



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 29, 2013

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

30% federal
70% general

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 \$123,612.04 with Concord Regional Visiting Nurse Association, 30 Pillsbury Street, Concord, NH 03301, for a Registered Nurse to provide community-based care coordination services to children with special health care needs and their families residing in Merrimack County, effective July 1, 2013 or date of Governor and Council approval, whichever is later, through June 30, 2015.

Funds to support this request are anticipated to be available in the future operating account in State Fiscal Years 2014 and 2015 upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

05-95-93-930010-5191 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	\$61,806.01	\$61,806.01	\$123,612.04

EXPLANATION

This request will provide for a Registered Nurse (RN) position to be a Community Care Coordinator who shall provide community-based care coordination services to children identified with special health care needs and their families residing in Merrimack County. Families will also be provided 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. It is estimated that a total of 55-75 children will be served during the two-year contract period.

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Currently, Community Based Care Coordination is offered to assure that children with special health care needs have adequate access to appropriate and comprehensive health care services. Services are offered statewide with contracted services covering Merrimack, Hillsborough, Rockingham and Strafford counties, in-house Division staff cover Coos, Grafton, Carroll, Sullivan, Belknap and Cheshire counties. This distribution of services was determined to be in the best interest of the State.

A Request for Proposals that included performance measures was placed on the Department of Health and Human Services website between January 16, 2013 and January 25, 2013. The Request for Proposals sought services statewide. Only one (1) proposal was received for this region.

After a thorough review of the proposals by the evaluation committee, Concord Regional Visiting Nurse Association was selected to provide the service for this region. A Bid Summary showing a comparison of the Concord Regional Visiting Nurse Association, proposal to all other proposals in this category is attached.

The Division of Community-Based Care Services has been contracting with Concord Regional Visiting Nurse Association, for 13 years for provision of Community Care Coordination services. The Division is pleased with the performance of Concord Regional Visiting Nurse Association under previous agreements.

Should Governor and Executive Council determine not to authorize this request between 55-75 children with special health care needs and their families in Merrimack County would not have access to coordinated care planning and coordination of community-based health care.

This agreement contains a provision to extend this award for up to two additional years contingent upon satisfactory service, sufficient funding, and the approval of the Governor and Executive Council.

Area served: Merrimack County

Source of funds: 30% Federal from Title V Block Grant and 70% General funds,.

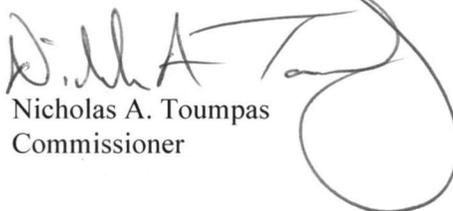
In the event that Federal funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

Community Care Coordinators for Special Needs Children

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

SCORING SUMMARY SHEET

REQUEST FOR APPLICATIONS
COMMUNITY BASED CARE COORDINATORS FOR CHILDREN WITH SPECIAL NEEDS

Applicant: *Concord Regional Visiting Nurse Association
County: Merrimack

	Total Available	Average Score
1. Agency Capacity	(40 points)	<u>39</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>
TOTAL	(100 points)	<u>92</u>

Reviewers:

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

Jane Hybsch, Administrator IV, Health Management and Coordinated Care Services, Medicaid (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 this service areas.

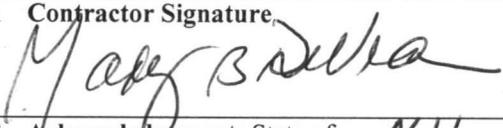
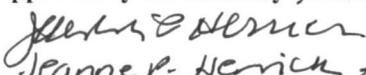
Subject: Community Care Coordinators for Merrimack County Special Needs Children

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health & Human Services Special Medical Services Section Bureau of Developmental Services Division of Community Based Care Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Concord Regional Visiting Nurse Association		1.4 Contractor Address 30 Pillsbury Street Concord, NH 03301	
1.5 Contractor Phone Number 603-224-4093	1.6 Account Number 05-95-93-9300105191-561-500911	1.7 Completion Date June 30, 2015	1.8 Price Limitation \$123,612.04
1.9 Contracting Officer for State Agency Nancy L. Rollins, Associate Commissioner		1.10 State Agency Telephone Number 603-271-8181	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Mary B. DeVeau, President/CEO	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Merrimack</u> On <u>May 6, 2013</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.			
1.13.1 Signature of Notary Public or Justice of the Peace  [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace RHONDA L. DAME, Notary Public My Commission Expires February 20, 2018			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Nancy L. Rollins, Associate Commissioner	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  <u>Jeanne P. Henrich, Attorney</u> On: <u>4 Jun. 2013</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

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

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

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

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

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

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

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

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

7. PERSONNEL.

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

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

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

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.

CERTIFICATE OF VOTE
(Corporation without Seal)

I, Andrew B Eills, do hereby certify that:
(Name of Clerk of the Corporation; cannot be contract signatory)

1. I am a duly elected Clerk of Concord Regional Visiting Nurse Assoc.
(Corporation Name)
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on MAY 6, 2013:
(Date)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Community Based Care Services, for the provision of

Community Care Coordinator services.

RESOLVED: That the President/CEO
(Title of Contract Signatory)

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

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 6th day of May, 2013
(Date Contract Signed)

4. MARY B. De Veau is the duly elected President/CEO
(Name of Contract Signatory) (Title of Contract Signatory)

of the Corporation.

Andrew B Eills
(Signature of Clerk of the Corporation)

STATE OF NEW HAMPSHIRE

County of Merrimack

The forgoing instrument was acknowledged before me this 6th day of May, 2013.

By Andrew B. Eills
(Name of Clerk of the Corporation)

Cheryl Lane
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: _____

RHONDA L. DAME, Notary Public
My Commission Expires February 20, 2018

NH Department of Health and Human Services

STANDARD EXHIBIT A

SCOPE OF SERVICES

DATE: Commencing upon date of Governor and Council approval or July 1, 2013, whichever is later, through June 30, 2015.

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

CONTRACTOR:

NAME: Concord Regional Visiting Nurse Association

ADDRESS: 30 Pillsbury Street

Concord, NH

03301

TELEPHONE: 603-224-4093

FAX: 603-228-7359

EMAIL: violet.rounds@crvna.org

EXECUTIVE DIRECTOR: Mary B. DeVeau, President, CEO

The 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.

NH Department of Health and Human Services

STANDARD EXHIBIT B

METHODS AND CONDITIONS PRECEDENT TO PAYMENT

1. The Contract Price shall not exceed \$123,612.04. 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 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 days 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 one hundred twenty-three thousand, six hundred twelve dollars and four cents (\$123,612.04). As directed by the State, funds may be adjusted, if needed and justified, between State fiscal years based upon actual incurred expenses.

Contractor Initials: MRD
Date: 5-6-2013

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;

Contractor Initials: LB1

Date: 5-6-2013

- (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)

30 Pillsbury Street, Concord, NH 03301

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

Concord Regional Visiting Nurse Association From: 7/1/2013 To: 6/30/2015

(Contractor Name) (Period Covered by this Certification)

Mary B. DeVeau, President/CEO

(Name & Title of Authorized Contractor Representative)

 5-6-2013

(Contractor Representative Signature) (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT E

CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

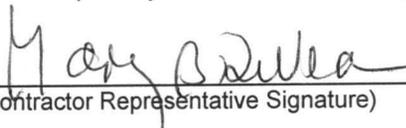
- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title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

Contract Period: 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.


 (Contractor Representative Signature)

Mary B. DeVeau, President/CEO
 (Authorized Contractor Representative Name & Title)

Concord Regional Visiting Nurse Association
 (Contractor Name)

5-6-2013
 (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.

Contractor Initials: M B D

Date: 5-6-2013

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).

LOWER TIER COVERED TRANSACTIONS

By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (b) where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Mary B. DeVeau Mary B. DeVeau, President/CEO
(Contractor Representative Signature) (Authorized Contractor Representative Name & Title)

Concord Regional Visiting Nurse Association 5-6-2013
(Contractor Name) (Date)

Contractor Initials: MBD
Date: 5-6-2013

NH Department of Health and Human Services

STANDARD EXHIBIT G

CERTIFICATION REGARDING
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

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

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



(Contractor Representative Signature)

Mary B. DeVeau, President/CEO

(Authorized Contractor Representative Name & Title)

Concord Regional Visiting Nurse Association

(Contractor Name)

5-6-2013

(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.


(Contractor Representative Signature)

Mary B. DeVeau, President/CEO
(Authorized Contractor Representative Name & Title)

Concord Regional Visiting Nurse Association
(Contractor Name)

5-6-2013
(Date)

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.

Division of Community-Based Care Services
Bureau of Dev. Services, Special Medical Services

The State Agency Name

Concord Regional Visiting Nurse
Association

Name of the Contractor

Nancy L. Rollins

Signature of Authorized Representative

Mary B DeVeau

Signature of Authorized Representative

Nancy L. Rollins

Name of Authorized Representative

Mary B. DeVeau

Name of Authorized Representative

Associate Commissioner

Title of Authorized Representative

President/CEO

Title of Authorized Representative

31 May 2013

Date

5-6-2013

Date

Contractor Initials: *MSD*
Date: *5-6-2013*

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.

Mary B. DeVeau Mary B. DeVeau, President/CEO
(Contractor Representative Signature) (Authorized Contractor Representative Name & Title)

Concord Regional Visiting Nurse Association 5-6-2013
(Contractor Name) (Date)

Contractor initials: MD
Date: 5-6-2013
Page # 30 of Page # 31

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: 095520417

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

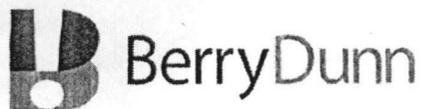
If the answer to #3 above is NO, please answer the following:

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

Name: _____

Amount: _____

Contractor initials: MBD
Date: 5-6-2013
Page # 31 of Page # 31



INDEPENDENT AUDITORS' REPORT

Board of Trustees
Concord Regional Visiting Nurse Association, Inc.

We have audited the accompanying statements of financial position of Concord Regional Visiting Nurse Association, Inc. (the Association) as of September 30, 2012 and 2011, and the related statements of operations, changes in net assets, and cash flows for the years then ended. 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 audits.

We conducted our audits in accordance with U.S. generally accepted auditing standards. Those 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 Association as of September 30, 2012 and 2011, and the results of its operations, changes in its net assets, and its cash flows for the years then ended, in conformity with U.S. generally accepted accounting principles.

BerryDunn McNeil & Parker, LLC

Portland, Maine
October 31, 2012

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Statements of Financial Position

September 30, 2012 and 2011

ASSETS

	<u>2012</u>	<u>2011</u>
Current assets		
Cash and cash equivalents	\$ 4,365,422	\$ 5,401,476
Patient accounts receivable, net of allowance for doubtful accounts of \$166,570 and \$195,880 for 2012 and 2011, respectively	3,270,844	2,737,440
Other receivables	76,714	54,451
Prepaid expenses	208,715	130,972
Deposit - restricted	<u>254,000</u>	<u>264,000</u>
Total current assets	8,175,695	8,588,339
Investments	14,564,483	11,840,283
Beneficial interest in perpetual trusts	1,172,155	1,075,783
Property and equipment, net of accumulated depreciation and amortization	<u>1,155,262</u>	<u>1,267,206</u>
Total assets	<u>\$ 25,067,595</u>	<u>\$ 22,771,611</u>

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable	\$ 309,156	\$ 293,868
Accrued payroll and related expenses	1,310,610	1,384,931
Deferred revenue	<u>793,122</u>	<u>739,391</u>
Total current liabilities and total liabilities	<u>2,412,888</u>	<u>2,418,190</u>
Commitments and contingencies (Note 9)		
Net assets		
Unrestricted	18,459,848	16,295,663
Temporarily restricted	871,621	908,557
Permanently restricted	<u>3,323,238</u>	<u>3,149,201</u>
Total net assets	<u>22,654,707</u>	<u>20,353,421</u>
Total liabilities and net assets	<u>\$ 25,067,595</u>	<u>\$ 22,771,611</u>

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

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Statements of Operations

Years Ended September 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Operating revenue		
Net patient service revenue	\$ 22,808,094	\$ 21,323,287
Other revenues	835,561	838,355
Net assets released from restrictions	<u>83,087</u>	<u>127,069</u>
Total operating revenue	<u>23,726,742</u>	<u>22,288,711</u>
Operating expenses		
Salaries and wages	14,283,445	13,765,236
Employee benefits	4,023,081	3,401,547
Purchased services	1,278,910	1,045,383
Supplies and other expenses	3,457,314	3,458,533
Depreciation and amortization	<u>326,497</u>	<u>338,805</u>
Total operating expenses	<u>23,369,247</u>	<u>22,009,504</u>
Operating income	<u>357,495</u>	<u>279,207</u>
Nonoperating revenue and support		
Contributions	418,208	475,851
Investment income	382,038	392,191
Change in unrealized gains on investments	832,627	(605,977)
Realized gains on investments	<u>173,817</u>	<u>227,498</u>
Total nonoperating revenue and support	<u>1,806,690</u>	<u>489,563</u>
Excess of revenue over expenses and increase in unrestricted net assets	<u>\$ 2,164,185</u>	<u>\$ 768,770</u>

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

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Statements of Changes in Net Assets

Years Ended September 30, 2012 and 2011

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Balances, October 1, 2010	\$ 15,526,893	\$ 1,020,344	\$ 3,228,460	\$ 19,775,697
Excess of revenue over expenses	768,770	-	-	768,770
Realized losses on investments	-	(1,419)	-	(1,419)
Unrealized losses on investments	-	(1,917)	-	(1,917)
Investment income	-	8,618	-	8,618
Restricted contributions	-	10,000	-	10,000
Change in fair value of beneficial interest in perpetual trusts held by others	-	-	(79,259)	(79,259)
Net assets released from restrictions	-	(127,069)	-	(127,069)
Change in net assets	<u>768,770</u>	<u>(111,787)</u>	<u>(79,259)</u>	<u>577,724</u>
Balances, September 30, 2011	<u>16,295,663</u>	<u>908,557</u>	<u>3,149,201</u>	<u>20,353,421</u>
Excess of revenue over expenses	2,164,185	-	-	2,164,185
Realized losses on investments	-	(2,247)	-	(2,247)
Unrealized gains on investments	-	17,715	-	17,715
Investment income	-	25,683	-	25,683
Restricted contributions	-	5,000	77,665	82,665
Change in fair value of beneficial interest in perpetual trusts held by others	-	-	96,372	96,372
Net assets released from restrictions	-	(83,087)	-	(83,087)
Change in net assets	<u>2,164,185</u>	<u>(36,936)</u>	<u>174,037</u>	<u>2,301,286</u>
Balances, September 30, 2012	<u>\$ 18,459,848</u>	<u>\$ 871,621</u>	<u>\$ 3,323,238</u>	<u>\$ 22,654,707</u>

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

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Statements of Cash Flows

Years Ended September 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Cash flows from operating activities		
Change in net assets	\$ 2,301,286	\$ 577,724
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	326,497	338,805
Loss on disposal of property and equipment	938	-
Realized gains on investments	(171,570)	(226,079)
Unrealized (gains) losses on investments	(850,342)	607,894
Restricted contributions for long-term investment	(77,665)	-
Change in fair value of beneficial interest in perpetual trusts	(96,372)	79,259
Decrease (increase) in		
Patient accounts receivable	(533,404)	(64,670)
Other receivables	(22,263)	(29,530)
Prepaid expenses	(77,743)	(22,777)
Deposit - restricted	10,000	-
Increase (decrease) in		
Accounts payable	15,288	(33,537)
Accrued payroll and related expenses	(74,321)	(328,925)
Deferred revenue	53,731	(14,500)
	<u>804,060</u>	<u>883,664</u>
Net cash provided by operating activities		
Cash flows from investing activities		
Acquisition of property and equipment	(215,491)	(277,215)
Purchases of investments	(17,470,078)	(4,020,647)
Proceeds from sale of investments	15,767,790	3,831,397
	<u>(1,917,779)</u>	<u>(466,465)</u>
Net cash used by investing activities		
Cash flows from financing activities		
Proceeds from restricted contributions for long-term investment	77,665	-
	<u>77,665</u>	<u>-</u>
Net cash provided by financing activities		
Net increase (decrease) in cash and cash equivalents	(1,036,054)	417,199
Cash and cash equivalents, beginning of year	5,401,476	4,984,277
Cash and cash equivalents, end of year	<u>\$ 4,365,422</u>	<u>\$ 5,401,476</u>

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

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Notes to Financial Statements

September 30, 2012 and 2011

Organization

Concord Regional Visiting Nurse Association, Inc. (the Association) is a non-stock, non-profit corporation organized in New Hampshire. The Association's primary purposes are to provide home health care, hospice, and community health services to residents of Concord, New Hampshire and surrounding communities. Credit is extended at regular terms without collateral.

The Association is a subsidiary of Capital Region Healthcare Corporation (CRHC), its sole corporate member. CRHC is a holding company for various providers of health care services to residents in central New Hampshire.

1. Summary of Significant Accounting Policies

Use of Estimates

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

Basis of Presentation

Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions in accordance with the Financial Accounting Standards Board Accounting Standards Codification (ASC) Topic 958, *Not-For-Profit Entities*. Net assets are classified as follows:

Unrestricted net assets - net assets that are not subject to donor-imposed stipulations.

Temporarily restricted net assets - net assets subject to donor-imposed stipulations that may or will be met by actions of the Association and/or the passage of time. When a donor or member restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of operations as net assets released from restrictions.

Permanently restricted net assets - net assets subject to a donor-imposed stipulation that contributed resources be maintained permanently, but that permits the Association to use or expend part or all of the income or other economic benefits derived from the donated asset.

Cash and Cash Equivalents

All liquid investments with an original maturity of three months or less are considered to be cash equivalents.

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Notes to Financial Statements

September 30, 2012 and 2011

Deposit - Restricted

The restricted deposit represents an amount on deposit to cover unpaid workers' compensation claims.

Patient Accounts Receivable

Patient accounts receivable is stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to earnings and a credit to the valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to patient accounts receivable.

Property and Equipment

Purchased property and equipment are recorded at cost. Owned property and equipment are depreciated on the straight-line method over the estimated useful lives of the respective assets. Leasehold improvements are amortized by the straight-line method over the lesser of the lease term or the estimated useful life of the related asset.

Deferred Revenue

Providers of home health services to patients eligible for Medicare home health benefits are paid prospectively for 60-day episodes of service. Deferred revenue represents advance payments for these services that have not yet been earned. Revenue under this program is recorded as unrestricted revenue in the statements of operations.

Net Patient Service Revenue

The Association records its revenue related to patients eligible for Medicare home health benefits based on the portion of the episodic payment earned for patient services rendered during the period. The Association records its revenue related to all other patients based on its standard charges for patient services rendered. The Association has contractual arrangements with the Social Security Administration and the New Hampshire Department of Health and Human Services to render services to qualifying patients which may result in the Association receiving payments for such services which differ from the standard charges. Any differences of this nature are recorded as contractual adjustments.

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Notes to Financial Statements

September 30, 2012 and 2011

Promises to Give

Contributions are recognized when the donor makes a promise to give to the Association that is, in substance, unconditional. Contributions that are not restricted by the donor are reported as increases in unrestricted net assets. All donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets. Promises to give are reported, net of an allowance for estimated uncollectible pledges, at the present value of the estimated future cash flows using a discount rate commensurate with the risks involved.

Contributed property and equipment are recorded at fair value at the date of donation. In the absence of donor-imposed stipulations regarding how long the contributed assets must be used, the Association has adopted a policy of implying a time restriction on contributions of such assets that expires over the assets' useful lives; consequently, all contributions of property and equipment, and of the assets contributed to acquire property and equipment, are recorded as restricted support.

Nonoperating Revenue and Support

Unrestricted contributions, investment income, and unrealized and realized gains and losses on investments are reported as nonoperating revenue and support. These items are included in the excess of revenue over expenses pursuant to the fair value option under ASC Topic 825.

Income Taxes

The Association is a tax-exempt entity under Section 501(c)(3) of the Internal Revenue Code.

Functional Expenses

The Association provides various services to residents within its geographic location. Expenses related to providing these services were as follows:

	<u>2012</u>	<u>2011</u>
Program services	\$ 19,131,896	\$ 17,400,271
General and administrative	<u>4,237,351</u>	<u>4,609,233</u>
	<u>\$ 23,369,247</u>	<u>\$ 22,009,504</u>

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Notes to Financial Statements

September 30, 2012 and 2011

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through October 31, 2012, the date which the financial statements were available to be issued.

2. **Net Patient Service Revenue**

A summary of net patient service revenue for the years ended September 30 is as follows:

	<u>2012</u>	<u>2011</u>
Gross patient service revenue		
Medicare	\$ 18,881,714	\$ 17,183,430
Medicaid	1,886,528	1,954,048
Private patient	1,401,036	1,396,015
Other third-party	<u>2,940,284</u>	<u>3,374,296</u>
	25,109,562	23,907,789
Less contractual adjustments and charity care	<u>2,301,468</u>	<u>2,584,502</u>
Net patient service revenue	<u>\$ 22,808,094</u>	<u>\$ 21,323,287</u>

A summary of the payment arrangements with major third-party payors follows:

Medicare

- Providers of home health services to patients eligible for Medicare home health benefits are paid on a prospective basis, with no retrospective settlement. The prospective payment is based on the scoring attributed to the acuity level of the patient at a rate determined by federal guidelines.
- Providers of hospice services to patients eligible for Medicare hospice benefits are paid on a prospective basis, with no retrospective settlement, as long as the Association's aggregate annual Medicare reimbursement is below a predetermined aggregate cap.

Medicaid

- Providers of home health services to Medicaid eligible patients are paid on a prospective basis, with no retrospective settlement. The prospective payment is based on a statewide determined rate per service.

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Notes to Financial Statements

September 30, 2012 and 2011

3. Charity Care

The Association has a policy of providing charity care to its clients who are unable to pay. Eligible clients are identified based on their financial information obtained and subsequent analysis. Since the Association does not expect payment, estimated charges for charity care are not included in revenue.

The amount of home care charges foregone for services furnished under the Association's charity care policy was \$357,994 and \$369,428 for 2012 and 2011, respectively. Costs incurred for these activities approximated \$336,000 and \$342,000 for 2012 and 2011, respectively.

The Association also provided services in other health-related activities, primarily to indigent patients, at rates substantially below cost. For certain activities, services were provided without charge. Costs incurred for these activities, for services to Medicaid patients, approximated \$833,000 and \$845,000 for 2012 and 2011, respectively.

The Association was able to provide the above charity care under sliding fee scale policies and in activities without established rates or at rates substantially below cost through a combination of local community support and state grants. Local community support consisted of contributions and municipal appropriations.

In 2012 and 2011, approximately 3% of nongovernmental home health clients and 6% of nongovernmental hospice clients served received services on a discounted basis.

4. Investments

Investments are stated at fair value at September 30, 2012 and 2011 and consist of the following:

	<u>2012</u>	<u>2011</u>
Cash and cash equivalents	\$ 148,465	\$ 200,733
Certificates of deposit	310,467	636,079
Mutual funds	7,081,527	6,515,153
U.S. treasuries	887,053	786,904
U.S. government bonds	329,953	292,244
Equities	290,730	-
Corporate bonds and notes	<u>5,516,288</u>	<u>3,409,170</u>
	<u>\$ 14,564,483</u>	<u>\$ 11,840,283</u>

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Notes to Financial Statements

September 30, 2012 and 2011

Investments at September 30, 2012 and 2011 consist of the following:

	<u>2012</u>	<u>2011</u>
Unrestricted and undesignated	\$ 5,006,279	\$ 4,398,005
Designated by Board		
Functioning for long-term purposes	5,174,124	4,585,647
Hospice House	268,906	257,442
Hospice House replacement reserve	20,726	-
30 Pillsbury Street purchase	1,247,480	-
30 Pillsbury Street replacement reserve	20,726	-
Donahue Fund	26,547	25,409
Restricted by donor		
Permanently restricted (Note 7)	2,151,083	2,073,418
Temporarily restricted (Note 7)	<u>648,612</u>	<u>500,362</u>
	<u>\$ 14,564,483</u>	<u>\$ 11,840,283</u>

Investment management fees were \$88,311 for 2012 and \$82,983 for 2011.

Endowment

Change in endowment funds for the years ended September 30 are as follows:

	<u>2012</u>	<u>2011</u>
Balance, beginning of year	\$ 2,073,418	\$ 2,073,418
Contributions	<u>77,665</u>	<u>-</u>
Balance, end of year	<u>\$ 2,151,083</u>	<u>\$ 2,073,418</u>

Strategies Employed for Achieving Objectives

The primary objective of the investment funds is preserving the purchasing power of the assets. The investment funds are managed based on relative performance, in a manner that provides liquidity and a dependable source of income. The goal is to attain a rate of return equal to the Consumer Price Index plus 4%.

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Notes to Financial Statements

September 30, 2012 and 2011

Spending Policy

The Association has interpreted the State of New Hampshire Uniform Prudent Management of Institutional Funds Act as allowing the Board of Trustees to appropriate for expenditure for the uses and purposes for which the endowment fund is established, unless otherwise specified by the donor, so much of the net appreciation, realized and unrealized, in the fair value of the assets of the endowment fund over the historic dollar value of the fund as is prudent. In doing so, the Board must consider the long and short-term needs of the Association in carrying out its purpose, its present and anticipated financial requirements, expected total return on its investments, price level trends, and general economic conditions. For the years ended September 30, 2012 and 2011, the Board retained all appreciation over 7% in its permanently restricted net assets.

5. Beneficial Interest in Perpetual Trusts

The Association is a beneficiary of the Benjamin and Gertrude Couch, George Griffin, Jeanne C. and Walter W. Dwyer, and Thelma A. Larson Trusts, the assets of which are not in the possession of the Association. The Association has legally enforceable rights and claims to such assets, including the right to income therefrom. Consistent with the provisions of ASC Topic 958 Subtopic 605, related to accounting for contributions received and contributions made, these funds are included in the Association's financial statements. The fair value of the trust assets is reflected as an estimate of the present value of the future cash flows from the trusts and is reported as permanently restricted net assets. Appreciation of the trusts is not available for expenditure by the Association unless the trustee decides to appropriate it.

6. Property and Equipment

A summary of property and equipment follows:

	<u>2012</u>	<u>2011</u>
Land and improvements	\$ 50,460	\$ 50,460
Buildings and improvements	1,052,703	1,014,853
Furniture and equipment	911,100	835,909
Information system equipment	<u>719,519</u>	<u>623,320</u>
	2,733,782	2,524,542
Less accumulated depreciation and amortization	<u>1,578,520</u>	<u>1,257,336</u>
Property and equipment, net	\$ <u>1,155,262</u>	\$ <u>1,267,206</u>

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Notes to Financial Statements

September 30, 2012 and 2011

7. Restricted Net Assets

Temporarily restricted net assets are restricted to:

	<u>2012</u>	<u>2011</u>
Slusser Fund	\$ 848,824	\$ 875,007
Intranet development	-	5,001
Carpenter Fund	4,500	-
Head lice supplies	-	98
Bishop Scholarship	753	839
Ruby Raine Nydegger Fund	7,415	6,704
Penacook Village Fund	7,437	13,173
Hospice Preparatory Course and Certification	<u>2,692</u>	<u>7,735</u>
Total	<u>\$ 871,621</u>	<u>\$ 908,557</u>

Permanently restricted net assets are restricted to:

	<u>2012</u>	<u>2011</u>
Endowment funds		
General	\$ 971,957	\$ 971,957
Hospice House	658,975	658,975
Bishop Scholarship	20,258	20,258
Heston Hospice	214,441	136,776
Donahue Fund	32,199	32,199
Ruby Raine Nydegger Fund	32,282	32,282
Penacook Village Fund	<u>220,971</u>	<u>220,971</u>
	2,151,083	2,073,418
Trust funds held by others		
Fair value of investments held in trust by others	<u>1,172,155</u>	<u>1,075,783</u>
Total	<u>\$ 3,323,238</u>	<u>\$ 3,149,201</u>

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Notes to Financial Statements

September 30, 2012 and 2011

8. Concentrations of Credit Risk

In 2012 and 2011, the Association generated approximately 83% and 80%, respectively, of its patient service revenues from the New Hampshire Medicaid and federal Medicare programs. Under these programs, the provider is reimbursed for the care of the qualified clients at amounts which may differ from its standard charges.

Due to the large concentration of clients who receive benefits from the Medicare and Medicaid reimbursement programs, the Association is highly dependent upon regulatory authorities establishing reimbursement rates that are adequate to sustain the Association's operations.

The Association maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Association has not experienced any losses in such accounts. The Association has obtained additional insurances to further protect such accounts from potential losses and believes it is not exposed to any significant risk on cash and cash equivalents.

9. Commitments and Contingencies

Leases

In June 2008, the Association entered into a lease with 30 Pillsbury Street, LLC to lease office space commencing in March 2009 under an operating lease. The term of the lease is for fifteen years with the option to renew for two additional five-year terms. The lease also provides the option to purchase the office space at the end of the first seven years of the lease. Annual lease expense is approximately \$274,000. Under the terms of the lease, the Association was required to pay \$400,000 in advance for various building upgrades.

Future minimum lease payments under the lease as of September 30, 2012 are as follows:

2013	\$ 274,000
2014	274,000
2015	274,000
2016	274,000
2017	274,000
Thereafter	<u>1,745,000</u>
	<u>\$ 3,115,000</u>

Total lease expense was \$335,550 in 2012 and \$327,488 in 2011.

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Notes to Financial Statements

September 30, 2012 and 2011

Malpractice Insurance

The Association carries malpractice insurance coverage under a claims-made policy through a group risk sharing arrangement with CRHC. The policy is a claims-made policy that includes basic liability, as well as excess liability coverage on varying levels. The cost of purchasing the coverage is shared between the entities that have entered into the risk sharing agreement.

Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, will be uninsured. The Association intends to renew its coverage on a claims-made basis and has no reason to believe that it may be prevented from renewing such coverage. The Association is subject to complaints, claims and litigation due to potential claims which arise in the normal course of business. GAAP requires the Association to accrue the ultimate cost of malpractice claims when the incident that gives rise to the claim occurs, without consideration of insurance recoveries. Expected recoveries are presented as a separate asset. The Association has evaluated its exposure to losses arising from potential claims and determined that no such accrual is necessary for the year ended September 30, 2012.

Workers' Compensation Insurance

Effective July 1, 2004, the Association purchased a large deductible workers' compensation insurance plan from Liberty Mutual. The Plan purchases stop-loss insurance coverage for aggregate claims in excess of \$375,000. The Association changed to a fully-insured plan effective July 1, 2012.

The Association made a deposit in 2011 in the amount of \$264,000 with its workers' compensation carrier in lieu of a letter of credit. The deposit was refunded in 2012.

In July 2012, the Association obtained a \$254,000 irrevocable letter of credit with Bank of New Hampshire to cover unpaid workers' compensation claims under its former large deductible plan with Liberty Mutual. The letter of credit expires in July 2013. The Association has made a deposit of \$254,000 with the financial institution as collateral for the letter of credit. The funds are invested in a one-year certificate of deposit.

10. Retirement Plan

The Association sponsors a 401(k) profit sharing plan (Plan) that includes an Association match that covers employees who meet certain age and time requirements. Contributions to the Plan were \$474,326 for 2012 and \$474,268 for 2011.

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Notes to Financial Statements

September 30, 2012 and 2011

11. Related Party Transactions

The Association engages in activities with CRHC and its subsidiaries on a regular basis. Services provided to affiliates by the Association include nursing services of \$71,642 for 2012 and \$69,732 for 2011. Services purchased from affiliates by the Association include information system support, telephone services, and supplies of \$744,161 for 2012 and \$773,418 for 2011. The Association owed Concord Hospital, a subsidiary of CRHC, \$53,165 and \$62,322 as of September 30, 2012 and 2011, respectively. These amounts are included in accounts payable in the statements of financial position.

The Association also purchases pharmaceuticals from The Prescription Center (the Center), which is owned by a member of the Board of Trustees. Total purchases from the Center were \$452,176 in 2012 and \$500,034 in 2011. The Association owed the Center \$22,106 as of September 30, 2012 which was included in accounts payable in the statements of financial position. There was no balance owed to the Center as of September 30, 2011.

12. Fair Value of Financial Instruments

ASC Topic 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. ASC Topic 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Notes to Financial Statements

September 30, 2012 and 2011

The following table sets forth by level, within the fair value hierarchy, the Association's assets measured at fair value on a recurring basis as of September 30:

	2012			
	<u>Carrying Amount</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and cash equivalents	\$ 148,465	\$ 148,465	\$ -	\$ -
Certificates of deposit	310,467	310,467	-	-
U.S. Treasury notes	887,053	887,053	-	-
U.S. Government bonds	329,953	329,953	-	-
Equities	290,730	290,730	-	-
Corporate bonds	5,516,288	-	5,516,288	-
Mutual funds				
Multialternative	315,296	315,296	-	-
Diversified emerging markets	352,954	352,954	-	-
Long/short equity	373,078	373,078	-	-
Intermediate term bond	296,453	296,453	-	-
Other mutual funds				
Natural resources	530,706	530,706	-	-
Commodities precious metals	600,133	600,133	-	-
Energy	206,267	206,267	-	-
Technology	165,620	165,620	-	-
Financial	254,896	254,896	-	-
Mid-cap blend	1,029,420	1,029,420	-	-
Health	334,712	334,712	-	-
Commodities broad basket	226,995	226,995	-	-
Large blend	412,440	412,440	-	-
Foreign large blend	184,576	184,576	-	-
Energy market bond	222,318	222,318	-	-
Diversified emerging markets	262,983	262,983	-	-
Large value	667,212	667,212	-	-
Europe stock	369,192	369,192	-	-
Foreign large value	276,276	276,276	-	-
	14,564,483	9,048,195	5,516,288	-
Beneficial interest in perpetual trusts	<u>1,172,155</u>	<u>-</u>	<u>-</u>	<u>1,172,155</u>
Total	<u>\$ 15,736,638</u>	<u>\$ 9,048,195</u>	<u>\$ 5,516,288</u>	<u>\$ 1,172,155</u>

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Notes to Financial Statements

September 30, 2012 and 2011

	2011			
	Carrying Amount	Level 1	Level 2	Level 3
Cash and cash equivalents	\$ 200,733	\$ 200,733	\$ -	\$ -
Certificates of deposit	636,079	636,079	-	-
U.S. Treasury notes	786,904	786,904	-	-
U.S. Government bonds	292,244	292,244	-	-
Corporate bonds	3,409,170	-	3,409,170	-
Mutual funds				
Multialternative	260,575	260,575	-	-
Diversified emerging markets	657,545	657,545	-	-
Foreign small/med value	247,467	247,467	-	-
Other mutual funds				
Natural resources	505,648	505,648	-	-
Commodities precious metals	550,093	550,093	-	-
Pacific/Asian international	301,514	301,514	-	-
Technology	271,284	271,284	-	-
World bond	439,058	439,058	-	-
Mid-cap blend	342,375	342,375	-	-
Consumer staples	284,736	284,736	-	-
Utilities	282,408	282,408	-	-
Health	256,144	256,144	-	-
Commodities broad basket	215,155	215,155	-	-
Large blend	230,880	230,880	-	-
Currency	198,528	198,528	-	-
Energy market bond	204,468	204,468	-	-
Diversified emerging markets	232,015	232,015	-	-
Large value	269,850	269,850	-	-
Europe stock	326,800	326,800	-	-
Foreign large value	<u>438,610</u>	<u>438,610</u>	-	-
	11,840,283	8,431,113	3,409,170	-
Beneficial interest in perpetual trusts	<u>1,075,783</u>	<u>-</u>	<u>-</u>	<u>1,075,783</u>
Total	<u>\$ 12,916,066</u>	<u>\$ 8,431,113</u>	<u>\$ 3,409,170</u>	<u>\$ 1,075,783</u>

Fair value of the investments is measured using quoted prices in active markets where available. Fair value of corporate bonds is primarily based on estimates using market prices of comparable securities. Fair value of the beneficial interest in perpetual trusts is measured based on quoted market prices of the investments in the trusts, but is classified as Level 3 as there is no market in which to trade the beneficial interest itself.

CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC.

Notes to Financial Statements

September 30, 2012 and 2011

Changes in the fair value of assets classified as Level 3 are comprised of the following:

Balance, October 1, 2010	\$ 1,155,042
Realized and unrealized losses	<u>(79,259)</u>
Balance, September 30, 2011	1,075,783
Realized and unrealized gains	<u>96,372</u>
Balance, September 30, 2012	<u>\$ 1,172,155</u>



**Concord Regional Visiting Nurse Association
Vision, Mission and Values**

Vision: A community where wellness and well-being is achieved through compassionate care to those in need.

Mission: The mission of Concord Regional Visiting Nurse Association is to improve the health of the people and communities it serves by managing illness and promoting wellness through all stages of life.

Values:

- Respect
- Compassion
- Competence
- Culture of Excellence
- Leadership
- Stewardship

KEY ADMINISTRATIVE PERSONNEL FISCAL YEAR 2014-2015 .

Agency Name: Concord Regional Visiting Nurse Association .

SFY	NAME	POSITION/ TITLE	ANNUAL SALARY	%FROM CONTRACT
2014	Mary DeVeau	CEO	\$238,100.00	0%
	Violet Rounds	CFO	\$160,000	0%
2015	Mary DeVeau	CEO	\$238,100.00	0%
	Violet Rounds	CFO	\$160,000	0%

Contractors Initials MBD

Date 5-6-2013

Maureen L. Gilbert-Thibault

Career Objective:

Development of in-depth pediatric and lactation knowledge, skill, ability and versatility.

Education:

Masters in Education Plymouth State College 2001

International Board Certified Lactation Consultant 2000, recertified in 2010

BS Lesley University 1988

ANCC Pediatric Nursing Certification, status current

AAS Nursing University of the State of New York 1986

Work Experience:

Pediatric RN Concord Regional Visiting Nurse Association/RN Special Medical Services

11-99-present

RN Special Medical Services responsibilities include: Care Coordination for children with special medical needs. Pediatric RN responsibilities included: Performing maternal/infant assessments following hospital discharge. Providing lactation assessments and recommendations. Ascertaining labs for jaundice. Setting up home phototherapy and providing jaundice follow up.

New Hampshire State WIC Breastfeeding Coordinator

1-2001 - 5-2010

Responsible for monitoring and evaluating NH WIC breastfeeding programs. Responsible for development of statewide WIC breastfeeding policies for seven local agencies and training of all breastfeeding peer counselors.

Southern New Hampshire Services Breastfeeding Peer Counselor

1-99 - 8-01

Providing prenatal maternal/infant feeding contacts with WIC clients. Provided breastfeeding information and encouragement. Set up and distributed breast pumps with recommendations to improve breastfeeding efforts or resolve breastfeeding problems.

Pediatric Staff Nurse Dartmouth Hitchcock Clinic Concord

2-91 - 11-99

Performed routine pediatric nursing procedures. Provided extensive pediatric telephone triage.

Related Professional Awards/Education/Experience:

Member of NH Breastfeeding Task Force Committee since 2001 and current Chair

2012 Ruby Rainie Nydegger Scholarship Recipient

2012 United States Breastfeeding Committee Fourth National Conference sponsored attendee

References available upon request.

Concord Regional Visiting Nurse Association

Bord of Trustees 2013

Kathleen Ames
Patricia Bourgault
Mark T. Broth
Vera Buck
Deacon Winton DeRosia
Mary B. DeVeau
Andrew Eills
Charles J. Fanaras
Marianne Fleischman, M. D.
Paul Greenan
Susan Heinecke
Steven Lauwers
Joel Maiola
Christopher Parkinson
Jessica Pollack
Melvin Severence

State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that CONCORD REGIONAL VISITING NURSE ASSOCIATION, INC. is a New Hampshire nonprofit corporation formed October 18, 1899. 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 2nd day of May A.D. 2013

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

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): Concord Regional Visiting Nurse Assoc.
2. Address (mailing):
30 Pillsbury St
Concord, NH 03301
3. Telephone Number: (603) 224-4093
4. Name of Agency Board Chairperson/
~~President~~ Kathleen Ames
5. Name of Agency Director: MARY B. DeVeau
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

New Hampshire Department of Health and Human Services

Budget

CONCORD REGIONAL VISITING NURSE ASSOCIATION			
Community Care Coordinators for Merrimack County Special Needs Children			
		FY 2014	FY 2015
1	PERSONNEL	\$47,247.20	\$47,247.20
	a. Community Care Coordinator (27.5 hrs/wk)		
	b. Supervision (48 hrs/yr)	\$1,842.24	\$1,842.24
	c. Secretarial Support (24 hrs/yr)	\$399.60	\$399.60
	<i>Subtotal: Personnel</i>	\$49,489.04	\$49,489.04
2	FRINGE (@ 23%)	\$11,382.48	\$11,382.48
	<i>Subtotal: Personnel & Fringe</i>	\$60,871.52	\$60,871.52
3	DIRECT EXPENSES/PROGRAM SUPPORT		
	a. Training & Education	\$100.00	\$100.00
	b. Travel (mileage @ IRS rate)	\$734.50	\$734.50
	c. Cultural/Linguistic Support	\$100.00	\$100.00
	<i>Subtotal: Direct Expenses/Program Support</i>	\$934.50	\$934.50
	TOTALS	\$61,806.02	\$61,806.02