or decreasing frequency of services.
 - ii. Services should be culturally competent; materials used should reflect the diversity of the population served.
 - iii. Services are comprehensive, focusing on supporting the parent as well as supporting parent-child interaction and child development.
 - iv. All families should be linked to a medical provider; they may also be linked to additional services.
 - v. Staff members should have limited caseloads. *The Healthy Families America national office requires that "one home visitor (FSW) serve no more than 15 families receiving weekly visits or 25 families receiving less frequent visits. In some instances, the caseload may need to be reduced to accommodate families with multiple needs or to accommodate communities in which there are long distances between home visits."*
- c. Staff Characteristics
- i. Service providers are selected based on their ability to establish a trusting relationship.
 - ii. All service providers should receive basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drug-exposed infants, and services in their community.
 - iii. Service providers should receive thorough training specific to their role to understand the essential components of family assessment and home visitation.
2. HVNH-HFA will include home visits by nurses as an enhancement to the HFA Model. The schedule of visits should adhere closely to the following:
- a. In the prenatal period: three nurse visits at home or office, or a minimum of one nurse visit during each trimester in which a woman is enrolled.
 - b. A minimum of one postpartum/newborn home visit by nurse, APRN, physician offered to *all* families.
 - c. A minimum of 3, maximum of 10 nurse visits per year for the child.
3. Contractors considering clinical or sociological research using clients as subjects must adhere to the legal requirements governing human subjects' research. Contractors must inform the DPHS, MCHS prior to initiating any research related to this contract.

B. Staffing Provisions

1. New Hires

The Contractor shall notify the MCHS in writing within one month of hire when a new administrator or coordinator or any staff person essential to carrying out this scope of services is hired to work in the program. A resume of the employee shall accompany this notification.

2. Vacancies

The Contractor must notify the MCHS in writing if the executive director or program coordinator position is vacant for more than three months. This may be done through a budget revision. In addition, the MCHS must be notified in writing if at any time any site funded under this agreement does not have adequate staffing to perform all required services for more than one month.

3. Staff employed or subcontracted by the contractor shall meet the following qualifications:

The HFA Critical Elements state that direct service staff should not be hired based on their formal education alone. Service providers should be selected because of their personal characteristics (i.e., a non-judgmental attitude, compassion, the ability to establish a trusting relationship, etc.), their willingness to work in or experience working with culturally diverse communities and their skills to do the job.

a. Family Assessment Workers and Family Support Workers/Home Visitors shall:

- i. Have a high school diploma or general equivalency diploma
- ii. Have 2 years' experience working with families in a health care support capacity
- iii. Work in coordination with a licensed multidisciplinary team, including but not limited to Registered Nurses (RN's), APRNs, licensed clinical social workers (LCSW), licensed marriage and family therapists, and/or other licensed health care professionals.

b. Nurses shall have:

- i. A current license to practice as a registered nurse in accordance with RSA 326-B.
- ii. A minimum of 2 years of experience in maternal and child health nursing.

c. Nutritionists shall have:

- i. A bachelor's degree in foods and nutrition or home economics, or a master's degree in nutrition, nutrition education, or nutrition in public health or current Registered Dietitian status in accordance with the Commission on Dietetic Registration of the American Dietetic Association.
- ii. Individuals who perform functions similar to a nutritionist but do not meet the above qualifications shall not use the title of nutritionist.

d. Social workers shall have:

- i. A bachelor's degree in social work or a master's or bachelor's degree in a related social science or human behavior field, or master's degree in social work (MSW).
- ii. A minimum of 2 years experience working with children or families in a support or counseling capacity.
- iii. Individuals who perform social work functions similar to a social worker but do not meet the above qualifications shall not use the title of social worker.

4. Home visitors shall be supervised by a nurse, social worker or other professional with relevant experience with approval from the Division of Public Health Services, and meet with their supervisor individually for no less than 1 hour per week for FTE home visitors. Group meetings with other home visitors to share information and coordinate services are required no less than every two weeks.


1-25-13

All direct service personnel (FSW, FAW, Supervisor) involved in the HFA Program (both paid and in-kind) must attend the HFA CORE training provided by a nationally certified HFA trainer. The required initial training for both a Family Support Worker and a Family Assessment Worker is 4 days. The Supervisor must attend both the Family Support Worker and Family Assessment Worker training and attend the fifth day, which is for supervisors only (a total of 10 days of training).

C. Coordination of Services

1. The contractor shall coordinate, where possible, with other service providers within the contractor's community. At a minimum, such collaboration shall include interagency referrals and coordination of care.
2. Agencies that deliver services in a community or communities that are part of a Public Health Network (PHN) region should be active participants in the PHN. As appropriate, agencies should participate in community needs assessments, public health performance assessments, and the development of regional public health improvement plans. Agencies should also engage PHN staff as appropriate to enhance the implementation of community-based public health prevention initiatives being implemented by the agency.

D. Meetings and Trainings

The Contractor will be responsible to send staff to meetings and training required by the MCHS program, including but not limited to: *MCH Coordinators Meetings, Home Visiting Quarterly Meetings, Healthy Families America Core Trainings, and Data System trainings.*

III. Quality or Performance Improvement (QI/PI)

A. Workplans

1. Performance Workplans are required annually for this program and are used to monitor achievement of standard measures of performance of the services provided under this contract. The workplans are a key component of the MCHS performance-based contracting system and of this contract.
2. The Contractor shall incorporate required and developmental performance measures, defined by the MCHS into the agency's QI/PI plan. Reports on Workplan Progress/Outcomes shall detail the QI/PI plans and activities that monitor and evaluate the agency's progress toward performance measure targets.
3. The Contractor shall comply with minor modifications and/or additions to the workplan and annual report format as requested by the MCHS. The MCHS will provide the Contractor with advance notice of such changes and the Contractor is not expected to incur any substantial costs relative to such changes.

B. Data and Reporting Requirements

In addition to Performance Workplans, the Contractor shall submit to the MCHS the following data used to monitor program performance:

1. Workplans and Workplan Outcome reports according to the schedule and instructions provided by the MCHS. The MCHS shall notify the Contractor at least 30 days in advance of any changes in the submission schedule.
2. The data required for the federal Maternal, Infant & Early Childhood Home Visiting Program benchmark reporting, reported in the Home Visiting Data System.
3. In years when contracts or amendments are not required, the DPHS Budget Form, Budget Justification, Sources of Revenue and Program Staff List forms must be completed according to the relevant instructions and submitted as requested by DPHS and, at minimum, by April 30 of each year.
4. The Sources of Revenue report must be resubmitted at any point when changes in revenue threaten the ability of the agency to carry out the planned program.
5. The Contractor shall collaborate with the Divisions of Public Health Services and Family Assistance to collect client and program data and information for the purpose of program evaluation.
6. The Contractor shall, for purposes of program evaluation and federal reporting, enter personally identifiable health data, for all clients served under this contract, into the Home Visiting Data System. Contractors shall be responsible for obtaining any authorizations for release of information from the clients that is necessary to comply with federal and state laws and regulations. All forms developed for authorization for release of information must be approved by DPHS prior to their use.

C. On-Site Reviews

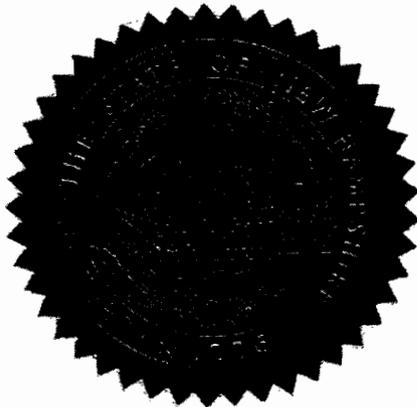
1. The Contractor shall allow a team or person authorized by the MCHS to periodically review the Contractor's systems of governance, administration, data collection and submission, clinical, and financial management in order to assure systems are adequate to provide the contracted services.
2. Reviews shall include client record reviews to measure compliance with this Exhibit.
3. The Contractor shall make corrective actions as advised by the review team if contracted services are not found to be provided in accordance with this Exhibit.
4. On-Site reviews may be waived or abbreviated at the discretion of the MCHS, upon submission of satisfactory reports of reviews such as Primary Care Effectiveness Reviews (PCER), or reviews from nationally accreditation organizations such as the Joint Commission for the Accreditation of Health Care Organizations (JCAHO), Medicare, or the Community Health Accreditation Program (CHAP). Abbreviated reviews will focus on any deficiencies found in previous reviews, issues of compliance with this Exhibit, and actions to strengthen performance as outlined in the agency Performance Workplan.

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 Central New Hampshire VNA & Hospice is a New Hampshire nonprofit corporation formed November 3, 1975. 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 4th day of April A.D. 2013



A handwritten signature in black ink, appearing to read "William M. Gardner", written in a cursive style.

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Sylvia Countway, of Central New Hampshire VNA & Hospice do hereby certify that:

- 1. I am duly elected Secretary of the Board of Trustees at Central New Hampshire VNA & Hospice
- 2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Trustees of Central New Hampshire VNA & Hospice held on February 22, 2011.

RESOLVED: That this Corporation enter into contracts with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Public Health Services,

RESOLVED: That the President, Vice President or Treasurer elected by the Board of Trustees is hereby authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

John Giere, President
Susan Dagoumas, Treasurer

Headley "Lee" White, Vice President

Are the duly elected officers of the corporation.

- 3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of January 25, 20 13.

IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the corporation this 25th day of January, 20 13

Sylvia Countway
Signature of Secretary of the Corporation

(corporate seal)

STATE OF NH
COUNTY OF BELKNAP

The foregoing instrument was acknowledged before me this 25th day of January, 20 13 by Sylvia Countway

Elizabeth C. Long
Notary Public/Justice of the Peace
My commission expires: 9-9-14



CERTIFICATE OF LIABILITY INSURANCE

CENTR01

OP ID: AL

DATE (MM/DD/YYYY)

01/16/13

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

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

PRODUCER Melcher&Prescott-Moultonboro PO Box 1125 Moultonboro, NH 03254-1125 Laura A. DiFonzo	603-476-8000 603-476-5785	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Central NH VNA & Hospice dba Community Health & Hospice and VNA Hospice of Southern Carroll County & Vicinity Inc Rick Wolff, 780 North Main Street Laconia, NH 03246	INSURER A : American Alternative Ins. Co.		19720
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			VHHHHHG305394400	10/15/12	10/15/13	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 50,000
	<input checked="" type="checkbox"/> Professional						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 3,000,000
							Emp Ben. \$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB		OCCUR	VHHHHU5050851-01	10/15/12	10/15/13	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> EXCESS LIAB		<input checked="" type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 2,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER The Director Division of Public Health Services, NH DHHS 29 Hazen Drive Concord, NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

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CENTRAL NEW HAMPSHIRE VNA & HOSPICE
AUDITED FINANCIAL STATEMENTS
MARCH 31, 2012 AND 2011

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

TELEPHONE 603/224-0849
TELEFAX 603/224-2397

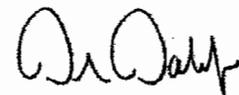
INDEPENDENT AUDITOR'S REPORT ON FINANCIAL STATEMENTS

Board of Directors
Central New Hampshire VNA & Hospice
Laconia, New Hampshire

We have audited the accompanying balance sheets of Central New Hampshire VNA & Hospice as of March 31, 2012 and 2011, and the related statements of operations, changes in net assets, and cash flows for the year ended March 31, 2012 and the five-months and seventeen days ended March 31, 2011. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audits in accordance with generally accepted auditing standards in the United States of America. These standards require that we plan and perform the audits 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. An audit also includes assessing the accounting principles used and 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 the Central New Hampshire VNA & Hospice as of the year ended March 31, 2012 and the five-months and seventeen days ended March 31, 2011, and the changes in its net assets and its cash flows for the periods then ended in conformity with generally accepted accounting principles in the United States of America.



Concord, New Hampshire
June 11, 2012

CENTRAL NEW HAMPSHIRE VNA & HOSPICE

BALANCE SHEETS

MARCH 31, 2012 AND MARCH 31, 2011

ASSETS

	<u>2012</u>	<u>2011</u>
Current Assets		
Cash and cash equivalents	\$ 1,175,407	\$ 1,310,888
Investments	998,459	746,756
Patient accounts receivable, less an allowance for uncollectible accounts of \$85,000 at March 31, 2012 and March 31, 2011	906,427	734,212
Other receivables	441,559	365,210
Other current assets	<u>64,965</u>	<u>108,223</u>
Total Current Assets	3,586,817	3,265,289
Assets Limited As To Use	3,358,722	2,763,313
Beneficial Interest in Perpetual Trust	124,576	127,560
Property and Equipment, Net	<u>719,019</u>	<u>805,062</u>
TOTAL ASSETS	<u>\$ 7,789,134</u>	<u>\$ 6,961,224</u>

LIABILITIES AND NET ASSETS

Current Liabilities		
Accounts payable and accrued expenses	\$ 185,930	\$ 76,218
Accrued payroll and related expenses	484,579	465,235
Deferred revenue	699,633	551,297
Current maturities of long-term debt	<u>22,011</u>	<u>21,391</u>
Total Current Liabilities	1,392,153	1,114,141
Long-Term Debt, Less Current Maturities	<u>22,599</u>	<u>44,644</u>
Total Liabilities	<u>1,414,752</u>	<u>1,158,785</u>
Net Assets		
Unrestricted	6,216,798	5,644,194
Temporarily restricted	33,008	30,685
Permanently restricted	<u>124,576</u>	<u>127,560</u>
Total Net Assets	<u>6,374,382</u>	<u>5,802,439</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 7,789,134</u>	<u>\$ 6,961,224</u>

(See accompanying notes to these financial statements)

CENTRAL NEW HAMPSHIRE VNA & HOSPICE
STATEMENTS OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2012
AND THE FIVE MONTHS AND SEVENTEEN DAYS ENDED MARCH 31, 2011

	2012	2011
Operating Revenue		
Net patient service revenue	\$ 7,208,979	\$ 3,128,106
Other operating revenue	757,918	384,438
Net assets released from restrictions for operations	4,566	685
	7,971,463	3,513,229
 Operating Expenses		
Salaries and benefits	6,169,413	2,835,439
Other operating expenses	1,526,347	673,265
Depreciation	222,037	108,134
Interest expense	1,565	996
Bad debt expense	35,751	89,041
	7,955,113	3,706,875
 OPERATING INCOME (LOSS)	16,350	(193,646)
 Other Revenue and Gains		
Contributions and fundraising, net	455,719	377,646
Investment income	73,920	45,150
Recognized change in fair value of investments	26,615	243,715
	556,254	666,511
 EXCESS OF REVENUE OVER EXPENSES	\$ 572,604	\$ 472,865

(See accompanying notes to these financial statements)

CENTRAL NEW HAMPSHIRE VNA & HOSPICE
STATEMENT OF CHANGES IN NET ASSETS
FOR THE YEAR ENDED MARCH 31, 2012
AND THE FIVE MONTHS AND SEVENTEEN DAYS ENDED MARCH 31, 2011

	<u>2012</u>	<u>2011</u>
Change in Unrestricted Net Assets	\$ 572,604	\$ 472,865
Temporarily Restricted Net Assets:		
Contributions	6,889	1,350
Net assets released from restriction for health care services	<u>(4,566)</u>	<u>(685)</u>
Change in Temporarily Restricted Net Assets	<u>2,323</u>	<u>665</u>
Permanently Restricted Net Assets:		
Change in market value in beneficial interest in perpetual trust held by others	<u>(2,984)</u>	<u>6,015</u>
Change in Permanently Restricted Net Assets	<u>(2,984)</u>	<u>6,015</u>
Change in Net Assets	571,943	479,545
Net assets, beginning of year	<u>5,802,439</u>	<u>5,322,894</u>
NET ASSETS, END OF YEAR	<u>\$ 6,374,382</u>	<u>\$ 5,802,439</u>

(See accompanying notes to these financial statements)

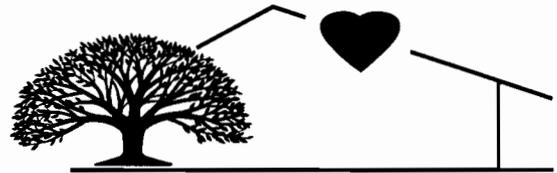
COMMUNITY HEALTH AND HOSPICE, INC.
STATEMENTS OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2012
AND THE FIVE MONTHS AND SEVENTEEN DAYS ENDED MARCH 31, 2011

	2012	2011
Cash Flows From Operating Activities		
Change in net assets	\$ 571,943	\$ 479,545
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	222,037	108,134
Bad debt expense	35,751	89,041
Recognized change in fair value of investments	(26,615)	(243,715)
Restricted contributions	(6,889)	(1,350)
Change in beneficial interest in perpetual trust	2,984	(6,015)
(Increase) decrease in the following assets:		
Patient accounts receivable	(207,966)	(15,213)
Other receivables	(76,349)	216,690
Other current assets	43,258	(26,503)
Increase (decrease) in the following liabilities:		
Accounts payable	109,712	(99,913)
Accrued payroll and related expenses	19,344	(10,499)
Deferred revenue	148,336	(218,511)
Net Cash Provided By Operating Activities	835,546	271,691
Cash Flows From Investing Activities		
Purchase of investments	(251,703)	(19,025)
Change in assets limited as to use	(568,794)	(321,785)
Capital expenditures, net	(135,994)	(26,956)
Net Cash Used By Investing Activities	(956,491)	(367,766)
Cash Flows From Financing Activities		
Restricted contributions	6,889	1,350
Net repayment of long term debt	(21,425)	(10,498)
Net Cash Used By Financing Activities	(14,536)	(9,148)
Net Decrease In Cash and Cash Equivalents	(135,481)	(105,223)
Cash and Cash Equivalents, Beginning of Year	1,310,888	1,416,111
CASH AND CASH EQUIVALENTS, END OF YEAR	\$ 1,175,407	\$ 1,310,888
Supplemental Disclosures of Cash Flow Information:		
Cash expended for interest	\$ 1,565	\$ 996

(See accompanying notes to these financial statements)

Mission Statement
Central New Hampshire VNA & Hospice

Promoting dignity, independence and well-being through the delivery of quality home health, hospice and community-based care services.



**Central New Hampshire
VNA & Hospice**

**CENTRAL NEW HAMPSHIRE VNA & HOSPICE
BOARD OF TRUSTEES 2012-2013**

John Giere, President	Term: 9/2010 – 9/2013
Headley “Lee” White, Vice President	Term: 9/2010 – 9/2013
Susan Dagoumas, Treasurer	Term: 9/2010 – 9/2013
Sylvia Countway, Secretary	Term: 9/2010 – 9/2013
David Booth	Term: 9/2010 – 9/2013
Pamela Clemons-Keith	Term: 9/2010 – 9/2013
Rev. Gina Finocchiaro	Term: 9/2012 – 9/2015
Lisa Garcia	Term: 10/2010 – 9/2013
Teresa Haley	Term: 9/2012 – 9/2015
Eric Lewis	Term: 10/2010 – 9/2013
Barbara Lobdell	Term: 9/2012 – 9/2015
Marilyn Lynch	Term: 10/2010 – 9/2013
Fredda Osman	Term: 9/2012 – 9/2015
Jared Price	Term: 9/2012 – 9/2015
William “Bill” Schwidder	Term: 9/2012 – 9/2015

Corporate Office
780 N Main Street
Laconia, NH 03246
Tel: 603-524-8444 / 800-244-8549
Fax: 603-524-8217

Wolfeboro Branch
240 S Main Street
PO Box 1620
Wolfeboro, NH 03894
Tel: 603-569-2729 / 888-242-0655
Fax: 603-569-2409

KEY ADMINISTRATIVE PERSONNEL

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

Agency Name: Central New Hampshire VNA & Hospice

Name of Bureau/Section: BPHCS, Maternal and Child Health -HVNH HFA

BUDGET PERIOD:	SFY 2014	July 1, 2013 - June 30, 2014	
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	Total Salary Amount Paid By Contract
Margaret Franckhauser, Chief Executive Officer	\$156,000	0.00%	\$0.00
David Emberly, Chief Financial Officer	\$83,500	0.00%	\$0.00
Bette Coffey, Branch Director	\$74,880	3.00%	\$2,246.40
Schelley Rondeau, MCH Coordinator/Pediatric Program Manager	\$59,051	35.00%	\$20,667.85
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			\$22,914.25

BUDGET PERIOD:	SFY 2015	July 1, 2014 - June 30, 2015	
Name & Title Key Administrative Personnel	Annual Salary Of Key Administrative Personnel	Percentage of Salary Paid By Contract	Total Salary Amount Paid By Contract
Margaret Franckhauser, Chief Executive Officer	\$156,000	0.00%	\$0.00
David Emberly, Chief Financial Officer	\$83,500	0.00%	\$0.00
Bette Coffey, Branch Director	\$74,880	3.00%	\$2,246.40
Schelley Rondeau, MCH Coordinator/Pediatric Program Manager	\$59,051	35.00%	\$20,667.85
	\$0	0.00%	\$0.00
	\$0	0.00%	\$0.00
TOTAL SALARIES (Not to exceed Total/Salary Wages, Line Item 1 of Budget request)			\$22,914.25

Key Administrative Personnel are top-level agency leadership (President, Executive Director, CEO, CFO, etc), and individuals directly involved in operating and managing the program (project director, program manager, etc.). These personnel **MUST** be listed, **even if no salary is paid from the contract**. Provide their name, title, annual salary and percentage of annual salary paid from agreement.

VITAE

Name: Margaret Franckhauser

Education

Institution	Degree	Major	Year
University of North Carolina at Chapel Hill	MPH	Health Policy & Administration	1996
University of Maryland, Baltimore	MS	Primary Care Nursing (NP)	1983
Catholic University	BSN	Nursing	1978

Present Position: Chief Executive Officer, Central New Hampshire VNA & Hospice, Laconia, NH 1996 – present (formerly known as Community Health & Hospice)

Previous Experience

Associate Director, Community Health & Hospice, Inc., Laconia, NH, September 1996 - October 1997.

Nurse Practitioner, Belknap Family Health Center/LRGHealthcare Practice Affiliates, September 1985 - 2005.

Director of Ambulatory Programs, Lakes Region General Hospital, Laconia, NH, August 1990 - February 1995.

Program Chief and TB Control Officer, Communicable Disease, Epidemiology/District Epidemiology, NH Division of Public Health Services, Bureau of Disease Control, April 1988 - August 1990.

Nurse Consultant, NH Division of Public Health Services, Bureau of Maternal and Child Health, March 1986 - April 1988.

Nurse Practitioner/Clinic Administrator, US Public Health Service, National Health Service Corps, assigned to Swan Quarter, NC, October 1983 - August, 1985.

Nurse Practitioner, Gynecology Associates, P.A., Anderson, SC, August 1982 - August 1983.

Registered Nurse, Home Visiting, Baltimore Home Health, Timonium, MD, February 1981 - July 1982 (part-time).

Registered Nurse, Home Visiting, VNA of Metropolitan Washington, Washington, DC, September 1979 - August 1980.

Registered Nurse, Children's Hospital National Medical Center, Washington, DC, August 1978 - September 1979.

Lectures/Seminars (examples):

- *Overview of VRE/MRSA* – delivered to professional audience, May 6, 1997 & sponsored by the State of NH, Bureau of Disease Control.
- *Women and Heart Disease*, March 1995, Mud Symposium, Laconia, NH.
- *Tuberculosis Update*, October 1995, University of NH Nursing Seminar.
- *Communicable Disease Update*, November 1995, NH Technical Institute Nursing Seminar, Concord, NH.
- *Tuberculosis Update for the 90s*, November 1994, St. Anselm College Seminar, Lincoln, NH.
- *Tuberculosis in the 90s*, October 1992, NH Society of Physicians' Assistants' Seminar, Portsmouth, NH.
- *Tuberculosis in the 1990s*, New England College Health Association Seminar, October 1992, Providence, RI.

Professional Organizations/Affiliations:

- NH Nurse Practitioner Association
- Sigma Theta Tau (National Honor Society of Nursing)
- American Public Health Association

Committees and Boards:

- Endowment for Health, Board Member & Board Secretary, 2009 - present
- NH Board of Nursing, Vice Chair, 1996 – 2004
- Joint Health Council (statutory committee determining nurse practitioner prescribing in the state of NH), 1996-2000
- Adult Coverage Committee (Health Insurance research committee), 2000 – present
- NH Tuberculosis Advisory Committee, 1996 – present
- NH Family Planning Advisory Committee, 1992-1996
- Governor's Task Force on Adult Health Insurance Coverage, 2000 – present
- Newborn Metabolic Screening Committee, October 2002 – present
- Foundation for Healthy Communities Board of Directors, November 2002 - 2011

License:

Licensed as a Registered Nurse and as a Nurse Practitioner in the state of NH.

Publications:

- Tuberculosis in the 1990s, *Nurse Practitioner Forum*, 4(1), March 1993.

David Emberley, CPA
Central New Hampshire VNA & Hospice
780 N. Main Street
Laconia, NH 03246

Certification

Certified Public Accountant (State of New Hampshire)

Employment

Chief Financial Officer 2012 to present
Central NH VNA & Hospice – Laconia, NH
Recommends the financial policy and direction of the organizations overall strategy, and leads all financial administration, business planning and budgeting.

Vice President of Finance 2008 to 2012
New Hampshire Healthy Kids – Concord, NH
Responsible for strategic leadership of the organizations financial and IT functions.

CFO/Controller (20 hours per week) 2007 to 2012
Second Start – Concord, NH
Key member of the senior management team; overseeing financial and IT systems.

Manager/Certified Public Accountant 2006 to 2007
Apple Tree Business Services, LLC – Londonderry, NH
Managed consulting services for closely-held businesses.

Manager/Certified Public Accountant 2003 to 2006
Dineen & Crane, PLLC – Lancaster, NH
Managed engagements for a full service certified public accounting firm.

Manager of Accounting & Reporting 2001 to 2003
Heidelberg Print Finance – Dover, NH
Managed the finance division of an international printing systems company.

Senior Staff Accountant/Certified Public Accountant 1998 – 2001
D’Agnese, Keeler & Co. – Concord, NH
Provided tax planning and controllership services for area businesses.

Self-employed – Concord, NH 1985 to 1998
Owner, operator, and investor in several small businesses.

Education

University of Vermont
New Hampshire College
Degree: Bachelor of Science in Accounting

Bette Coffey
Central New Hampshire VNA&Hospice
bcoffey@centralvna.org

BRANCH DIRECTOR 10/2010-PRESENT
CENTRAL NH VNA AND HOSPICE
RESPONSIBLE FOR BRANCH ADMINISTRATION OF LICENSED HOME HEALTH AGENCY

EXECUTIVE DIRECTOR 4/2009-CURRENT
VNA-HOSPICE OF SOUTHERN CARROLL COUNTY AND VICINITY
RESPONSIBLE FOR ADMINISTRATION OF LICENSED HOME HEALTH AGENCY ON AN INTERIM BASIS

MCH Coordinator 1985-current
VNA-HOSPICE OF SOUTHERN CARROLL COUNTY AND VICINITY

Responsible for overall administration of maternal child health department including fiscal management, staff supervision, coordination of clinics, management of home visiting programs, grant writing, program planning, child care consulting, development of school- based dental program.

Assistant Clinical Coordinator for Home Care
VNA-Hospice of Southern Carroll County and Vicinity
2006 – 2009

Responsible to assist clinical director with management of home care department.

STAFF NURSE 1983-85
VNA-Hospice of Southern Carroll County Wolfeboro, NH
Home Health Care and work in well child and WIC clinics.

Staff Nurse *Concord Hospital*
1977-83

Concord, NH

Medical-surgical unit, charge nurse responsibilities
EDUCATION

1974-77
Nursing
Mary Hitchcock Memorial Hospital School of Nursing
Hanover, NH

Bachelor of Science 1990-94
New England College Henniker, NH

Professional License
Registered Nurse- State of New Hampshire

Schelley Rondeau

Central New Hampshire VNA and Hospice
srondeau@centralvna.org

EXPERIENCE

MCH Coordinator/Pediatric Program Manager

Central NH VNA and Hospice

2010-current

Responsible for pediatric program administration and coordination as well as case management and home visiting according to MCH contract guidelines.

Home Health Nurse/Maternal Child Health Nurse

1997-current

*VNA-Hospice of Southern Carroll County and
Vicinity, Inc. Wolfeboro, NH 03894*

Responsible for primary client care for home health patients, maternal-newborn visits, home visiting for Good Beginnings program, Child Health Program, collaborates with parent educator and community resources.

Responsible for Children's and adults immunization clinics

Intake Nurse 1995 - 97

*VNA-Hospice of Southern Carroll County and
Vicinity Wolfeboro, NH*

Responsible for intake of new referrals, staff scheduling, case management and supervision of staff nurses

Staff Nurse

*Gorgas Army Community Hospital
Republic of Panama*

1991-95

Supervision and staff nurse on a Pediatric and Orthopedic ward

EDUCATION

BACHELOR OF SCIENCE IN NURSING 1982 -86

Vermont College Norwich, Vermont

Commander's Award for Public Service- June 1995

Superior Performance Award from Gorgas Army Community Hospital 1994

Certified as Lactation Counselor -current

Certified in Parents As Teachers program 2003-current

BUDGET FORM

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

Bidder/Program Name: Central New Hampshire VNA & Hospice

Budget Request for: Home Visiting NH - Healthy Families America
(Name of RFP)

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

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 23,051.00	\$ 2,300.00	\$ 25,351.00	10% of direct wages
2. Employee Benefits	\$ 8,085.00	\$ 808.00	\$ 8,893.00	35% of salary/wages
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ 367.00	\$ 367.00	see note 1
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ 1,188.00	\$ 1,188.00	see note 1
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 1,200.00	\$ 120.00	\$ 1,320.00	10% of direct travel
7. Occupancy	\$ -	\$ 1,093.00	\$ 1,093.00	see note 1
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ 342.00	\$ 342.00	see note 1
Insurance	\$ -	\$ 227.00	\$ 227.00	see note 1
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 32,175.00	\$ -	\$ 32,175.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 64,511.00	\$ 6,445.00	\$ 70,956.00	(see budget justification)

Indirect As A Percent of Direct

10.0%

Note 1: Indirect cost over 10% of the direct cost total is funded with agency discretionary funding. This budget justification includes line items that will be allocated to the DHHS grant and is not including other costs incurred. These costs are allocated proportionally based on a ratio of agency or office total expense to the total grant expense. Charges to indirect wages for this grant are limited to 10% direct wages. Indirect wages in excess of this amount are in-kind contributions.

For DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available) \$ 70,956.00
 Reconciliation - (this line must be equal to or greater than \$0) \$ -

BUDGET FORM

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

Bidder/Program Name: Central New Hampshire VNA & Hospice

Budget Request for: Home Visiting NH - Healthy Families America
(Name of RFP)

Budget Period: July 1, 2014 - June 30, 2015

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 23,051.00	\$ 2,300.00	\$ 25,351.00	10% of direct wages
2. Employee Benefits	\$ 8,085.00	\$ 808.00	\$ 8,893.00	35% of salary/wages
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	
Rental	\$ -	\$ 367.00	\$ 367.00	see note 1
Repair and Maintenance	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ 1,188.00	\$ 1,188.00	see note 1
5. Supplies:	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	
Office	\$ -	\$ -	\$ -	
6. Travel	\$ 1,200.00	\$ 120.00	\$ 1,320.00	10% of direct travel
7. Occupancy	\$ -	\$ 1,093.00	\$ 1,093.00	see note 1
8. Current Expenses	\$ -	\$ -	\$ -	
Telephone	\$ -	\$ -	\$ -	
Postage	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ 342.00	\$ 342.00	see note 1
Insurance	\$ -	\$ 227.00	\$ 227.00	see note 1
Board Expenses	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 32,175.00	\$ -	\$ 32,175.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 64,511.00	\$ 6,445.00	\$ 70,956.00	(see budget justification)

Indirect As A Percent of Direct

10.0%

Note 1: Indirect cost over 10% of the direct cost total is funded with agency discretionary funding. This budget justification includes line items that will be allocated to the DHHS grant and is not including other costs incurred. These costs are allocated proportionally based on a ratio of agency or office total expense to the total grant expense. Charges to indirect wages for this grant are limited to 10% direct wages. Indirect wages in excess of this amount are in-kind contributions.

For DPHS use only

Maximum Funds Available - (DPHS program to enter total funds available)

\$ 70,956.00

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

\$ -





Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

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



November 7, 2011

His Excellency, Governor John H. Lynch
and the Honorable Executive Council
State House
Concord, New Hampshire 03301

#54

11/11/12

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section to enter into an agreement with Central New Hampshire VNA & Hospice (Vendor #177244-B002), 780 North Main Street, Laconia, New Hampshire 03246, in an amount not to exceed \$141,912, to provide home visiting services to pregnant women in accordance with the Healthy Families America model, to be effective November 9, 2011 or date of Governor and Council approval, whichever is later, through June 30, 2013. Funds are available in the following account for SFY 2012 and SFY 2013.

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, ACA HOME VISITING

Fiscal Year	Class/Object	Class Title	Job Number	Total Amount
SFY 2012	102-500731	Contracts for Program Services	90004104	\$70,956
SFY 2013	102-500731	Contracts for Program Services	90004104	\$70,956
			Total	\$141,912

EXPLANATION

Funds in this agreement will be used to support home visiting services in Carroll County for families at risk for poor health outcomes and child maltreatment. This voluntary home visiting program will follow an evidence-based model and curriculum, proven through research to improve outcomes for health, reduce child maltreatment and improve family economic self-sufficiency. Home visitors provide support and education to families in their homes. Each family receives an assessment of their strengths and needs, and home-visiting services are provided in accordance with those individual assessments. Families and home visitors discuss prenatal health, child development, positive parenting practices, health and safety concerns, family planning and smoking cessation.

Services will be provided on a voluntary basis with priority given to pregnant women who:

- are first time mothers;
- have low incomes;
- are pregnant women who have not attained age 21;
- have a history of child abuse or neglect or have had interactions with child welfare services;
- have a history of substance abuse or need substance abuse treatment;
- are users of tobacco products in the home;
- had low student achievement themselves, or have children with low student achievement;
- have children with developmental delays or disabilities; and/or
- are in families that include individuals who are serving or have formerly served in the armed forces.

Agencies may narrow their target populations, based on local needs.

By the nature of this agreement, Home Visiting New Hampshire – Healthy Families America home visiting is a collaborative service designed to avoid duplication. Agencies are required to collaborate with other community agencies providing family-support services in the community. In addition to home visiting services provided directly to families, this agreement supports coordination of home visiting and other early childhood programs such as early intervention, Head Start and prevention of child abuse and neglect.

Carroll County was identified as an at-risk community during the 2010 Home Visiting Needs Assessment. By targeting the delivery of Home Visiting New Hampshire – Healthy Families America in communities that were identified as having the highest risk population, the program will reduce differences in health outcomes. The following information concerning Carroll County was used to make this determination. Most of this data is from 2008, the most recent year for which data was available.

- Carroll County has the highest countywide child poverty rate (15.3%).
 - 19.9% of children receive food stamps (SNAP)
 - 27.6% of infants and children from birth – age 4 participate in WIC
 - 37.7% of children are enrolled in Medicaid or CHIP
 - Infant Mortality Rate: 5.6 per thousand
 - 4.3% of children receive Community Mental Health Services
 - 1.5% of students are homeless
- Carroll County has the highest countywide percentage of children in single-parent families (29.2%)
- 70.2% of young children in Carroll County have all care giving parents in the workplace
- Carroll County has the highest ratio of Apartment Rent/Family Income at 18.9% and the lowest average weekly wage in the state at \$587.
- Carroll County has the lowest percentage of jobs paying a livable wage for families with two parents working (47%), as well as families with one parent working (16%).
- Annual number of substantiated child maltreatment victims: 5.5 per 1,000 children age 0 to 17, compared to a statewide rate of 3.3 per 1,000 children
- Carroll County has the highest rate in New Hampshire of court-involved youth ages 7-17: 11.8 per 1,000
- Juvenile Arrests for Serious Crimes: 91 per 10,000 youth (ages 10-16)
- 16.4% of students require special education services
- 10.4% of live births were premature
- 6.8 cases of domestic violence per thousand

Should Governor and Executive Council not authorize this Request, families will not receive home visiting services that have been shown to improve conditions for young families leading to healthy and productive communities. In addition, New Hampshire will not fulfill its requirement to provide services as outlined in federal legislation.

Central New Hampshire VNA & Hospice was selected for this project through a competitive bid process. The Request for Proposals was posted on the Department of Health and Human Services web site on June 30, 2011 soliciting proposals from the following geographic areas: Carroll County, Coos County, the City of Manchester, Strafford County and Sullivan County. In addition, emails were sent to community agencies and various listserves, which provided broad distribution throughout the state.

In response to the Request for Proposals to provide Home Visiting New Hampshire-Healthy Families America services in five geographic areas, six proposals were submitted. A committee of seven reviewers evaluated the proposals, including four Department of Health and Human Services personnel and three external reviewers. Each reviewer had between two and seventeen years experience providing direct services in the community and/or managing programs that serve children and families. Areas of specific expertise include Maternal and Child Health; Law; Injury Prevention; Child Abuse Prevention; and Women, Infants and Children Nutrition. Proposals were scored taking an average of all reviewers' scores. Reviewers recommended funding four proposals to serve four of the five geographic areas. The proposal from Central New Hampshire VNA & Hospice was selected to serve Carroll County. Two proposals scored poorly and were not recommended for funding. As a result, a new Request for Proposals has been released to solicit services in Strafford County. The Request for Proposals scoring summary is attached.

As referenced in the Request for Proposals, this competitively procured Agreement includes the option to renew for two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council. This is the initial agreement with this Contractor for these services.

Since the Request for Proposals for this program was released, the federal funding agency has awarded additional funds for these services in the five identified communities. As a result, each of the affected Home Visiting New Hampshire-Healthy Families America contracts reflects a 7%-10% increase from the amounts submitted in their proposal budget requests. This range of increase was based on the population of eligible clients in each region.

The following performance measures will be used to measure the effectiveness of the agreement.

Performance Measure #1: The percent of women enrolled in Home Visiting New Hampshire – Healthy Families America who receive at least one Edinburgh Post Natal Depression Scale screening between six and eight weeks after giving birth.

Performance Measure #2: The percent of families who receive a Healthy Homes One-Touch assessment by the birth of their child.

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Performance Measure #3: The percent of children who receive further evaluation after scoring below the "cutoff" on the Ages & Stages Questionnaire, 3rd ed., which is a developmental screening tool.

Area served: Carroll County.

Source of Funds: 100% Federal Funds from United States Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

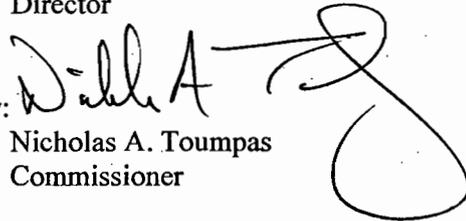
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



José Thier Montero, MD
Director

Approved by:



Nicholas A. Toumpas
Commissioner

JTM/PT/DD/sc